

AN ACT concerning regulation.

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

Section 5. The Department of Professional Regulation Law of the Civil Administrative Code of Illinois is amended by adding Sections 2105-390, 2105-391, and 2105-392 as follows:

(20 ILCS 2105/2105-390 new)

Sec. 2105-390. Health professionals; duty to report.

(a) As used in this Section:

"Health professional" means: (1) a person licensed or registered by the Department of Financial and Professional Regulation under the following Acts: the Medical Practice Act of 1987, the Nurse Practice Act, the Acupuncture Practice Act, the Illinois Athletic Trainers Practice Act, the Behavior Analyst Licensing Act, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Dental Practice Act, the Dietitian Nutritionist Practice Act, the Marriage and Family Therapy Licensing Act, the Music Therapy Licensing and Practice Act, the Massage Therapy Practice Act, the Naprapathic Practice Act, the Licensed Certified Professional Midwife Practice Act, the Nursing Home Administrators Licensing and Disciplinary Act, the Illinois Occupational Therapy Practice Act, the Illinois

Optometric Practice Act of 1987, the Orthotics, Prosthetics, and Pedorthics Practice Act, the Pharmacy Practice Act, the Illinois Physical Therapy Act, the Physician Assistant Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act, the Sex Offender Evaluation and Treatment Provider Act, the Illinois Speech-Language Pathology and Audiology Practice Act, the Perfusionist Practice Act, the Registered Surgical Assistant and Registered Surgical Technologist Title Protection Act, or the Genetic Counselor Licensing Act; or (2) a person in any profession that the Department of Financial and Professional Regulation adds by rule.

"Intimate conduct" means the following conduct by a health professional:

(1) engaging in behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient or client in the course of professional service, including, but not limited to, the following:

(A) neglecting to employ disrobing or draping practices that respect the patient's or client's privacy or deliberately watching a patient or client dress or undress;

(B) subjecting a patient or client to an intimate

examination in the presence of students or other persons not delivering professional services without the patient's or client's informed consent or after the withdrawal of informed consent by the patient or client;

(C) performing an intimate examination or service;

(D) capturing an image of a patient's or client's genitals, anus, breast, or sexualized body part, or transmitting such an image to oneself or to another;
or

(E) requesting details of a patient's or client's sexual history or sexual likes or dislikes;

(2) other than displaying, or attempting to display, anatomical images or models as part of clinical treatment or patient education, whether in the health professional's physical or virtual place of work:

(A) engaging in an act or displaying an image of a sexual or seductive nature, or attempting to engage in an act or display an image of a sexual or seductive nature, in view of an individual who does not consent to view the act or image or who is incapable of consenting to such viewing; or

(B) communicating an image of the genitals, anus, breast, or sexualized body part of an individual when the individual or the recipient of the communication does not consent to the communication.

"Reportable conduct" means conduct that must be reported pursuant to subsection (b).

"Retaliatory action" has the meaning given to that term in Section 5 of the Whistleblower Act.

"Sexual conduct" means the following conduct by a health professional:

(1) engaging in behavior with a patient or client that is sexual, or may be reasonably interpreted as sexual, in the course of professional service, including, but not limited to, the following:

(A) genital to genital contact, oral to genital contact, genital to anal contact, or oral to anal contact;

(B) kissing in a romantic or sexual manner;

(C) touching the genitals, anus, breast, or any other sexualized body part for any purpose other than appropriate clinical examination or professional service;

(D) touching the genitals, anus, breast, or any other sexualized body part after the patient or client, who has the capacity to give consent, has refused or has withdrawn consent for such touching, or, in the case of a patient who does not have the capacity to give consent, the patient's or client's decision-maker has refused or has withdrawn consent for such touching;

(E) encouraging the patient or client to masturbate in the presence of the professional or masturbation by the professional while the patient or client is present;

(F) encouraging the patient or client to engage in a sexual act with another person in the presence of the professional;

(G) offering to provide professional services to a patient or client in exchange for sexual favors;

(H) examination or touching of a patient's or client's genital mucosal areas without the use of gloves;

(I) making sexualized or sexually demeaning comments to a patient or client, making inappropriate comments about potential sexual performance, criticizing the patient's or client's sexual orientation, or making sexual or seductive comments about a patient's or client's body or underclothing;

(J) using the professional-patient or professional-client relationship to solicit a romantic or sexual relationship; or

(K) initiating a conversation regarding the professional's sexual problems, preferences, or fantasies; or

(2) in the health professional's physical place of work, making physical contact of a sexual or seductive

nature, or attempting to make such contact, with an individual who does not consent to the contact or who is incapable of consenting to such contact when the conduct does not occur as part of a professional service.

(b) Unless excluded by subsection (c), a health professional shall report to the Department of Financial and Professional Regulation within 24 hours after:

(1) witnessing sexual conduct or intimate conduct at the person's physical or virtual place of work or otherwise witnessing such conduct in the person's professional capacity;

(2) developing reasonable cause to believe that a health professional at the person's physical or virtual place of work or a health professional otherwise known to the person in the person's professional capacity may have committed sexual conduct or intimate conduct; or

(3) receiving a report, either written or oral, from a patient, client, patient representative, or client representative alleging sexual conduct or intimate conduct involving a patient or client.

(c) A person with a duty to report under subsection (b) need not report the following:

(1) conduct that the Department of Financial and Professional Regulation has, by rule, excluded from the duty to report or has informed the person in writing that they need not report; and

(2) intimate conduct when:

(A) it is not sexual conduct; and

(B) the person: (i) knows that the health professional committed the conduct accidentally, and the person has no reason to believe that the health professional engaged in, or was accused of engaging in, similar conduct on a separate occasion, or (ii) has a good faith belief that the health professional's conduct was clinically or professionally justified.

(d) If reportable conduct occurred at a hospital or hospital affiliate subject to the requirements of Section 9.6 of the Hospital Licensing Act, a person with a duty to report under subsection (b) satisfies that duty, without needing to file the report specified in subsection (e), by:

(1) providing, within 24 hours, to the designated hospital administrator responsible for providing reports to the Department of Public Health in accordance with Section 9.6 of the Hospital Licensing Act, an account of the reportable conduct; and

(2) receiving confirmation from such administrator, within 48 hours of providing the account, that the hospital or hospital affiliate will investigate or has investigated the account; if the person does not receive such confirmation within that 48-hour time period, the person shall make the report to the Department of Financial and Professional Regulation in accordance with

subsection (e) within 24 hours after the expiration of that 48-hour time period.

Nothing in this subsection prohibits the person from filing the report specified in subsection (e) with the Department of Financial and Professional Regulation.

(e) A report required by subsection (b) shall be in writing and shall contain the following information:

(1) the name, address, telephone number, and email address of the person making the report;

(2) the name, address, telephone number, and email address of the health professional who is the subject of the report and the profession and professional license number of such health professional, if known;

(3) the name, address, or other contact information of the individual or individuals who made the allegation of reportable conduct that is the subject of the report;

(4) a description of the acts that are alleged to have occurred, including the name and age of the patient or client involved, the location, date, and time of the alleged acts, and a copy of any document or file containing the allegations received by the hospital;

(5) a brief description of the facts that gave rise to the issuance of the report, including the date of receiving the oral or written allegation; and

(6) any extenuating information or further pertinent information that the reporting party deems to be an aid in

the evaluation of the report, including, without limitation, information showing that the health professional was acting in self-defense.

(f) The Department of Financial and Professional Regulation shall provide a means for a person to report an incident of reportable conduct, regardless of whether such report is mandated by law, on its website.

(g) A person participating in good faith in the creation of a report under this Section or participating in or assisting with an investigation related to such a report shall have immunity from any civil, criminal, professional, or other liability that might result by reason of those actions, including, but not limited to, defamation actions or tortious interference with contract actions.

(h) Individuals and entities licensed or otherwise authorized to practice or operate by the Department of Financial and Professional Regulation or the Department of Public Health shall not take any retaliatory action against any person who lawfully and in good faith made a report under this Section because of the person making such a report.

(i) A report made under this Section does not create a presumption that the health professional who is the subject of the report has committed a violation or a criminal act. If the Department of Financial and Professional Regulation seeks to impose discipline on a health professional due to a report received under this Section, nothing in this Section shall

modify the elements that the Department must establish to justify such discipline under the health professional's applicable licensing Act.

(j) A health professional shall report any instance where another health professional willfully fails to report alleged reportable conduct to the Department of Financial and Professional Regulation as required under this Section.

(k) A report made under this Section is subject to the confidentiality provisions of Section 2105-117.

(l) The Department of Financial and Professional Regulation may adopt any rules necessary to implement, administer, and enforce this Section.

(20 ILCS 2105/2105-391 new)

Sec. 2105-391. Health organizations; duty to report.

(a) As used in this Section:

"Health professional" has the meaning given to that term in Section 2105-390.

"Intimate conduct" has the meaning given to that term in Section 2105-390.

"Sexual conduct" has the meaning given to that term in Section 2105-390.

"Reportable conduct" has the meaning given to that term in Section 2105-390.

"Reporting organization" means:

(1) an entity that employs or contracts for the

services of health professionals and is (i) registered with the Department of Financial and Professional Regulation or the Division of Professional Regulation under the Professional Service Corporation Act, the Medical Corporation Act, the Professional Limited Liability Company Act, or the Limited Liability Company Act; (ii) organized under the Business Corporation Act of 1983; or (iii) licensed by the Department of Public Health; or

(2) an entity that facilitates the placement of health professionals into organizations that provide health care services.

(b) A reporting organization shall submit a report to the Department of Financial and Professional Regulation within 24 hours after:

(1) if the reporting organization is not a hospital or hospital affiliate, initiating an investigation of an allegation that a health professional engaged in conduct that another health professional would have a duty to report under subsection (b) of Section 2105-390;

(2) terminating its relationship with, suspending, placing on leave, or materially changing the professional privileges of a health professional following an allegation that the health professional engaged in sexual conduct or intimate conduct; except that a hospital or hospital affiliate need not report a temporary suspension

or leave when they occur pending an internal review under Section 9.6 of the Hospital Licensing Act until the earlier of (i) the conclusion of the investigation and such suspension or leave is made permanent, or (ii) such temporary suspension or leave status lasts longer than 30 days; or

(3) a health professional resigning, ceasing his or her services, or accepting a material change in professional responsibilities following an allegation that the health professional engaged in sexual conduct or intimate conduct.

(c) The Department of Financial and Professional Regulation may request from the Department of Public Health, and the Department of Public Health shall provide, copies of logs or reports received by the Department of Public Health pursuant to Section 9.6 of the Hospital Licensing Act.

(d) A report required by subsection (b) shall be in writing. The report shall contain the following information:

(1) the name of the reporting organization making the report and the name, address, telephone number, and email address of the person making the report on behalf of the reporting organization;

(2) the name, address, telephone number, and email address of the health professional who is the subject of the report and the profession and professional license number of such health professional, if known;

(3) the name, address, or other contact information of the individual or individuals who made the allegation that is the subject of the report;

(4) a description of the acts that are alleged to have occurred, including the name and age of the patient or client involved, the location, date, and time of the alleged acts, and a copy of any document or file containing the allegations received by the reporter; and

(5) any extenuating information or further pertinent information that the reporting organization deems to be an aid in the evaluation of the report, including, without limitation, information showing that the health professional was acting in self-defense.

(e) A reporting organization shall take reasonable steps to deliver the following message, or one substantially similar to it, at least annually to each person who is under an obligation to report reportable conduct pursuant to Section 2105-390 and who the reporting organization employs, contracts with, or has working in its physical or virtual facilities: "You may report any incidents of actual or potential misconduct by health professionals or other persons licensed by the Illinois Department of Financial and Professional Regulation (IDFPR), including incidents that you choose to voluntarily report and incidents subject to mandatory reporting under 20 ILCS 2105/2105-390, at IDFPR's website.".
Reasonable steps include, but are not limited to: (1)

providing such message during training sessions; or (2) posting signage, either by physical or electronic means, in a conspicuous location in the reporting organization's physical location.

(f) A reporting organization and its staff who are participating in good faith in the creation of a report under this Section or participating in or assisting with an investigation related to such a report shall have immunity from any civil, criminal, professional, or other liability that might result by reason of those actions, including, but not limited to, defamation actions and tortious interference with contract.

(g) A report made under this Section does not create a presumption that the health professional who is the subject of the report has committed a violation or a criminal act. If the Department of Financial and Professional Regulation seeks to impose discipline on a health professional due to a report received under this Section, nothing in this Section shall modify the elements that the Department must establish to justify such discipline under the health professional's applicable licensing Act.

(h) Nothing in this Section prevents a reporting organization from initiating, conducting, or completing its own investigation of the sexual conduct or intimate conduct at issue in the report while an investigation, hearing, or other action related to the report is, or may be, pending at the

Department of Financial and Professional Regulation.

(i) The Department of Financial and Professional Regulation shall, as soon as possible, but not later than 21 days after such request, respond to a request for an update on the status of a report from an individual acting on behalf of:

(1) the reporting organization making the report under this Section; or

(2) a hospital or hospital affiliate who has made the report:

(A) to the Department of Public Health which has been provided to the Department of Financial and Professional Regulation pursuant to subsection (c); or

(B) directly to the Department of Financial and Professional Regulation. In its response, the Department of Financial and Professional Regulation shall indicate that either the investigation of the report is closed or is still ongoing. The Department of Financial and Professional Regulation may require documentation establishing that the individual making the update request is doing so as an agent of such reporting organization, hospital, or hospital affiliate prior to accepting the request.

(j) A reporting organization may submit a written request to the Department of Financial and Professional Regulation that specifically identifies a health professional who is the reporting organization's employee, contractor, or affiliated

provider and request a copy of any formal complaint filed against the health professional by the Department of Financial and Professional Regulation or any chaperone order or disciplinary order issued by the Department of Financial and Professional Regulation against such health professional. The Department of Financial and Professional Regulation shall, within 21 days of such request, provide the requested documents in response.

(k) A report made under this Section is subject to the confidentiality provisions of Section 2105-117.

(l) The Department of Financial and Professional Regulation may adopt any rules necessary to implement, administer, and enforce this Section.

(20 ILCS 2105/2105-392 new)

Sec. 2105-392. State's Attorney; report of arrests, charges, or convictions.

(a) As used in this Section:

"Health professional" has the meaning given to that term in Section 2105-390.

"Intimate conduct" has the meaning given to that term in Section 2105-390.

"Sexual conduct" has the meaning given to that term in Section 2105-390.

(b) The State's Attorney of a county, or his or her designee, shall report the arrest of, or the bringing of

charges against, a person for an offense based on sexual conduct or intimate conduct to the Department of Financial and Professional Regulation if the person is someone who the State's Attorney's office knows or has reason to believe is a health professional.

(c) A report under subsection (b) shall be made within 5 days after the arrest or the bringing of charges and the report shall include the health professional's name, a description of the conduct on which the offense is based, and, if known, the health professional's home address and practice address.

(d) The State's Attorney shall report to the Department of Financial and Professional Regulation within 5 days after the conviction for a felony or Class A misdemeanor of a person who the State's Attorney's office knows or has reason to believe is licensed or registered by the Department of Financial and Professional Regulation as a health professional.

(e) The Department of Financial and Professional Regulation may adopt any rules necessary to implement, administer, and enforce this Section.

Section 10. The Hospital Licensing Act is amended by changing Sections 6.14c, 7, and 9.6 as follows:

(210 ILCS 85/6.14c)

Sec. 6.14c. Posting of information.

(a) Every hospital shall conspicuously post, either by

physical or electronic means, for display in an area of its offices accessible to patients, employees, and visitors the following:

(1) its current license;

(2) signage, whether multiple signs or a combined sign, that includes:

(A) a description, provided by the Department, of:
(i) complaint procedures established under this Act,
including procedures for allegations of abuse and
reportable conduct under Section 9.6; (ii) and the
name, address, and telephone number of a person
authorized by the Department to receive complaints;
and (iii) the contact number of the Department and
local law enforcement;

(B) a description of: (i) the hospital's process
for employees to report allegations of abuse to
hospital administration, including that hospital
administration is required to investigate, document,
and send reports and logs to the Department; and (ii)
the process by which employees may report allegations
of abuse to the Department, including
DPH.HospitalReports@illinois.gov, the Department's
email address for such reports; and

(C) the following message, or one substantially
similar to it: "You may report any incidents of actual
or potential misconduct by health professionals or

other persons licensed by the Illinois Department of Financial and Professional Regulation (IDFPR), including incidents that you choose to voluntarily report and incidents subject to mandatory reporting under 20 ILCS 2105/2105-390, at IDFPR's website.";

(3) a list of any orders pertaining to the hospital issued by the Department during the past year and any court orders reviewing such Department orders issued during the past year; and

(4) a list of the material available for public inspection under Section 6.14d.

(b) Each hospital shall post, either by physical or electronic means, in each facility that has an emergency room, a notice in a conspicuous location in the emergency room with information about how to enroll in health insurance through the Illinois health insurance marketplace in accordance with Sections 1311 and 1321 of the federal Patient Protection and Affordable Care Act.

(Source: P.A. 101-117, eff. 1-1-20; 102-4, eff. 4-27-21.)

(210 ILCS 85/7) (from Ch. 111 1/2, par. 148)

Sec. 7. (a) The Director after notice and opportunity for hearing to the applicant or licensee may deny, suspend, or revoke a permit to establish a hospital or deny, suspend, or revoke a license to open, conduct, operate, and maintain a hospital in any case in which he finds that there has been a

substantial failure to comply with the provisions of this Act, the Hospital Report Card Act, or the Illinois Adverse Health Care Events Reporting Law of 2005 or the standards, rules, and regulations established by virtue of any of those Acts. The Department may impose fines on hospitals, not to exceed \$500 per occurrence, for failing to (1) initiate a criminal background check on a patient that meets the criteria for hospital-initiated background checks; ~~or~~ (2) report the death of a person known to be a resident of a facility licensed under the ID/DD Community Care Act or the MC/DD Act to the coroner or medical examiner within 24 hours as required by Section 6.09a of this Act; or (3) comply with Section 3.2 of the Criminal Identification Act. In assessing whether to impose such a fine for failure to initiate a criminal background check, the Department shall consider various factors, including, but not limited to, whether the hospital has engaged in a pattern or practice of failing to initiate criminal background checks. Money from fines shall be deposited into the Long-Term ~~Long Term~~ Care Provider Fund.

(a-5) If a hospital demonstrates a pattern or practice of failing to substantially comply with the requirements of Section 10.10 or the hospital's written staffing plan, the hospital shall provide a plan of correction to the Department within 60 days. The Department may impose fines as follows: (i) if a hospital fails to implement a written staffing plan for nursing services, a fine not to exceed \$500 per occurrence

may be imposed; (ii) if a hospital demonstrates a pattern or practice of failing to substantially comply with a plan of correction within 60 days after the plan takes effect, a fine not to exceed \$500 per occurrence may be imposed; and (iii) if a hospital demonstrates for a second or subsequent time a pattern or practice of failing to substantially comply with a plan of correction within 60 days after the plan takes effect, a fine not to exceed \$1,000 per occurrence may be imposed. Reports of violations of Section 10.10 shall be subject to public disclosure under Section 6.14a. Money from fines imposed under ~~within~~ this subsection (a-5) shall be deposited into the Hospital Licensure Fund, and money from fines for violations of Section 10.10 shall be used for scholarships under the Nursing Education Scholarship Law.

(a-10) Failure to comply with subsection (a), (a-1), (b), (c), (d), (d-1), (e), (f), (g), (g-1), or (j) of Section 9.6 may result in the following fines: (1) \$10,000 for the first violation; (2) \$15,000 for a second violation within 5 years of the first violation if there has been no change in ownership since the first violation; and (3) \$25,000 for a third violation and every subsequent violation within 7 years of the first violation if there has been no change in ownership since the first violation. Money from fines imposed under this subsection (a-10) relating to incidents involving sexual abuse or assault shall be deposited into the Sexual Assault Services and Prevention Fund. All other fines recovered relating to

this subsection (a-10) shall be deposited into the Hospital Licensure Fund. The Department may adopt rules to further implement these provisions, including the process and time frame for submission and approval of a plan of correction. The Department may conduct an investigation or inspection as deemed necessary. The failure to submit an approved plan of correction may result in the Department imposing a plan of correction on the facility. The Department may conduct a visit or request additional information to determine whether the hospital is following the approved or imposed plan of correction.

(b) Such notice shall be effected by certified ~~registered~~ mail or by personal service setting forth the particular reasons for the proposed action and fixing a date, not less than 15 days from the date of such mailing or service, at which time the applicant or licensee shall be given an opportunity for a hearing. Such hearing shall be conducted by the Director or by an employee of the Department designated in writing by the Director as Hearing Officer to conduct the hearing. On the basis of any such hearing, or upon default of the applicant or licensee, the Director shall make a determination specifying his findings and conclusions. In case of a denial to an applicant of a permit to establish a hospital, such determination shall specify the subsection of Section 6 under which the permit was denied and shall contain findings of fact forming the basis of such denial. A copy of such determination

shall be sent by certified ~~registered~~ mail or served personally upon the applicant or licensee. The decision denying, suspending, or revoking a permit or a license shall become final 35 days after it is so mailed or served, unless the applicant or licensee, within such 35-day ~~35-day~~ period, petitions for review pursuant to Section 13.

(c) The procedure governing hearings authorized by this Section shall be in accordance with rules promulgated by the Department and approved by the Hospital Licensing Board. A full and complete record shall be kept of all proceedings, including the notice of hearing, complaint, and all other documents in the nature of pleadings, written motions filed in the proceedings, and the report and orders of the Director and Hearing Officer. All testimony shall be reported but need not be transcribed unless the decision is appealed pursuant to Section 13. A copy or copies of the transcript may be obtained by any interested party on payment of the cost of preparing such copy or copies.

(d) The Director or Hearing Officer shall, upon his own motion, or on the written request of any party to the proceeding, issue subpoenas requiring the attendance and the giving of testimony by witnesses, and subpoenas duces tecum requiring the production of books, papers, records, or memoranda. All subpoenas and subpoenas duces tecum issued under the terms of this Act may be served by any person of full age. The fees of witnesses for attendance and travel shall be

the same as the fees of witnesses before the Circuit Court of this State, such fees to be paid when the witness is excused from further attendance. When the witness is subpoenaed at the instance of the Director⁷ or Hearing Officer, such fees shall be paid in the same manner as other expenses of the Department, and when the witness is subpoenaed at the instance of any other party to any such proceeding¹ the Department may require that the cost of service of the subpoena or subpoena duces tecum and the fee of the witness be borne by the party at whose instance the witness is summoned. In such case, the Department¹ in its discretion, may require a deposit to cover the cost of such service and witness fees. A subpoena or subpoena duces tecum issued as aforesaid shall be served in the same manner as a subpoena issued out of a court.

(e) Any Circuit Court of this State upon the application of the Director, or upon the application of any other party to the proceeding, may, in its discretion, compel the attendance of witnesses, the production of books, papers, records, or memoranda and the giving of testimony before the Director or Hearing Officer conducting an investigation or holding a hearing authorized by this Act, by an attachment for contempt, or otherwise, in the same manner as production of evidence may be compelled before the court.

(f) The Director or Hearing Officer, or any party in an investigation or hearing before the Department, may cause the depositions of witnesses within the State to be taken in the

manner prescribed by law for like depositions in civil actions in courts of this State, and to that end compel the attendance of witnesses and the production of books, papers, records, or memoranda.

(Source: P.A. 102-641, eff. 8-27-21; revised 6-25-25.)

(210 ILCS 85/9.6)

Sec. 9.6. Patient protection; reports related to patient abuse and reportable conduct ~~from abuse~~.

(a) No administrator, agent, or employee of a hospital or a hospital affiliate, or a member of a hospital's medical staff, or any other staff providing contracted services in the hospital or hospital-affiliated clinic, may abuse a patient in the hospital or in a facility operated by a hospital affiliate.

(a-1) A hospital or hospital affiliate shall adopt a written policy regarding patient protection from abuse and the logging and reporting of obligations under this Section. The Department may periodically conduct on-site reviews of such policies.

(b) Any hospital administrator, agent, employee, or medical staff member, any hospital-affiliated clinic's professional staff under the hospital's or hospital's health system's ownership, or an administrator, employee, or physician employed by a hospital affiliate, who is made aware of allegations of abuse or reportable conduct or has

reasonable cause to believe that any patient with whom he or she has direct contact has been subjected to abuse or reportable conduct in the hospital or hospital affiliate shall promptly provide an account of the allegation or belief or cause an account of the allegation or belief to be provided ~~report or cause a report to be made~~ to a designated hospital administrator responsible for providing such reports to the Department as required by this Section.

(c) Retaliatory action ~~Retaliation~~ against a person who lawfully and in good faith provides an account or causes an account to be provided under subsection (b) ~~makes a report under this Section~~ is prohibited.

(d) Upon receiving an account ~~a report~~ under subsection (b) of this Section, the hospital or hospital affiliate shall immediately initiate an internal review as set forth in subsection (f) of this Section. The hospital or hospital affiliate shall, within 48 hours after receiving the account, assess the information gathered in the internal review and determine whether reasonable cause to support the account exists, reasonable cause to support the account does not exist, or further investigation is needed. If it determines that reasonable cause to support the account exists or that further investigation is needed, the hospital or hospital affiliate shall submit a report of the account to the Department in accordance with subsection (g) within 24 hours after such determination. If it determines that reasonable

cause to support the account does not exist, the hospital or hospital affiliate shall document and log the account, in accordance with subsection (g-1), within 24 hours after such determination ~~submit the report to the Department within 24 hours of obtaining such report.~~ In the event that the hospital or hospital affiliate receives multiple accounts ~~reports~~ involving a single alleged instance of abuse or reportable conduct, the hospital or hospital affiliate shall submit one report to the Department.

(d-1) If, at any time, additional evidence becomes available that changes the determination of whether there was reasonable cause to support the account or not, the hospital or hospital affiliate shall adjust its records accordingly. Specifically, (i) if the account was originally determined to be supported by reasonable cause, but subsequent evidence reveals that there is no reasonable cause, then the hospital or hospital affiliate shall file an amendment to its report to the Department so indicating, or (ii) if the account was originally determined not to be supported by reasonable cause, but subsequent evidence reveals that there is reasonable cause, then the hospital or hospital affiliate shall, within 24 hours, file a report with the Department in accordance with subsection (g) and update its log so indicating.

(d-2) If the hospital or hospital affiliate requires additional time to make a determination whether there is reasonable cause to support an account or not in accordance

with subsection (d) due to staff who need to be interviewed as part of the internal review not being available due to time off or not being scheduled to work, then the hospital or hospital affiliate shall have an additional 24 hours within which to report or log the account as required in subsection (d). In such an event, the hospital or hospital affiliate shall clearly note the fact in the report or log, as applicable, that the additional time was due to the unavailability of staff as specified in this subsection (d-2).

(e) Upon receiving an account under subsection (b) ~~a report under this Section~~, the hospital or hospital affiliate shall promptly take necessary action ~~conduct an internal review~~ to ensure the alleged victim's safety. Measures to protect the alleged victim shall be taken as deemed necessary by the hospital's administrator and may include, but are not limited to: (i), removing suspected violators from further patient contact during the hospital's or hospital affiliate's internal review; (ii) requiring a third party to accompany the suspected violator while such person is engaged in patient care activities; or (iii) such other measures as deemed appropriate by the hospital administrator to ensure patient safety. If the alleged victim lacks decision-making capacity under the Health Care Surrogate Act and no health care surrogate is available, the hospital or hospital affiliate may contact the Illinois Guardianship and Advocacy Commission to determine the need for a temporary guardian of that person.

(f) All ~~internal~~ hospital and hospital affiliate internal reviews shall be conducted by a designated employee or agent who is qualified to detect abuse and is not involved in the alleged victim's treatment. All internal review findings must be documented and filed according to the policy adopted by the hospital or hospital affiliate pursuant to subsection (a-1). Internal reviews may include, but are not limited to: (i) interviewing the alleged victim and family members of the alleged victim, the suspected violator, and ancillary staff who may have witnessed the event or have knowledge of the event; (ii) with the alleged victim's consent, conducting physical exams and documenting any findings; (iii) reviewing any video recordings or other records that may be available; and (iv) such other investigatory activities as may be reasonable and appropriate. ~~hospital or hospital affiliate procedures and shall be made available to the Department upon request.~~

(g) A report required by subsection (d) shall be in writing and shall contain the following information:

(1) the name of the hospital or hospital affiliate making the report and the name, address, telephone number, and email address of the administrator making the report on its behalf;

(2) the name, address, telephone number, and email address of the person who is accused and, if the person is professionally licensed, the profession and professional

license number of the person, if known;

(3) the name, address, or other contact information of the individual or individuals who raised the allegation or belief that is the subject of the report;

(4) the name and age of the patient involved and the nature of their condition, including any evidence of previous injuries or disabilities;

(5) a description of the acts that are alleged to have occurred, including the location, date, and time of the alleged acts, and a copy of any document or file containing the allegations received by the hospital or hospital affiliate;

(6) any extenuating information or further pertinent information that the reporting party deems to be an aid in the evaluation of the report, including, without limitation, information showing that the accused person was acting in self-defense;

(7) a statement as to whether, at the time of the filing of the report, the hospital's or hospital affiliate's internal review is (i) complete or (ii) ongoing and, if still ongoing, an estimated date for completion; and

(8) if the report concerns abuse of unknown cause, any other information that the reporter believes might be helpful in establishing the cause of the reported abuse and the identity of the person believed to have caused the

~~abuse. Any other person may make a report of patient abuse to the Department if that person has reasonable cause to believe that a patient has been abused in the hospital or hospital affiliate.~~

(g-1) If an internal review conducted pursuant to subsections (d) and (f) determines that reasonable cause to support the account does not exist, the hospital or hospital affiliate shall document and log such findings within 24 hours after such determination. The log shall include the following information:

(1) the name, address, telephone number, and email address of the person who was accused and, if the person is professionally licensed, the profession and professional license number of the person, if known;

(2) the name, address, or other contact information of the individual or individuals who raised the allegation or belief that was the subject of the account;

(3) the name and age of the patient involved and the nature of the patient's condition, including any evidence of previous injuries or disabilities;

(4) a description of the acts that were alleged to have occurred, including the location, date, and time of the alleged acts, and a copy of any document or file containing the allegations received by the hospital or hospital affiliate;

(5) any extenuating information or further pertinent

information that the reporting party deems to be an aid in the evaluation of the report, including, without limitation, information showing that the accused person was acting in self-defense;

(6) if the account concerns abuse of unknown cause, any other information that the reporter believes might be helpful in establishing the cause of the reported abuse and the identity of the person believed to have caused the abuse;

(7) a summary of the investigation, including the steps taken during the investigation;

(8) a summary of the investigation's findings, including why it was determined that reasonable cause to support the account did not exist; and

(9) any other information that may be helpful in explaining the investigation or reason for the investigation's findings.

Commencing on December 31, 2027, hospitals shall submit their logs to the Department twice per year. Additionally, the Department or the Department of Financial and Professional Regulation may request to review a hospital's log at any time and from time to time, and the hospital shall provide such logs.

(h) Any other person may make a report of patient abuse or reportable conduct to the Department if that person has reasonable cause to believe that a patient has been abused or

~~otherwise harmed in the hospital or hospital affiliate. The report required under this Section shall include: the name of the patient; the name and address of the hospital or hospital affiliate treating the patient; the age of the patient; the nature of the patient's condition, including any evidence of previous injuries or disabilities; and any other information that the reporter believes might be helpful in establishing the cause of the reported abuse and the identity of the person believed to have caused the abuse.~~

(i) A report made under this Section does not create a presumption that the hospital or hospital affiliate that has submitted the report, or the persons against whom the allegations in the report are made, has committed a violation or a criminal act. Except for willful or wanton misconduct, any individual, person, institution, hospital, hospital affiliate, or agency participating in good faith in the making of a report under this Section, or in the investigation of such a report or in making a disclosure of information concerning reports of abuse or reportable conduct under this Section, shall have immunity from any liability, whether civil, professional, or criminal, that otherwise might result by reason of such actions, including, but not limited to, any defamation actions or tortious interference with contract action. For the purpose of any proceedings, whether civil, professional, or criminal, the good faith of any persons required to report cases of suspected abuse or reportable

conduct under this Section or who disclose information concerning reports of abuse or reportable conduct in compliance with this Section, shall be presumed.

(j) No administrator, agent, or employee of a hospital or hospital affiliate shall adopt or employ practices or procedures designed to discourage good faith reporting of patient abuse or reportable conduct under this Section.

(k) (Blank). ~~Every hospital and hospital affiliate shall ensure that all new and existing employees are trained in the detection and reporting of abuse of patients and retrained at least every 2 years thereafter.~~

(l) The Department shall investigate each report ~~of patient abuse~~ made under this Section according to the procedures of the Department and review all logs submitted by hospitals twice per year, except that a report ~~of abuse~~ which indicates that a patient's life or safety is in imminent danger shall be investigated within 24 hours of such report. Under no circumstances may a hospital's or hospital affiliate's internal review of an allegation of abuse replace an investigation of the allegation by the Department. Within 30 days after receiving such a report, the Department shall provide the reporting organization with an update as to the status of the report indicating that the Department has completed the investigation or that the investigation is still ongoing. Thereafter, reporting organizations may contact the Department for updates as to status of reports and anticipated

time frames for final disposition. The Department shall respond to all requests for a status update within 10 days.

(m) The Department shall keep a continuing record of all reports made pursuant to this Section, including indications of the final determination of any investigation and the final disposition of all reports. The Department shall inform the investigated hospital or hospital affiliate and any other person making a report under subsection (h) ~~(g)~~ of its final determination or disposition in writing.

(n) The Department shall not disclose to the public any information regarding any reports and investigations under this Section unless and until the report ~~of abuse~~ is substantiated following a full and proper investigation and a final Department decision has been made.

(o) All patient identifiable information in any report or investigation under this Section shall be confidential and shall not be disclosed except as authorized by this Act or other applicable law.

(p) Nothing in this Section relieves a hospital or hospital affiliate administrator, or an employee, agent, or medical staff member of the hospital or hospital affiliate administrator from contacting appropriate law enforcement authorities as required by law.

(q) Nothing in this Section shall be construed to mean that a patient is a victim of abuse because of health care services provided or not provided by health care

professionals.

(r) Nothing in this Section shall require a hospital or hospital affiliate, including its employees, agents, and medical staff members, to provide any services to a patient in contravention of his or her stated or implied objection thereto upon grounds that such services conflict with his or her religious beliefs or practices, nor shall such a patient be considered abused under this Section for the exercise of such beliefs or practices.

(s) The Department's implementation of this Section is subject to appropriations to the Department for that purpose.

(t) As used in this Section, the following terms have the following meanings:

"Abuse" means any physical or mental injury or sexual abuse intentionally inflicted by a hospital or hospital affiliate employee, agent, or medical staff member on a patient of the hospital or hospital affiliate and does not include any hospital or hospital affiliate, medical, health care, or other personal care services done in good faith in the interest of the patient according to established medical and clinical standards of care.

"Hospital affiliate" has the meaning given to that term in Section 10.8.

"Mental injury" means intentionally caused emotional distress in a patient from words or gestures that would be considered by a reasonable person to be humiliating,

harassing, or threatening and which causes observable and substantial impairment.

"Qualified to detect abuse" means that the individual is a risk manager, in-house or outside legal counsel, social worker, or other person who has experience or been trained in investigations of abuse allegations.

"Reportable conduct" means conduct that a person who is working for or at the hospital or hospital affiliate has a duty to report under Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

"Retaliatory action" has the meaning given to that term in Section 5 of the Whistleblower Act.

"Sexual abuse" means any intentional act of sexual contact or sexual penetration of a patient in the hospital or any instance of sexual conduct.

"Substantiated", with respect to a report of abuse, means that a preponderance of the evidence indicates that abuse occurred.

(Source: P.A. 103-803, eff. 1-1-25.)

Section 15. The Acupuncture Practice Act is amended by changing Section 110 as follows:

(225 ILCS 2/110)

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

Sec. 110. Grounds for disciplinary action. ~~(a)~~ The Department may refuse to issue or to renew, place on probation, suspend, revoke, or take other disciplinary or non-disciplinary action as deemed appropriate, including the imposition of fines not to exceed \$10,000 for each violation, as the Department may deem proper, with regard to a license for any one or combination of the following causes:

(1) Violations of this Act or its rules.

(2) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, 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 is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty or that is directly related to the practice of the profession.

(3) Making any misrepresentation for the purpose of obtaining a license.

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

(5) Failing to provide information within 60 days in response to a written request made by the Department which has been sent by certified or registered mail to the licensee's address of record or by email to the licensee's email address of record.

(6) 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 one set forth in this Section.

(7) Solicitation of professional services by means other than permitted under this Act.

(8) Failure to provide a patient with a copy of his or her record upon the written request of the patient.

(9) Gross negligence in the practice of acupuncture.

(10) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug that results in an acupuncturist's inability to practice with reasonable judgment, skill, or safety.

(11) A finding that licensure has been applied for or obtained by fraudulent means.

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

(13) 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 the indicated report becoming final after a hearing or opportunity for a hearing. ~~and upon proof by clear and convincing evidence that the licensee has caused a child to be an abused child or a neglected child as defined in the Abused and Neglected Child Reporting Act.~~

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

(15) The use of any words, abbreviations, figures, or letters (such as "Acupuncturist", "Licensed Acupuncturist", "Certified Acupuncturist", "Doctor of Acupuncture and Chinese Medicine", "Doctor of Acupuncture and Oriental Medicine", "Doctor of Acupuncture", "Oriental Medicine Practitioner", "Licensed Oriental Medicine Practitioner", "Oriental Medicine Doctor", "Licensed Oriental Medicine Doctor", "C.A.", "Act.", "Lic. Act.", "Lic. Ac.", "D.Ac.", "DACM", "DAOM", or "O.M.D.") or any designation used by the Accreditation Commission for Acupuncture and Oriental Medicine with the intention of indicating practice as a licensed acupuncturist without a valid license as an acupuncturist issued under this Act.

When the name of the licensed acupuncturist is used professionally in oral, written, or printed announcements, professional cards, or publications for the information of the public, the degree title or degree abbreviation shall be added immediately following title and name. When the announcement, professional card, or publication is in writing or in print, the explanatory addition shall be in writing, type, or print not less than 1/2 the size of that used in the name and title. No person other than the holder of a valid existing license under this Act shall use the

title and designation of "acupuncturist", either directly or indirectly, in connection with his or her profession or business.

(16) Using claims of superior quality of care to entice the public or advertising fee comparisons of available services with those of other persons providing acupuncture services.

(17) Advertising of professional services that the offeror of the services is not licensed to render. Advertising of professional services that contains false, fraudulent, deceptive, or misleading material or guarantees of success, statements that play upon the vanity or fears of the public, or statements that promote or produce unfair competition.

(18) Having treated ailments other than by the practice of acupuncture as defined in this Act, or having treated ailments ~~of~~ as a licensed acupuncturist pursuant to a referral by written order that provides for management of the patient by a physician or dentist without having notified the physician or dentist who established the diagnosis that the patient is receiving acupuncture treatments.

(19) Unethical, unauthorized, or unprofessional conduct as defined by rule.

(20) Physical illness, mental illness, or other impairment that results in the inability to practice the

profession with reasonable judgment, skill, and safety, including, without limitation, deterioration through the aging process, mental illness, or disability.

(21) Violation of the Health Care Worker Self-Referral Act.

(22) Failure to refer a patient whose condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the acupuncturist to a licensed physician or dentist.

(23) Holding himself or herself out as being trained in Chinese herbology without being able to provide the Department with proof of status as a Diplomate of Oriental Medicine certified by the National Certification Commission for Acupuncture and Oriental Medicine or a substantially equivalent status approved by the Department or proof that he or she has successfully completed the National Certification Commission for Acupuncture and Oriental Medicine Chinese Herbology Examination or a substantially equivalent examination approved by the Department.

(24) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

The entry of an order by a circuit court establishing that any person holding a license under this Act is subject to

involuntary admission or judicial admission as provided for in the Mental Health and Developmental Disabilities Code operates as an automatic suspension of that license. That person may have his or her license restored only upon the determination by a circuit court that the patient is no longer subject to involuntary admission or judicial admission and the issuance of an order so finding and discharging the patient and upon the Board's recommendation to the Department that the license be restored. Where the circumstances so indicate, the Board may recommend to the Department that it require an examination prior to restoring a suspended license.

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

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

reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Department. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. Failure of an individual to submit to a mental or physical examination, when directed, shall be grounds for suspension of his or her license until the individual submits to the examination if the Department finds, after notice and hearing, that the refusal to submit to the examination was without reasonable cause.

If the Department finds an individual unable to practice because of the reasons set forth in this Section, the Department may require that individual to submit to care, counseling, or treatment by physicians approved or designated by the Department, as a condition, term, or restriction for continued, restored, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Department may file a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, restored, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual

shall have his or her license suspended immediately, pending a hearing by the Department.

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

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

(Source: P.A. 100-375, eff. 8-25-17; 101-201, eff. 1-1-20; revised 6-24-25.)

Section 20. The Illinois Athletic Trainers Practice Act is amended by changing Section 16 as follows:

(225 ILCS 5/16) (from Ch. 111, par. 7616)

(Section scheduled to be repealed on January 1, 2031)

Sec. 16. Grounds for discipline.

(1) 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 fines not to exceed \$10,000 for each violation, with regard to any licensee for any one or combination of the following:

(A) Material misstatement in furnishing information to the Department;

(B) Violations of this Act, or of the rules or regulations promulgated hereunder;

(C) Conviction of or plea of guilty to any crime under the Criminal Code of 2012 or the laws of any jurisdiction of the United States that is (i) a felony, (ii) a misdemeanor, an essential element of which is dishonesty, or (iii) of any crime that is directly related to the practice of the profession;

(D) Fraud or any misrepresentation in applying for or procuring a license under this Act, or in connection with applying for renewal of a license under this Act;

(E) Professional incompetence or gross negligence;

(F) Malpractice;

(G) Aiding or assisting another person, firm, partnership, or corporation in violating any provision of this Act or rules;

(H) Failing, within 60 days, to provide information in response to a written request made by the Department;

(I) Engaging in dishonorable, unethical, or

unprofessional conduct of a character likely to deceive, defraud or harm the public;

(J) Habitual or excessive use or abuse of drugs defined in law as controlled substances, alcohol, or any other substance that results in the inability to practice with reasonable judgment, skill, or safety;

(K) Discipline by another state, unit of government, government agency, the District of Columbia, territory, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth herein;

(L) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional services not actually or personally rendered. Nothing in this subparagraph (L) 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 subparagraph (L) shall be construed to require an employment arrangement to receive professional fees for

services rendered;

(M) A finding by the Department that the licensee after having the licensee's license disciplined has violated the terms of probation;

(N) Abandonment of an athlete;

(O) Willfully making or filing false records or reports in the person's practice, including but not limited to false records filed with State agencies or departments;

(P) Willfully failing to report an instance of suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act;

(Q) Physical illness, including but not limited to deterioration through the aging process, or loss of motor skill that results in the inability to practice the profession with reasonable judgment, skill, or safety;

(R) Solicitation of professional services other than by permitted institutional policy;

(S) The use of any words, abbreviations, figures or letters with the intention of indicating practice as an athletic trainer without a valid license as an athletic trainer under this Act;

(T) The evaluation or treatment of ailments of human beings other than by the practice of athletic training as defined in this Act or the treatment of injuries of athletes by a licensed athletic trainer except by the

referral of a physician, physician assistant, advanced practice registered nurse, podiatric physician, or dentist;

(U) Willfully violating or knowingly assisting in the violation of any law of this State relating to the use of habit-forming drugs;

(V) Willfully violating or knowingly assisting in the violation of any law of this State relating to the practice of abortion;

(W) Continued practice by a person knowingly having an infectious communicable or contagious disease;

(X) 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 the indicated report becoming final after a hearing or opportunity for a hearing; ~~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;~~

(X-5) Failure to provide a monthly report on the patient's progress to the referring physician, physician assistant, advanced practice registered nurse, podiatric physician, or dentist;

(Y) (Blank);

(Z) Failure to fulfill continuing education requirements;

(AA) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act;

(BB) Practicing under a false or, except as provided by law, assumed name;

(CC) Promotion of the sale of drugs, devices, appliances, or goods provided in any manner to exploit the client for the financial gain of the licensee;

(DD) Gross, willful, or continued overcharging for professional services;

(EE) Mental illness or disability that results in the inability to practice under this Act with reasonable judgment, skill, or safety;

(FF) Cheating on or attempting to subvert the licensing examination administered under this Act;

(GG) Violation of the Health Care Worker Self-Referral Act; ~~or~~

(HH) Failure by a supervising athletic trainer of an aide to maintain contact, including personal supervision and instruction, to ensure the safety and welfare of an athlete; or.

(II) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

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.

(2) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. Such suspension will end only upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission and issuance of an order so finding and discharging the licensee.

(3) The Department may refuse to issue or may suspend without hearing, as provided for in the Code of Civil Procedure, the license of any person who fails to file a return, 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 in accordance with subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(4) In enforcing this Section, the Department, upon a showing of a possible violation, may compel any individual who is licensed under this Act or any individual who has applied for licensure to submit to a mental or physical examination or evaluation, or both, which may include a substance abuse or

sexual offender evaluation, at the expense of the Department. The Department shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination and evaluation. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing.

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

team to present testimony concerning this examination and evaluation of the licensee or applicant, including testimony concerning any supplemental testing or documents relating to the examination and evaluation. No information, report, record, or other documents in any way related to the examination and evaluation shall be excluded by reason of any common law or statutory privilege relating to communication between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an evaluation and examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation. The individual to be examined may choose to have, at the individual's own expense, another physician present during all aspects of the examination.

Failure of any individual to submit to a mental or physical examination or evaluation, or both, when directed, shall result in an automatic suspension without hearing, until such time as the individual submits to the examination. If the Department finds a licensee unable to practice because of the reasons set forth in this Section, the Department shall require the licensee to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition for continued, reinstated, or

renewed licensure.

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

If the Department finds an individual unable to practice or unfit for duty because of the reasons set forth in this Section, the Department may require the individual to submit to a substance abuse evaluation or treatment by individuals or programs approved or designated by the Department, as a condition, term, or restriction for continued, restored, or renewed licensure to practice; or, in lieu of evaluation or treatment, the Department may file a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, restored, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have the registration suspended immediately, pending a hearing by the Department.

When the Secretary immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Department within 15 days after the suspension

and completed without appreciable delay. The Department shall have the authority to review the licensee's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

Individuals licensed under this Act who are affected under this Section shall be afforded an opportunity to demonstrate to the Department that they can resume practice in compliance with acceptable and prevailing standards under the provisions of their license.

(5) (Blank).

(6) In cases where the Department of Healthcare and Family Services has previously determined a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with paragraph (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(Source: P.A. 104-152, eff. 1-1-26.)

Section 25. The Behavior Analyst Licensing Act is amended by changing Section 60 as follows:

(225 ILCS 6/60)

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

Sec. 60. Grounds for disciplinary action.

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

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

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

(3) conviction of or entry of a plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, 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 is (i) a felony or (ii) a misdemeanor, an essential element

of which is dishonesty, or that is directly related to the practice of behavior analysis;

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

(5) professional incompetence;

(6) gross negligence in practice under this Act;

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

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

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

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

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

(12) directly or indirectly giving to or receiving

from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional service not actually rendered; nothing in this paragraph 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 paragraph shall be construed to require an employment arrangement to receive professional fees for services rendered;

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

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

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

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

(17) 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 the indicated report becoming final after a hearing or opportunity for a hearing; ~~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;~~

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

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

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

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

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

Adult Protective Services Act; ~~or~~

(23) failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(b) The determination by a court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code shall result in an automatic suspension of the licensee's license. The suspension shall end upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission and issues an order so finding and discharging the patient, and upon the recommendation of the Board to the Secretary that the licensee be allowed to resume professional practice.

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

(c-1) The Department shall not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any

other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the person recommending, aiding, assisting, referring for, or participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the client was a resident of this State or another state.

(c-2) The Department shall not revoke, suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for a person practicing in Illinois under this Act.

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

(c-4) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or

renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state or territory other than Illinois for the referral for or having otherwise participated in any health care service, if the revocation, suspension, or disciplinary action was based solely on a violation of the other state's law prohibiting such health care services in the state, for a resident of the state, or in any other state.

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

(1) The Department shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination or both. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in

all of its branches, licensed clinical psychologists, licensed clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing.

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

(3) The person to be examined may have, at the

person's own expense, another physician of the person's choice present during all aspects of the examination. However, that physician shall be present only to observe and may not interfere in any way with the examination.

(4) The failure of any person to submit to a mental or physical examination without reasonable cause, when ordered, shall result in an automatic suspension of the person's license until the person submits to the examination.

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

(f) All fines imposed 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.

If the Secretary immediately suspends a person's license under this subsection, a hearing on that person's license must be convened by the Department within 30 days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject person's record of treatment and counseling regarding the impairment, to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

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

(g) The Department may adopt rules to implement, administer, and enforce this Section.

(Source: P.A. 104-432, eff. 1-1-26.)

Section 30. The Clinical Psychologist Licensing Act is amended by changing Section 15 as follows:

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

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

Sec. 15. Disciplinary action; grounds.

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

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

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

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

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

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

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

(7) Unethical, unauthorized, or unprofessional conduct as defined by rule. In establishing those rules, the Department shall consider, though is not bound by, the ethical standards for psychologists promulgated by recognized national psychology associations.

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

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

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

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

(12) Directly or indirectly giving or receiving from any person, firm, corporation, association, or partnership any fee, commission, rebate, or other form of compensation

for any professional service not actually or personally rendered. Nothing in this paragraph (12) 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 paragraph (12) shall be construed to require an employment arrangement to receive professional fees for services rendered.

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

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

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

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

(17) 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 the indicated report becoming final after a hearing or opportunity for a hearing.~~, 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.~~

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

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

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

(21) Failing to report to the Department any adverse final action taken against a licensee or applicant by another licensing jurisdiction, including any other state or territory of the United States or any foreign state or country, or any peer review body, health care institution, professional society or association related to the profession, governmental agency, law enforcement agency, or court for an act or conduct similar to an act or conduct

that would constitute grounds for disciplinary action as set forth in this Section.

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

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

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

(25) Failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

The entry of an order by any circuit court establishing that any person holding a license under this Act is subject to involuntary admission or judicial admission as provided for in the Mental Health and Developmental Disabilities Code, operates as an automatic suspension of that license. That person may have his or her license restored only upon the determination by a circuit court that the patient is no longer subject to involuntary admission or judicial admission and the

issuance of an order so finding and discharging the patient and upon the Board's recommendation to the Department that the license be restored. Where the circumstances so indicate, the Board may recommend to the Department that it require an examination prior to restoring any license so automatically suspended.

The Department shall refuse to issue or 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 the tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

In enforcing this Section, the Department or Board upon a showing of a possible violation may compel any person licensed to practice under this Act, or who has applied for licensure or certification pursuant to this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The examining physicians or clinical psychologists shall be those specifically designated by the Department. The Board or the Department may order the examining physician or clinical psychologist to present testimony concerning this mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the

examining physician or clinical psychologist. The person to be examined may have, at his or her own expense, another physician or clinical psychologist of his or her choice present during all aspects of the examination. Failure of any person to submit to a mental or physical examination, when directed, shall be grounds for suspension of a license until the person submits to the examination if the Department or Board finds, after notice and hearing, that the refusal to submit to the examination was without reasonable cause.

If the Department or Board finds a person unable to practice because of the reasons set forth in this Section, the Department or Board may require that person to submit to care, counseling, or treatment by physicians or clinical psychologists approved or designated by the Department, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Board may recommend to the Department to file or the Department may file a complaint to immediately suspend, revoke, or otherwise discipline the license of the person. Any person whose license was granted, continued, reinstated, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the person shall have his or her license suspended immediately, pending a hearing by the Board.

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

A person licensed under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Board that he or she can resume practice in compliance with acceptable and prevailing standards under the provisions of his or her license.

(b) The Department shall not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the person recommending, aiding, assisting, referring for, or participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(c) The Department shall not revoke, suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a

person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for a person practicing in Illinois under this Act.

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

(e) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the license, registration, or permit of the person being suspended or revoked, or the person being otherwise disciplined, by any other state or territory other than Illinois for the referral for or having otherwise participated in any health care service, if the revocation, suspension, or other disciplinary action was based solely on a violation of the other state's law prohibiting such health care services in the state, for a resident of the state, or in

any other state.

(f) The Department may adopt rules to implement, administer, and enforce this Section.

(Source: P.A. 104-432, eff. 1-1-26.)

Section 35. The Clinical Social Work and Social Work Practice Act is amended by changing Section 19 as follows:

(225 ILCS 20/19)

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

Sec. 19. Grounds for disciplinary action.

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

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

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

(c) conviction of or entry of a plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of

judgment or sentencing, 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 is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the clinical social work or social work professions;

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

(e) professional incompetence;

(f) gross negligence in practice under this Act;

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

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

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

(j) habitual or excessive use or abuse of drugs defined in law as controlled substances, of alcohol, or of any other substances that results in the inability to

practice with reasonable judgment, skill, or safety;

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

(l) directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional service not actually rendered. Nothing in this paragraph (l) 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 paragraph (l) shall be construed to require an employment arrangement to receive professional fees for services rendered;

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

(n) abandonment, without cause, of a client;

(o) willfully making or filing false records or

reports relating to a licensee's practice, including, but not limited to, false records filed with federal or State agencies or departments;

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

(q) 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 the indicated report becoming final after a hearing or opportunity for a hearing; ~~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;~~

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

(s) solicitation of professional services by using false or misleading advertising;

(t) violation of the Health Care Worker Self-Referral Act;

(u) willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult as defined in and

required by the Adult Protective Services Act; ~~or~~

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

(w) failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(2) (Blank).

(3) The determination by a court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code, will result in an automatic suspension of the licensee's license. Such suspension will end upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission and the issuance of ~~issues~~ an order so finding and discharging the patient, and upon the recommendation of the Board to the Secretary that the licensee be allowed to resume professional practice.

(4) The Department shall refuse to issue or renew or may suspend the license of a person who (i) fails to file a return, pay the tax, penalty, or interest shown in a filed return, or pay any final assessment of tax, penalty, or interest, as

required by any tax Act administered by the Department of Revenue, until the requirements of the tax Act are satisfied or (ii) has failed to pay any court-ordered child support as determined by a court order or by referral from the Department of Healthcare and Family Services.

(4.5) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the person authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(4.10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not

have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for a person practicing in Illinois under this Act.

(4.15) The conduct specified in subsection (4.5), (4.10), (4.25), or (4.30) shall not constitute grounds for suspension under Section 32.

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

(4.25) The Department may not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon an immigration violation by the person.

(4.30) The Department may not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or

renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely upon an immigration violation by the person.

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

(b) The Department shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination or both. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to

submit to an examination pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing.

(c) The Board or the Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this mental or physical examination of the licensee or applicant. No information, report, record, or other documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation.

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

(e) Failure of any person to submit to a mental or physical examination without reasonable cause, when ordered, shall

result in an automatic suspension of the person's license until the person submits to the examination.

(f) If the Department or Board finds a person unable to practice because of the reasons set forth in this Section, the Department or Board may require that person to submit to care, counseling, or treatment by physicians approved or designated by the Department or Board, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise discipline the license of the person. Any person whose license was granted, continued, reinstated, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the person's license shall be suspended immediately, pending a hearing by the Department.

(g) All fines imposed 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.

In instances in which the Secretary immediately suspends a person's license under this Section, a hearing on that person's license must be convened by the Department within 30

days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject person's record of treatment and counseling regarding the impairment, to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

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

(h) The Department may adopt rules to implement, administer, and enforce this Section ~~Public Act 102-1117~~.

(Source: P.A. 103-715, eff. 1-1-25; 103-1048, eff. 1-1-25; 104-417, eff. 8-15-25; 104-432, eff. 1-1-26; revised 9-15-25.)

Section 40. The Illinois Dental Practice Act is amended by changing Section 23 as follows:

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

(Section scheduled to be repealed on January 1, 2031)

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, misrepresentation, or concealment 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 the patient's 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 the licensee's 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 the licensee's supervision to perform any operation not authorized by this Act.

14. Permitting more than 4 dental hygienists to be employed under the licensee's 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 the licensee's 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 the indicated report becoming final after a hearing or opportunity for a hearing. ~~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 the licensee's 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 the dentist's patients at least 30 days prior to the office closure pursuant to Section 50.1.

40. Failure to maintain a sanitary work environment.

41. Failure to comply with the provisions of Section 17.2 of this Act.

42. Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

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 a 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. 103-425, eff. 1-1-24; 103-902, eff. 8-9-24; 104-151, eff. 1-1-26.)

Section 45. The Dietitian Nutritionist Practice Act is amended by changing Section 95 as follows:

(225 ILCS 30/95) (from Ch. 111, par. 8401-95)

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

Sec. 95. Grounds for discipline.

(1) 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 appropriate, including imposing fines not to exceed \$10,000 for each violation, with regard to any license or certificate for any one or combination of the following

causes:

(a) Material misstatement in furnishing information to the Department.

(b) Violations of this Act or of rules adopted under this Act.

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

(d) Fraud or any misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal of a license under this Act.

(e) Professional incompetence or gross negligence.

(f) Malpractice.

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

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

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

(j) Habitual or excessive use or abuse of drugs defined in law as controlled substances, alcohol, or any other substance that results in the inability to practice with reasonable judgment, skill, or safety.

(k) Discipline by another state, the District of Columbia, territory, country, or governmental agency if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Act.

(l) Charging for professional services not rendered, including filing false statements for the collection of fees for which services are not rendered. Nothing in this paragraph (1) 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 paragraph (1) shall be construed to require an employment arrangement to receive professional fees for services rendered.

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

(n) Willfully making or filing false records or

reports in his or her practice, including, but not limited to, false records filed with State agencies or departments.

(o) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act.

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

(q) Gross and willful overcharging for professional services.

(r) (Blank).

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

(t) Cheating on or attempting to subvert a licensing examination administered under this Act.

(u) Mental illness or disability that results in the inability to practice under this Act with reasonable judgment, skill, or safety.

(v) Physical illness, including, but not limited to, deterioration through the aging process or loss of motor skill that results in a licensee's inability to practice under this Act with reasonable judgment, skill, or safety.

(w) Advising an individual to discontinue, reduce, increase, or otherwise alter the intake of a drug prescribed by a physician licensed to practice medicine in all its branches or by a prescriber as defined in Section

102 of the Illinois Controlled Substances Act.

(x) Failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(2) The Department may refuse to issue or may suspend without hearing, as provided for in the Code of Civil Procedure, the license of any person who fails to file a return, or pay the tax, penalty, or interest shown in a filed return, or pay any final assessment of the tax, penalty, or interest as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Civil Administrative Code of Illinois.

(3) (Blank).

(4) In cases where the Department of Healthcare and Family Services has previously determined a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with item (5) of subsection (a) of Section 2105-15 of the Civil

Administrative Code of Illinois.

(5) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission, as provided in the Mental Health and Developmental Disabilities Code, operates as an automatic suspension. The suspension shall end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and the issuance of an order so finding and discharging the patient.

(6) In enforcing this Act, the Department, upon a showing of a possible violation, may compel an individual licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The Department may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Department. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. The examination shall be performed by a physician licensed to practice medicine in all its branches. Failure of an individual to submit to a mental or physical

examination, when directed, shall result in an automatic suspension without hearing.

A person holding a license under this Act or who has applied for a license under this Act who, because of a physical or mental illness or disability, including, but not limited to, deterioration through the aging process or loss of motor skill, is unable to practice the profession with reasonable judgment, skill, or safety, may be required by the Department to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice. Submission to care, counseling, or treatment as required by the Department shall not be considered discipline of a license. If the licensee refuses to enter into a care, counseling, or treatment agreement or fails to abide by the terms of the agreement, then the Department may file a complaint to revoke, suspend, or otherwise discipline the license of the individual. The Secretary may order the license suspended immediately, pending a hearing by the Department. Fines shall not be assessed in disciplinary actions involving physical or mental illness or impairment.

In instances in which the Secretary immediately suspends a person's license under this Section, a hearing on that person's license must be convened by the Department within 15 days after the suspension and completed without appreciable delay. The Department shall have the authority to review the

subject individual's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

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

(Source: P.A. 100-872, eff. 8-14-18.)

Section 50. The Marriage and Family Therapy Licensing Act is amended by changing Section 85 as follows:

(225 ILCS 55/85) (from Ch. 111, par. 8351-85)

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

Sec. 85. Refusal, revocation, or suspension.

(a) The Department may refuse to issue or renew a license, or may revoke, suspend, reprimand, place on probation, or take any other disciplinary or non-disciplinary action as the Department may deem proper, including the imposition of fines not to exceed \$10,000 for each violation, with regard to any license issued under the provisions of this Act for any one or combination of the following grounds:

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

(2) Violation of any provision of this Act or its rules.

(3) Conviction of or entry of a plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, 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 is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty or that is directly related to the practice of the profession.

(4) Fraud or misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal or restoration of a license under this Act or its rules.

(5) Professional incompetence.

(6) Gross negligence in practice under this Act.

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

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

(9) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud or harm the public as defined by the rules of the Department, or violating the rules of professional conduct adopted by the Department.

(10) Habitual or excessive use or abuse of drugs defined in law as controlled substances, of alcohol, or any other substance that results in the inability to practice with reasonable judgment, skill, or safety.

(11) Discipline by another jurisdiction if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Act.

(12) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional services not actually or personally rendered. Nothing in this paragraph (12) 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 paragraph (12) shall be construed to require an employment arrangement to receive professional fees for services rendered.

(13) A finding by the Department that the licensee, after having his or her license placed on probationary status, has violated the terms of probation or failed to

comply with the terms.

(14) Abandonment of a patient without cause.

(15) Willfully making or filing false records or reports relating to a licensee's practice, including, but not limited to, false records filed with State agencies or departments.

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

(17) 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 the indicated report becoming final after a hearing or opportunity for a hearing.~~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.~~

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

(19) Solicitation of professional services by using false or misleading advertising.

(20) A pattern of practice or other behavior that demonstrates incapacity or incompetence to practice under

this Act.

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

(22) Gross, willful, and continued overcharging for professional services, including filing false statements for collection of fees or moneys for which services are not rendered.

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

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

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

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

(27) Failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(b) (Blank).

(c) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission, as provided in the Mental Health and Developmental Disabilities Code, operates as an automatic suspension. The suspension will terminate only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and the issuance of an order so finding and discharging the patient, and upon the recommendation of the Board to the Secretary that the licensee be allowed to resume his or her practice as a licensed marriage and family therapist or an associate licensed marriage and family therapist.

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

(d-5) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the person authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether

the patient was a resident of this State or another state.

(d-10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for a person practicing in Illinois under this Act.

(d-15) The conduct specified in subsection (d-5), (d-10), (d-25), or (d-30) shall not constitute grounds for suspension under Section 145.

(d-20) An applicant seeking licensure, certification, or authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization,

unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(d-25) The Department may not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice issued under this Act based solely upon an immigration violation by the person.

(d-30) The Department may not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely upon an immigration violation by the person.

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

abuse or sexual offender evaluation, as required by and at the expense of the Department.

The Department shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination or both. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, licensed marriage and family therapists, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing.

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

The Department or Board may order the examining physician

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

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

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

If the Department or Board finds an individual unable to practice because of the reasons set forth in this Section, the Department or Board may require that individual to submit to care, counseling, or treatment by physicians approved or

designated by the Department or Board, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, reinstated, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

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

An individual licensed under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Department or Board that he or she can resume practice in compliance with acceptable and prevailing standards under

the provisions of his or her license.

(f) A fine 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.

(g) The Department may adopt rules to implement, administer, and enforce this Section.

(Source: P.A. 103-715, eff. 1-1-25; 104-432, eff. 1-1-26.)

Section 55. The Music Therapy Licensing and Practice Act is amended by changing Section 95 as follows:

(225 ILCS 56/95)

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

Sec. 95. Grounds for discipline.

(a) The Department may refuse to issue, renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or nondisciplinary action as the Department deems appropriate, including the issuance of fines not to exceed \$10,000 for each violation, with regard to any license for any one or more of the following:

(1) Material misstatement in furnishing information to the Department or to any other State agency.

(2) Violations or negligent or intentional disregard of this Act, or any of its rules.

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

sentencing, 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 (i) that is a felony or (ii) that is a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of music therapy.

(4) Making any misrepresentation for the purpose of obtaining a license, or violating any provision of this Act or its rules.

(5) Negligence in the rendering of music therapy services.

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

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

(8) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public and violating the rules of professional conduct adopted by the Department.

(9) Failing to maintain the confidentiality of any information received from a client, unless otherwise authorized or required by law.

(10) Failure to maintain client records of services provided and provide copies to clients upon request.

(11) Exploiting a client for personal advantage,

profit, or interest.

(12) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug which results in inability to practice with reasonable skill, judgment, or safety.

(13) Discipline by another governmental agency or unit of government, by any jurisdiction of the United States, or by a foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Section.

(14) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional service not actually rendered. Nothing in this paragraph 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 paragraph shall be construed to require an employment arrangement to receive professional fees for services rendered.

(15) A finding by the Department that the licensee,

after having the license placed on probationary status, has violated the terms of probation.

(16) Failing to refer a client to other health care professionals when the licensee is unable or unwilling to adequately support or serve the client.

(17) Willfully filing false reports relating to a licensee's practice, including, but not limited to, false records filed with federal or State agencies or departments.

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

(19) 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 the indicated report becoming final after a hearing or opportunity for a hearing., ~~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.~~

(20) Physical or mental disability, including deterioration through the aging process or loss of abilities and skills which results in the inability to practice the profession with reasonable judgment, skill, or safety.

(21) Solicitation of professional services by using

false or misleading advertising.

(22) Fraud or making any misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal of a license under this Act.

(23) Practicing or attempting to practice under a name other than the full name as shown on the license or any other legally authorized name.

(24) Gross overcharging for professional services, including filing statements for collection of fees or moneys for which services are not rendered.

(25) Charging for professional services not rendered, including filing false statements for the collection of fees for which services are not rendered.

(26) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act.

(27) Failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(b) The determination by a court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code shall result in an automatic suspension of the licensee's license. The suspension will end upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission, the issuance of an order so finding and

discharging the patient, and the determination of the Secretary that the licensee be allowed to resume professional practice.

(c) The Department may refuse to issue or renew or may suspend without hearing the license of any person who fails to file a return, to pay the tax penalty or interest shown in a filed return, or to pay any final assessment of the tax, penalty, or interest as required by any Act regarding the payment of taxes administered by the Department of Revenue until the requirements of the Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(d) In cases where the Department of Healthcare and Family Services has previously determined that a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with paragraph (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(e) All fines or costs imposed under this Section shall be

paid within 60 days after the effective date of the order imposing the fine or costs or in accordance with the terms set forth in the order imposing the fine.

(Source: P.A. 102-993, eff. 5-27-22; 103-605, eff. 7-1-24.)

Section 60. The Massage Therapy Practice Act is amended by changing Section 45 as follows:

(225 ILCS 57/45)

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

Sec. 45. Grounds for discipline.

(a) 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 considers appropriate, including the imposition of fines not to exceed \$10,000 for each violation, with regard to any license or licensee for any one or more of the following:

(1) violations of this Act or of the rules adopted under this Act;

(2) conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or by sentencing of any crime, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, under the laws of any jurisdiction of the United States: (i) that is a felony; or (ii) that is a misdemeanor, an

essential element of which is dishonesty, or that is directly related to the practice of the profession;

(3) professional incompetence;

(4) advertising in a false, deceptive, or misleading manner, including failing to use the massage therapist's own license number in an advertisement;

(5) aiding, abetting, assisting, procuring, advising, employing, or contracting with any unlicensed person to practice massage contrary to any rules or provisions of this Act;

(6) engaging in immoral conduct in the commission of any act, such as sexual abuse, sexual misconduct, or sexual exploitation, related to the licensee's practice;

(7) engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public;

(8) practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform;

(9) knowingly delegating professional responsibilities to a person unqualified by training, experience, or licensure to perform;

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

(11) having a habitual or excessive use of or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug which results in the inability to practice with reasonable judgment, skill, or safety;

(12) having a pattern of practice or other behavior that demonstrates incapacity or incompetence to practice under this Act;

(13) discipline by another state, District of Columbia, territory, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Section;

(14) a finding by the Department that the licensee, after having his or her license placed on probationary status, has violated the terms of probation;

(15) willfully making or filing false records or reports in his or her practice, including, but not limited to, false records filed with State agencies or departments;

(16) making a material misstatement in furnishing information to the Department or otherwise making misleading, deceptive, untrue, or fraudulent representations in violation of this Act or otherwise in the practice of the profession;

(17) 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;

(18) inability to practice the profession with reasonable judgment, skill, or safety as a result of physical illness, including, but not limited to, deterioration through the aging process, loss of motor skill, or a mental illness or disability;

(19) charging for professional services not rendered, including filing false statements for the collection of fees for which services are not rendered;

(20) practicing under a false or, except as provided by law, an assumed name; ~~or~~

(21) cheating on or attempting to subvert the licensing examination administered under this Act; or.

(22) failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

All fines shall be paid within 60 days of the effective date of the order imposing the fine.

(b) A person not licensed under this Act and engaged in the business of offering massage therapy services through others, shall not aid, abet, assist, procure, advise, employ, or contract with any unlicensed person to practice massage therapy contrary to any rules or provisions of this Act. A person violating this subsection (b) shall be treated as a licensee for the purposes of disciplinary action under this

Section and shall be subject to cease and desist orders as provided in Section 90 of this Act.

(c) The Department shall revoke any license issued under this Act of any person who is convicted of prostitution, rape, sexual misconduct, or any crime that subjects the licensee to compliance with the requirements of the Sex Offender Registration Act and any such conviction shall operate as a permanent bar in the State of Illinois to practice as a massage therapist.

(c-5) A prosecuting attorney shall provide notice to the Department of the licensed massage therapist's name, address, practice address, and license number and a copy of the criminal charges filed immediately after a licensed massage therapist has been charged with any of the following offenses:

- (1) an offense for which the sentence includes registration as a sex offender;
- (2) involuntary sexual servitude of a minor;
- (3) the crime of battery against a patient, including any offense based on sexual conduct or sexual penetration, in the course of patient care or treatment; or
- (4) a forcible felony.

If the victim of the crime the licensee has been charged with is a patient of the licensee, the prosecuting attorney shall also provide notice to the Department of the patient's name.

Within 5 business days after receiving notice from the

prosecuting attorney of the filing of criminal charges against the licensed massage therapist, the Secretary shall issue an administrative order that the licensed massage therapist shall practice only with a chaperone during all patient encounters pending the outcome of the criminal proceedings. The chaperone shall be a licensed massage therapist or other health care worker licensed by the Department. The administrative order shall specify any other terms or conditions deemed appropriate by the Secretary. The chaperone shall provide written notice to all of the licensed massage therapist's patients explaining the Department's order to use a chaperone. Each patient shall sign an acknowledgment that the patient received the notice. The notice to the patient of criminal charges shall include, in 14-point font, the following statement: "The massage therapist is presumed innocent until proven guilty of the charges.".

The licensed massage therapist shall provide a written plan of compliance with the administrative order that is acceptable to the Department within 5 business days after receipt of the administrative order. Failure to comply with the administrative order, failure to file a compliance plan, or failure to follow the compliance plan shall subject the licensed massage therapist to temporary suspension of his or her license until the completion of the criminal proceedings.

If the licensee is not convicted of the charge or if any conviction is later overturned by a reviewing court, the

administrative order shall be vacated and removed from the licensee's record.

The Department may adopt rules to implement this subsection.

(d) The Department may refuse to issue or may suspend the license of any person who fails to file a tax return, to pay the tax, penalty, or interest shown in a filed tax 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 the tax Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Civil Administrative Code of Illinois.

(e) (Blank).

(f) In cases where the Department of Healthcare and Family Services has previously determined that a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with item (5) of subsection (a) of Section 2105-15 of the Civil Administrative Code of Illinois.

(g) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission, as

provided in the Mental Health and Developmental Disabilities Code, operates as an automatic suspension. The suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and the issuance of a court order so finding and discharging the patient.

(h) In enforcing this Act, the Department or Board, upon a showing of a possible violation, may compel an individual licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The Department or Board may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Board or Department. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. The examination shall be performed by a physician licensed to practice medicine in all its branches. Failure of an individual to submit to a mental or physical examination, when directed, shall result in an automatic suspension without hearing.

A person holding a license under this Act or who has applied for a license under this Act who, because of a physical or mental illness or disability, including, but not limited to, deterioration through the aging process or loss of motor skill, is unable to practice the profession with reasonable judgment, skill, or safety, may be required by the Department to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice. Submission to care, counseling, or treatment as required by the Department shall not be considered discipline of a license. If the licensee refuses to enter into a care, counseling, or treatment agreement or fails to abide by the terms of the agreement, the Department may file a complaint to revoke, suspend, or otherwise discipline the license of the individual. The Secretary may order the license suspended immediately, pending a hearing by the Department. Fines shall not be assessed in disciplinary actions involving physical or mental illness or impairment.

In instances in which the Secretary immediately suspends a person's license under this Section, a hearing on that person's license must be convened by the Department within 15 days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject individual's record of treatment and counseling regarding the impairment to the extent permitted by

applicable federal statutes and regulations safeguarding the confidentiality of medical records.

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

(Source: P.A. 103-757, eff. 8-2-24; 104-417, eff. 8-15-25.)

Section 65. The Medical Practice Act of 1987 is amended by changing Section 22 as follows:

(225 ILCS 60/22)

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

Sec. 22. Disciplinary action.

(A) The Department may revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action as the Department may deem proper with regard to the license or permit of any person issued under this Act, including imposing fines not to exceed \$10,000 for each violation, upon any of the following grounds:

(1) (Blank).

(2) (Blank).

(3) A plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing,

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 of any crime that is a felony.

(4) Gross negligence in practice under this Act.

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

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

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

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

(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) Adverse action taken by 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. This includes any adverse action taken by a State or federal agency that prohibits a medical doctor, doctor of osteopathy, doctor of osteopathic medicine, or doctor of chiropractic from providing services to the agency's participants.

(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 Secretary, after consideration of the recommendation of the Medical Board.

(14) Violation of the prohibition against fee splitting in Section 22.2 of this Act.

(15) A finding by the Medical 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) Willfully 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 Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code.

(22) Willful omission to file or record, or willfully impeding the filing or recording, or inducing another person to omit to file or record, medical reports as required by law, or willfully failing to report an

instance of suspected 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 the indicated report becoming final after a hearing or opportunity for a hearing. ~~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~~ willful, 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 Healthcare and Family Services (formerly 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 attempting to subvert the licensing examinations administered under this Act.

(30) Willfully 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, legend drugs, or ephedra as defined in the Ephedra Prohibition Act.

(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.

(35) Failure to report to the Department surrender 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 provide copies of medical records as required by law.

(38) Failure to furnish the Department, or its investigators or representatives, relevant information⁷ 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) (Blank).

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

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

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

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

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

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

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

(48) Being named as an abuser in a verified report by the Department on Aging under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee abused, neglected, or

financially exploited an eligible adult as defined in the Adult Protective Services Act.

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

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

(51) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(52) Except in the context of emergency care, surgical care, or care that requires more than one health care professional, conducting a physical examination of the breast or genitalia under one of the following conditions:
(i) conducting the examination alone with the patient without first informing the patient that the patient may request the presence of a third person during the examination; or (ii) conducting the examination alone with the patient if the patient has requested, and not withdrawn the request, to have a third person present. If the patient does not bring a third person, and if no licensee-provided third person is available, the licensee may inform the patient that the licensee cannot honor the patient's request and invite the patient to either return

with a patient-provided third person or voluntarily elect to withdraw the request and proceed with the examination. For a patient whose care decisions are made by a parent or guardian, the licensee's obligation is to inform and honor requests from the parent or guardian. Notwithstanding any provision of this paragraph (52) to the contrary, except in the context of emergency care, surgical care, or care that requires more than one health care professional, licensees may, in their sole discretion, refuse to conduct an examination of the breast or genitalia without a third person present.

Except for actions involving the ground numbered (26), 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 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), (26), and (29), no action shall be commenced more than 10 years after the date of the incident or act alleged to have violated this Section. For actions involving the ground numbered (26), a pattern of practice or other behavior includes all incidents alleged to be part of the pattern of practice or other behavior that occurred, or a report pursuant to Section 23 of this Act received, within the 10-year period preceding the filing of

the complaint. 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 2 years 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 of Illinois shall not be included within any period of time limiting the commencement of disciplinary action by the Department.

The entry of an order or judgment by any circuit court establishing that any person holding a license under this Act is a person in need of mental treatment operates as a suspension of that license. That person may resume his or her practice only upon the entry of a Departmental order based upon a finding by the Medical Board that the person has been determined to be recovered from mental illness by the court and upon the Medical Board's recommendation that the person be permitted to resume his or her practice.

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 Medical 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

- (d) what constitutes gross negligence in the 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.

In enforcing this Section, the Medical Board, upon a showing of a possible violation, may compel any individual who is licensed to practice under this Act or holds a permit to practice under this Act, or any individual who has applied for

licensure or a permit pursuant to this Act, to submit to a mental or physical examination and evaluation, or both, which may include a substance abuse or sexual offender evaluation, as required by the Medical Board and at the expense of the Department. The Medical Board shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination and evaluation, or both. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing. The Medical Board or the Department may order the examining physician or any member of the multidisciplinary team to provide to the Department or the Medical Board any and all records, including business records, that relate to the

examination and evaluation, including any supplemental testing performed. The Medical Board or the Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this examination and evaluation of the licensee, permit holder, or applicant, including testimony concerning any supplemental testing or documents relating to the examination and evaluation. No information, report, record, or other documents in any way related to the examination and evaluation shall be excluded by reason of any common law or statutory privilege relating to communication between the licensee, permit holder, or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee, permit holder, or applicant ordered to undergo an evaluation and examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination. Failure of any individual to submit to mental or physical examination and evaluation, or both, when directed, shall result in an automatic suspension, without hearing, until such time as the individual submits to the examination. If the Medical Board finds a physician unable to practice following an examination and evaluation because of

the reasons set forth in this Section, the Medical Board shall require such physician to submit to care, counseling, or treatment by physicians, or other health care professionals, approved or designated by the Medical Board, as a condition for issued, continued, reinstated, or renewed licensure to practice. Any physician, whose license was granted pursuant to Section 9, 17, or 19 of this Act, or, continued, reinstated, renewed, disciplined, or supervised, subject to such terms, conditions, or restrictions who shall fail to comply with such terms, conditions, or restrictions, 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 Secretary for a determination as to whether the licensee shall have his or her license suspended immediately, pending a hearing by the Medical Board. In instances in which the Secretary immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Medical Board within 15 days after such suspension and completed without appreciable delay. The Medical 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 records.

An individual licensed under this Act, affected under this Section, shall be afforded an opportunity to demonstrate to

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

The Medical Board, in determining mental capacity of an individual licensed under this Act, shall consider the latest recommendations of the Federation of State Medical Boards.

The Department may promulgate rules for the imposition of fines in disciplinary cases, not to exceed \$10,000 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 Illinois State Medical Disciplinary Fund.

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.

(B) The Department shall revoke the license or permit issued under this Act to practice medicine of a chiropractic physician who has been convicted a second time of committing any felony under the Illinois Controlled Substances Act or the Methamphetamine Control and Community Protection Act, or who has been convicted a second time of committing a Class 1 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A person whose license or permit is revoked under this

subsection (B) shall be prohibited from practicing medicine or treating human ailments without the use of drugs and without operative surgery.

(C) The Department shall not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act:

(1) based solely upon the recommendation of the person to an eligible patient regarding, or prescription for, or treatment with, an investigational drug, biological product, or device;

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

(3) based solely upon the person providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state; or

(4) based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws

prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for the person practicing in Illinois under this Act.

(D) (Blank).

(E) The conduct specified in subsection (C) shall not trigger reporting requirements under Section 23, constitute grounds for suspension under Section 25, or be included on the physician's profile required under Section 10 of the Patients' Right to Know Act.

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

this Act.

(G) The Department may adopt rules to implement, administer, and enforce this Section ~~Public Act 102-1117~~.

(Source: P.A. 103-442, eff. 1-1-24; 104-417, eff. 8-15-25; 104-432, eff. 1-1-26; revised 9-15-25.)

Section 70. The Naprapathic Practice Act is amended by changing Section 110 as follows:

(225 ILCS 63/110)

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

Sec. 110. Grounds for disciplinary action; refusal, revocation, suspension.

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

(1) Violations of this Act or of rules adopted under this Act.

(2) Making a material misstatement in furnishing information to the Department or otherwise making misleading, deceptive, untrue, or fraudulent representations in violation of this Act or otherwise in the practice of the profession.

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

(4) Fraud or any misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal of a license under this Act.

(5) Professional incompetence or gross negligence.

(6) Malpractice.

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

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

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

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

(11) Discipline by another U.S. jurisdiction or

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

(12) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional services not actually or personally rendered. This shall not be deemed to include rent or other remunerations paid to an individual, partnership, or corporation by a naprapath for the lease, rental, or use of space, owned or controlled by the individual, partnership, corporation, or association. Nothing in this paragraph (12) 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 paragraph (12) shall be construed to require an employment arrangement to receive professional fees for services rendered.

(13) Using the title "Doctor" or its abbreviation without further clarifying that title or abbreviation with the word "naprapath" or "naprapathy" or the designation

"D.N.".

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

(15) Abandonment of a patient without cause.

(16) Willfully making or filing false records or reports relating to a licensee's practice, including but not limited to, false records filed with State agencies or departments.

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

(18) Physical or mental illness or disability, including, but not limited to, deterioration through the aging process or loss of motor skill that results in the inability to practice the profession with reasonable judgment, skill, or safety.

(19) Solicitation of professional services by means other than permitted advertising.

(20) Failure to provide a patient with a copy of his or her record upon the written request of the patient.

(21) Cheating on or attempting to subvert the licensing examination administered under this Act.

(22) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act.

(23) (Blank).

(24) 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 the indicated report becoming final after a hearing or opportunity for a hearing. ~~and upon proof by clear and convincing evidence that the licensee has caused a child to be an abused child or a neglected child as defined in the Abused and Neglected Child Reporting Act.~~

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

(26) Immoral conduct in the commission of any act, such as sexual abuse, sexual misconduct, or sexual exploitation, related to the licensee's practice.

(27) Maintaining a professional relationship with any person, firm, or corporation when the naprapath knows, or should know, that the person, firm, or corporation is violating this Act.

(28) Promotion of the sale of food supplements, devices, appliances, or goods provided for a client or patient in such manner as to exploit the patient or client for financial gain of the licensee.

(29) Having treated ailments of human beings other than by the practice of naprapathy as defined in this Act unless authorized to do so by State law.

(30) Use by a registered naprapath of the word "infirmary", "hospital", "school", "university", in

English or any other language, in connection with the place where naprapathy may be practiced or demonstrated.

(31) Continuance of a naprapath in the employ of any person, firm, or corporation, or as an assistant to any naprapath or naprapaths, directly or indirectly, after his or her employer or superior has been found guilty of violating or has been enjoined from violating the laws of the State of Illinois relating to the practice of naprapathy when the employer or superior persists in that violation.

(32) The performance of naprapathic service in conjunction with a scheme or plan with another person, firm, or corporation known to be advertising in a manner contrary to this Act or otherwise violating the laws of the State of Illinois concerning the practice of naprapathy.

(33) Failure to provide satisfactory proof of having participated in approved continuing education programs as determined by and approved by the Secretary. Exceptions for extreme hardships are to be defined by the rules of the Department.

(34) (Blank).

(35) Gross or willful overcharging for professional services.

(36) (Blank).

(37) Failure to report actual or alleged reportable

conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

All fines imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine, unless an alternate payment schedule has been agreed upon in writing.

(b) A person not licensed under this Act and engaged in the business of offering naprapathy services through others, shall not aid, abet, assist, procure, advise, employ, or contract with any unlicensed person to practice naprapathy contrary to any rules or provisions of this Act. A person violating this subsection (b) shall be treated as a licensee for the purposes of disciplinary action under this Section and shall be subject to cease and desist orders as provided in Section 90 of this Act.

(b-5) The Department may refuse to issue or may suspend the license of any person who fails to file a tax return, to pay the tax, penalty, or interest shown in a filed tax return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Department of Revenue, until the requirements of the tax Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Civil Administrative Code of Illinois.

(c) (Blank).

(d) In cases where the Department of Healthcare and Family

Services has previously determined a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with item (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(e) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission, as provided in the Mental Health and Developmental Disabilities Code, operates as an automatic suspension. The suspension shall end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and the issuance of an order so finding and discharging the patient and upon the Board's recommendation to the Department that the license be restored. Where the circumstances so indicate, the Board may recommend to the Department that it require an examination prior to restoring a suspended license.

(f) In enforcing this Act, the Department, upon a showing of a possible violation, may compel an individual licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination,

or both, as required by and at the expense of the Department. The Department or Board may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Board or Department. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. The examination shall be performed by a physician under the Medical Practice Act of 1987. Failure of an individual to submit to a mental or physical examination, when directed, shall result in an automatic suspension without hearing.

A person holding a license under this Act or who has applied for a license under this Act who, because of a physical or mental illness or disability, including, but not limited to, deterioration through the aging process or loss of motor skill, is unable to practice the profession with reasonable judgment, skill, or safety, may be required by the Department to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice. Submission to care, counseling, or treatment as required by the Department shall not be considered discipline

of a license. If the licensee refuses to enter into a care, counseling, or treatment agreement or fails to abide by the terms of the agreement, the Department may file a complaint to revoke, suspend, or otherwise discipline the license of the individual. The Secretary may order the license suspended immediately, pending a hearing by the Department. Fines shall not be assessed in disciplinary actions involving physical or mental illness or impairment.

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

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

(Source: P.A. 102-880, eff. 1-1-23.)

Section 75. The Licensed Certified Professional Midwife Practice Act is amended by changing Section 100 as follows:

(225 ILCS 64/100)

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

Sec. 100. Grounds for disciplinary action.

(a) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action with regard to any license issued under this Act as the Department may deem proper, including the issuance of fines not to exceed \$10,000 for each violation, for any one or combination of the following causes:

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

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

(3) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, 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 is: (i) a felony; or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession.

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

(5) Professional incompetence.

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

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

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

(9) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug that results in a midwife's inability to practice with reasonable judgment, skill, or safety.

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

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

practice under this Act.

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

(13) Abandonment of a patient.

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

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

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

(17) 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 the indicated report becoming final after a hearing or opportunity for a hearing. ~~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.~~

(18) Gross negligence resulting in permanent injury or

death of a patient.

(19) Employment of fraud, deception, or any unlawful means in applying for or securing a license as a licensed certified professional midwife.

(21) Immoral conduct in the commission of any act, including sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice.

(22) Violation of the Health Care Worker Self-Referral Act.

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

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

(25) Allowing another person to use his or her license to practice.

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

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

(28) A pattern of practice or other behavior that demonstrates incapacity or incompetence to practice under

this Act.

(29) Violating State or federal laws, rules, or regulations relating to controlled substances or other legend drugs or ephedra as defined in the Ephedra Prohibition Act.

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

(31) Attempting to subvert or cheat on the examination of the North American Registry of Midwives or its successor agency.

(32) Willfully or negligently violating the confidentiality between licensed certified professional midwives and patient, except as required by law.

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

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

(35) Failure to report to the Department an adverse final action taken against him or her by another licensing jurisdiction of the United States or a foreign state or

country, a peer review body, a health care institution, a professional society or association, a governmental agency, a law enforcement agency, or a court.

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

(37) Failure of a licensee to report to the Department surrender by the licensee of a license or authorization to practice in another state or jurisdiction or current surrender by the licensee of membership professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action under this Section.

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

(39) Failure to supervise a midwife assistant or student midwife, including, but not limited to, allowing a midwife assistant or student midwife to exceed their scope.

(40) Failure to adequately inform a patient about their malpractice liability insurance coverage and the policy limits of the coverage.

(41) Failure to submit an annual report to the Department of Public Health.

(42) Failure to disclose active cardiopulmonary resuscitation certification or neonatal resuscitation provider status to clients.

(43) Engaging in one of the prohibited practices provided for in Section 85 of this Act.

(44) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(45) Except in the context of emergency care, surgical care, or care that requires more than one health care professional, conducting a physical examination of the breast or genitalia under one of the following conditions:
(i) conducting the examination alone with the patient without first informing the patient that the patient may request the presence of a third person during the examination; or (ii) conducting the examination alone with the patient if the patient has requested, and not withdrawn the request, to have a third person present. If the patient does not bring a third person, and if no licensee-provided third person is available, the licensee may inform the patient that the licensee cannot honor the patient's request and invite the patient to either return with a patient-provided third person or voluntarily elect to withdraw the request and proceed with the examination. For a patient whose care decisions are made by a parent or

guardian, the licensee's obligation is to inform and honor requests from the parent or guardian. Notwithstanding any provision of this paragraph (45) to the contrary, except in the context of emergency care, surgical care, or care that requires more than one health care professional, licensees may, in their sole discretion, refuse to conduct an examination of the breast or genitalia without a third person present.

(b) The Department may, without a hearing, refuse to issue or renew 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 the tax, penalty, or interest as required by any tax Act administered by the Department of Revenue, until the requirements of any such tax Act are satisfied.

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

(d) In enforcing this Section, the Department, upon a showing of a possible violation, may compel an individual

licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, including a substance abuse or sexual offender evaluation, as required by and at the expense of the Department.

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

The Department may order the examining physician or any member of the multidisciplinary team to provide to the Department any and all records, including business records, that relate to the examination and evaluation, including any

supplemental testing performed.

The Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning the mental or physical examination of the licensee or applicant. No information, report, record, or other documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation.

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

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

If the Department finds an individual unable to practice because of the reasons set forth in this Section, the

Department may require that individual to submit to care, counseling, or treatment by physicians approved or designated by the Department, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Department may file a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, reinstated, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

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

An individual licensed under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Department that he or she can resume practice in

compliance with acceptable and prevailing standards under the provisions of his or her license.

(e) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the person authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(f) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for the person practicing in Illinois under this Act.

(Source: P.A. 103-605, eff. 7-1-24; 104-432, eff. 1-1-26.)

Section 80. The Nurse Practice Act is amended by changing Sections 65-65 and 70-5 as follows:

(225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

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

Sec. 65-65. Reports relating to APRN professional conduct and capacity.

(a) Entities Required to Report.

(1) Health Care Institutions. The chief administrator or executive officer of a health care institution licensed by the Department of Public Health, which provides the minimum due process set forth in Section 10.4 of the Hospital Licensing Act, shall report to the Board when an advanced practice registered nurse's organized professional staff clinical privileges are terminated or are restricted based on a final determination, in accordance with that institution's bylaws or rules and regulations, that (i) a person has either committed an act or acts that may directly threaten patient care and that are not of an administrative nature or (ii) that a person may have a mental or physical disability that may endanger patients under that person's care. The chief administrator or officer shall also report if an advanced practice registered nurse accepts voluntary termination or

restriction of clinical privileges in lieu of formal action based upon conduct related directly to patient care and not of an administrative nature, or in lieu of formal action seeking to determine whether a person may have a mental or physical disability that may endanger patients under that person's care. The Department shall provide by rule for the reporting to it of all instances in which a person licensed under this Article, who is impaired by reason of age, drug or alcohol abuse, or physical or mental impairment, is under supervision and, where appropriate, is in a program of rehabilitation. Reports submitted under this subsection shall be strictly confidential and may be reviewed and considered only by the members of the Board or authorized staff as provided by rule of the Department. Provisions shall be made for the periodic report of the status of any such reported person not less than twice annually in order that the Board shall have current information upon which to determine the status of that person. Initial and periodic reports of impaired advanced practice registered nurses shall not be considered records within the meaning of the State Records Act and shall be disposed of, following a determination by the Board that such reports are no longer required, in a manner and at an appropriate time as the Board shall determine by rule. The filing of reports submitted under this subsection shall be construed as the

filing of a report for purposes of subsection (c) of this Section. Such health care institution shall not take any adverse action, including, but not limited to, restricting or terminating any person's clinical privileges, as a result of an adverse action against a person's license, registration, permit, or clinical privileges or other disciplinary action by another state or health care institution that resulted from the person's provision of, authorization of, recommendation of, aiding or assistance with, referral for, or participation in any health care service if the adverse action was based solely on a violation of the other state's law prohibiting the provision of such health care and related services in the state or for a resident of the state if that health care service would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for a person practicing in Illinois under this Act.

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

the person's care.

(3) Professional Liability Insurers. Every insurance company that offers policies of professional liability insurance to persons licensed under this Article, or any other entity that seeks to indemnify the professional liability of a person licensed under this Article, shall report to the Board the settlement of any claim or cause of action, or final judgment rendered in any cause of action, that alleged negligence in the furnishing of patient care by the licensee when the settlement or final judgment is in favor of the plaintiff. Such insurance company shall not take any adverse action, including, but not limited to, denial or revocation of coverage, or rate increases, against a person licensed under this Act with respect to coverage for services provided in Illinois if based solely on the person providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in health care services this State in violation of another state's law, or a revocation or other adverse action against the person's license in another state for violation of such law if that health care service as provided would have been lawful and consistent with the standards of conduct for registered nurses and advanced practice registered nurses if it occurred in Illinois. Notwithstanding this provision, it is against public policy to require coverage for an illegal action.

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

(5) State Agencies. All agencies, boards, commissions, departments, or other instrumentalities of the government of this State shall report to the Board any instance arising in connection with the operations of the agency, including the administration of any law by the agency, in which a person licensed under this Article has either committed an act or acts that may constitute a violation of this Article, that may constitute unprofessional conduct related directly to patient care, or that indicates that a person licensed under this Article may have a mental or physical disability that may endanger patients under that person's care.

(b) Mandatory Reporting. All reports required under items (16) and (17) of subsection (a) of Section 70-5 shall be submitted to the Board in a timely fashion. The reports shall be filed in writing within 30 ~~60~~ days after a determination that a report is required under this Article. All reports shall contain the following information:

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

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

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

(4) A brief description of the facts that gave rise to the issuance of the report, including, but not limited to, the dates of any occurrences deemed to necessitate the filing of the report.

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

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

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

(c) Immunity from Prosecution. An individual or organization acting in good faith, and not in a willful and wanton manner, in complying with this Section by providing a

report or other information to the Board, by assisting in the investigation or preparation of a report or information, by participating in proceedings of the Board, or by serving as a member of the Board shall not, as a result of such actions, be subject to criminal prosecution or civil damages.

(d) Indemnification. Members of the Board, the Board's attorneys, the investigative staff, advanced practice registered nurses or physicians retained under contract to assist and advise in the investigation, and authorized clerical staff shall be indemnified by the State for any actions (i) occurring within the scope of services on the Board, (ii) performed in good faith, and (iii) not willful and wanton in nature. The Attorney General shall defend all actions taken against those persons unless he or she determines either that there would be a conflict of interest in the representation or that the actions complained of were not performed in good faith or were willful and wanton in nature. If the Attorney General declines representation, the member shall have the right to employ counsel of his or her choice, whose fees shall be provided by the State, after approval by the Attorney General, unless there is a determination by a court that the member's actions were not performed in good faith or were willful and wanton in nature. The member shall notify the Attorney General within 7 days of receipt of notice of the initiation of an action involving services of the Board. Failure to so notify the Attorney

General shall constitute an absolute waiver of the right to a defense and indemnification. The Attorney General shall determine within 7 days after receiving the notice whether he or she will undertake to represent the member.

(e) Deliberations of Board. Upon the receipt of a report called for by this Section, other than those reports of impaired persons licensed under this Article required pursuant to the rules of the Board, the Board shall notify in writing by certified or registered mail or by email to the email address of record the person who is the subject of the report. The notification shall be made within 30 days of receipt by the Board of the report. The notification shall include a written notice setting forth the person's right to examine the report. Included in the notification shall be the address at which the file is maintained, the name of the custodian of the reports, and the telephone number at which the custodian may be reached. The person who is the subject of the report shall submit a written statement responding to, clarifying, adding to, or proposing to amend the report previously filed. The statement shall become a permanent part of the file and shall be received by the Board no more than 30 days after the date on which the person was notified of the existence of the original report. The Board shall review all reports received by it and any supporting information and responding statements submitted by persons who are the subject of reports. The review by the Board shall be in a timely manner but in no event shall the

Board's initial review of the material contained in each disciplinary file be less than 61 days nor more than 180 days after the receipt of the initial report by the Board. When the Board makes its initial review of the materials contained within its disciplinary files, the Board shall, in writing, make a determination as to whether there are sufficient facts to warrant further investigation or action. Failure to make that determination within the time provided shall be deemed to be a determination that there are not sufficient facts to warrant further investigation or action. Should the Board find that there are not sufficient facts to warrant further investigation or action, the report shall be accepted for filing and the matter shall be deemed closed and so reported. The individual or entity filing the original report or complaint and the person who is the subject of the report or complaint shall be notified in writing by the Board of any final action on their report or complaint.

(f) (Blank).

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

(h) If a person violates the provisions of this Section, an action may be brought in the name of the People of the State of Illinois, through the Attorney General of the State of Illinois, for an order enjoining the violation or for an order enforcing compliance with this Section. Upon filing of a petition in court, the court may issue a temporary restraining

order without notice or bond and may preliminarily or permanently enjoin the violation, and if it is established that the person has violated or is violating the injunction, the court may punish the offender for contempt of court. Proceedings under this subsection shall be in addition to, and not in lieu of, all other remedies and penalties provided for by this Section.

(i) The Department may adopt rules to implement, administer, and enforce this Section.

(Source: P.A. 104-432, eff. 1-1-26.)

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

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

Sec. 70-5. Grounds for disciplinary action.

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

(b) Grounds for disciplinary action include the following:

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

(2) Material violations of any provision of this Act

or violation of the rules of or final administrative action of the Secretary, after consideration of the recommendation of the Board.

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

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

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

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

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

(8) Unlawful taking, theft, selling, distributing, or manufacturing of any drug, narcotic, or prescription

device.

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

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

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

(12) Being named as a perpetrator in an indicated report by the Department of Children and Family Services ~~and~~ under the Abused and Neglected Child Reporting Act and upon the indicated report becoming final after a hearing or opportunity for a hearing., ~~and upon proof by clear and convincing evidence that the licensee has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act.~~

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

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

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

(15) Holding oneself out to be practicing nursing under any name other than one's own.

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

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

Section.

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

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

(20) Fraud, deceit, or misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal of a license under this Act.

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

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

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

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

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

(26) Practicing under a false or assumed name, except

as provided by law.

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

(28) Directly or indirectly giving to or receiving from a person, firm, corporation, partnership, or association a fee, commission, rebate, or other form of compensation for professional services not actually or personally rendered. Nothing in this paragraph (28) 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 paragraph (28) shall be construed to require an employment arrangement to receive professional fees for services rendered.

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

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

(31) Exceeding the terms of a collaborative agreement

or the prescriptive authority delegated to a licensee by his or her collaborating physician or podiatric physician in guidelines established under a written collaborative agreement.

(32) Making a false or misleading statement regarding a licensee's skill or the efficacy or value of the medicine, treatment, or remedy prescribed by him or her in the course of treatment.

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

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

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

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

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

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

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

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

(41) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(42) Except in the context of emergency care, surgical care, or care that requires more than one health care professional, conducting a physical examination of the breast or genitalia under one of the following conditions: (i) conducting the examination alone with the patient without first informing the patient that the patient may request the presence of a third person during the examination; or (ii) conducting the examination alone with the patient if the patient has requested, and not withdrawn the request, to have a third person present. If the patient does not bring a third person, and if no licensee-provided third person is available, the licensee

may inform the patient that the licensee cannot honor the patient's request and invite the patient to either return with a patient-provided third person or voluntarily elect to withdraw the request and proceed with the examination. For a patient whose care decisions are made by a parent or guardian, the licensee's obligation is to inform and honor requests from the parent or guardian. Notwithstanding any provision of this paragraph (42) to the contrary, except in the context of emergency care, surgical care, or care that requires more than one health care professional, licensees may, in their sole discretion, refuse to conduct an examination of the breast or genitalia without a third person present.

(b-5) The Department shall not revoke, suspend, summarily suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the person providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(b-10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary

action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for the person practicing in Illinois under this Act.

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

(b-20) An applicant seeking licensure, certification, or authorization under this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having provided, authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as

prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

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

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

(e) In enforcing this Act, the Department, upon a showing of a possible violation, may compel an individual licensed to practice under this Act or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The

Department may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Department. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. Failure of an individual to submit to a mental or physical examination, when directed, shall result in an automatic suspension without hearing.

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

If the Department finds an individual unable to practice or unfit for duty because of the reasons set forth in this subsection (e), the Department may require that individual to submit to a substance abuse evaluation or treatment by individuals or programs approved or designated by the Department, as a condition, term, or restriction for continued, restored, or renewed licensure to practice; or, in lieu of evaluation or treatment, the Department may file, or

the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, restored, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

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

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

(f) The Department may adopt rules to implement, administer, and enforce this Section.

(Source: P.A. 104-432, eff. 1-1-26.)

Section 85. The Nursing Home Administrators Licensing and Disciplinary Act is amended by changing Section 17 as follows:

(225 ILCS 70/17) (from Ch. 111, par. 3667)

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

Sec. 17. Grounds for disciplinary action.

(a) The Department may refuse to issue or to renew a license, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action as the Department deems proper, including fines not to exceed \$10,000 for each violation, with regard to any license issued under the provisions of this Act, for any one or combination of the following causes:

(1) Intentional material misstatement in furnishing information to the Department or any other State agency or in furnishing information to an insurance company with respect to a claim on behalf of a licensee or patient.

(2) Conviction of or entry of a plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, 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 is (i) a felony or (ii) a misdemeanor, an essential element

of which is dishonesty or that is directly related to the practice of the profession of nursing home administration.

(3) Fraud or misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal or restoration of a license under this Act.

(4) Immoral conduct in the commission of any act, such as sexual abuse or sexual misconduct, related to the licensee's practice.

(5) Failing to respond within 60 days, to a written request made by the Department for information.

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

(7) Habitual or excessive use or abuse of drugs defined in law as controlled substances, of alcohol, narcotics, stimulants, or any other substances that results in the inability to practice with reasonable judgment, skill, or safety.

(8) Adverse action taken by another U.S. jurisdiction if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth herein.

(9) A finding by the Department that the licensee, after having his or her license placed on probationary status, has violated the terms of probation or failed to

comply with those terms.

(10) Willfully making or filing false records or reports related to the licensee's practice, including, but not limited to, false records filed with federal or State agencies or departments.

(11) Physical illness, mental illness, or other impairment or disability, including, but not limited to, deterioration through the aging process, or loss of motor skill that results in the inability to practice the profession with reasonable judgment, skill or safety.

(12) Disregard or violation of this Act or of any rule issued pursuant to this Act.

(13) Aiding or abetting another in the violation of this Act or any rule adopted pursuant to this Act.

(14) Allowing one's license to be used by an unlicensed person.

(15) (Blank).

(16) Professional incompetence in the practice of nursing home administration.

(17) Conviction of a violation of Section 12-19 or subsection (a) of Section 12-4.4a of the Criminal Code of 1961 or the Criminal Code of 2012 for the abuse and criminal neglect of a long term care facility resident.

(18) Violation of the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, the ID/DD Community Care Act, or the MC/DD Act or of any rule

issued under the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, the ID/DD Community Care Act, or the MC/DD Act. A final adjudication of a Type "AA" violation of the Nursing Home Care Act made by the Illinois Department of Public Health, as identified by rule, relating to the hiring, training, planning, organizing, directing, or supervising the operation of a nursing home and a licensee's failure to comply with this Act or the rules adopted under this Act, shall create a rebuttable presumption of a violation of this subsection.

(19) Failure to report to the Department any adverse final action taken against the licensee by a licensing authority of another state, territory of the United States, or foreign country; or by any governmental or law enforcement agency; or by any court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under this Section.

(20) Failure to report to the Department the surrender of a license or authorization to practice as a nursing home administrator in another state or jurisdiction for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under this Section.

(21) 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 that would constitute grounds for disciplinary action under this Section.

(22) Failure to submit any required report under Section 80-10 of the Nurse Practice Act.

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

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

(25) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

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 next after receipt by the Department of (i) a complaint alleging the commission of or notice of the conviction order for any of the acts described herein or (ii) a referral for investigation under Section 3-108 of the Nursing Home Care Act.

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

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

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

- (ii) dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud, or harm the public;

- (iii) immoral conduct in the commission of any act related to the licensee's practice; and

- (iv) professional incompetence in the practice of nursing home administration.

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.

In enforcing this Section, the Department or Board, upon a showing of a possible violation, may compel any individual

licensed to practice under this Act, or who has applied for licensure pursuant to this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The examining physician or physicians shall be those specifically designated by the Department or Board. The Department or Board may order the examining physician to present testimony concerning this mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination. Failure of any individual to submit to mental or physical examination, when directed, shall be grounds for suspension of his or her license until such time as the individual submits to the examination if the Department finds, after notice and hearing, that the refusal to submit to the examination was without reasonable cause.

If the Department or Board finds an individual unable to practice because of the reasons set forth in this Section, the Department or Board shall require such individual to submit to care, counseling, or treatment by physicians approved or designated by the Department or Board, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or in lieu of care, counseling, or treatment, the

Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. Any individual whose license was granted pursuant to this Act or continued, reinstated, renewed, disciplined or supervised, subject to such terms, conditions or restrictions who shall fail to comply with such terms, conditions or restrictions shall be referred to the Secretary for a determination as to whether the licensee shall have his or her license suspended immediately, pending a hearing by the Department. In instances in which the Secretary immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Board within 30 days after such suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject administrator's record of treatment and counseling regarding the impairment, to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

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

(b) Any individual or organization acting in good faith, and not in a willful and wanton manner, in complying with this

Act by providing any report or other information to the Department, or assisting in the investigation or preparation of such information, or by participating in proceedings of the Department, or by serving as a member of the Board, shall not, as a result of such actions, be subject to criminal prosecution or civil damages.

(c) Members of the Board, and persons retained under contract to assist and advise in an investigation, shall be indemnified by the State for any actions occurring within the scope of services on or for the Board, done in good faith and not willful and wanton in nature. The Attorney General shall defend all such actions unless he or she determines either that there would be a conflict of interest in such representation or that the actions complained of were not in good faith or were willful and wanton.

Should the Attorney General decline representation, a person entitled to indemnification under this Section shall have the right to employ counsel of his or her choice, whose fees shall be provided by the State, after approval by the Attorney General, unless there is a determination by a court that the member's actions were not in good faith or were willful and wanton.

A person entitled to indemnification under this Section must notify the Attorney General within 7 days of receipt of notice of the initiation of any action involving services of the Board. Failure to so notify the Attorney General shall

constitute an absolute waiver of the right to a defense and indemnification.

The Attorney General shall determine within 7 days after receiving such notice, whether he or she will undertake to represent a person entitled to indemnification under this Section.

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

(e) The Department shall refuse to issue or 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 Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

(f) The Department of Public Health shall transmit to the Department a list of those facilities which receive an "A" violation as defined in Section 1-129 of the Nursing Home Care

Act.

(Source: P.A. 99-180, eff. 7-29-15; 100-675, eff. 8-3-18.)

Section 90. The Illinois Occupational Therapy Practice Act is amended by changing Section 19 as follows:

(225 ILCS 75/19) (from Ch. 111, par. 3719)

(Section scheduled to be repealed on January 1, 2029)

Sec. 19. Grounds for discipline.

(a) 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 for each violation and the assessment of costs as provided under Section 19.3 of this Act, with regard to any license for any one or combination of the following:

(1) Material misstatement in furnishing information to the Department;

(2) Violations of this Act, or of the rules promulgated thereunder;

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

(i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession;

(4) Fraud, misrepresentation, or concealment in applying for or procuring a license under this Act, or in connection with applying for renewal of a license under this Act;

(5) Professional incompetence;

(6) Aiding or assisting another person, firm, partnership or corporation in violating any provision of this Act or rules;

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

(8) Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public;

(9) Habitual or excessive use or abuse of drugs defined in law as controlled substances, alcohol, or any other substance that results in the inability to practice with reasonable judgment, skill, or safety;

(10) Discipline by another state, unit of government, government agency, the District of Columbia, a territory, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth herein;

(11) Directly or indirectly giving to or receiving

from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for professional services not actually or personally rendered. Nothing in this paragraph (11) 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 paragraph (11) shall be construed to require an employment arrangement to receive professional fees for services rendered;

(12) A finding by the Department that the license holder, after having the license disciplined, has violated the terms of the discipline;

(13) Willfully making or filing false records or reports in the practice of occupational therapy, including, but not limited to, false records filed with the State agencies or departments;

(14) Physical illness, including, but not limited to, deterioration through the aging process or loss of motor skill which results in the inability to practice under this Act with reasonable judgment, skill, or safety;

(15) Solicitation of professional services other than by permitted advertising;

(16) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act;

(17) Practicing under a false or, except as provided by law, assumed name;

(18) Professional incompetence or gross negligence;

(19) Malpractice;

(20) Promotion of the sale of drugs, devices, appliances, or goods provided for a patient in any manner to exploit the client for financial gain of the licensee;

(21) Gross, willful, or continued overcharging for professional services;

(22) Mental illness or disability that results in the inability to practice under this Act with reasonable judgment, skill, or safety;

(23) Violating the Health Care Worker Self-Referral Act;

(24) Failing to refer a patient or individual whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the occupational therapist to an appropriate health care professional;

(25) Cheating on or attempting to subvert the licensing examination administered under this Act;

(26) Charging for professional services not rendered,

including filing false statements for the collection of fees for which services are not rendered;

(27) Practicing beyond the scope of the practice of occupational therapy;

(28) Providing substandard care as an occupational therapist due to a deliberate or negligent act, negligent supervision of an occupational therapy assistant, or failure to act regardless of whether actual injury to the recipient is established;

(29) Providing substandard care as an occupational therapy assistant, including exceeding the authority to perform components of intervention selected and delegated by the supervising occupational therapist regardless of whether actual injury to the recipient is established;

(30) Knowingly delegating responsibilities to an individual who does not have the knowledge, skills, or abilities to perform those responsibilities; ~~and~~

(31) Engaging in sexual misconduct. For the purposes of this paragraph, sexual misconduct includes:

(A) engaging in or soliciting a sexual relationship, whether consensual or non-consensual, while an occupational therapist or occupational therapy assistant with the recipient of occupational therapy services; and

(B) making sexual advances, requesting sexual favors, or engaging in physical contact of a sexual

nature with the recipient of occupational therapy services; ~~and-~~

(32) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

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.

(b) The determination by a circuit court that a license holder is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code, as now or hereafter amended, operates as an automatic suspension. Such suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and an order by the court so finding and discharging the patient. In any case where a license is suspended under this provision, the licensee shall file a petition for restoration and shall include evidence acceptable to the Department that the licensee can resume practice in compliance with acceptable and prevailing standards of their profession.

(c) The Department may refuse to issue or may suspend without hearing, as provided for in the Code of Civil Procedure, the license of any person who fails to file a

return, 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 in accordance with subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(d) In enforcing this Section, the Department, upon a showing of a possible violation, may compel any individual who is licensed under this Act or any individual who has applied for licensure to submit to a mental or physical examination or evaluation, or both, which may include a substance abuse or sexual offender evaluation, at the expense of the Department. The Department shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination and evaluation. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the

multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing.

The Department may order the examining physician or any member of the multidisciplinary team to provide to the Department any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed. The Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this examination and evaluation of the licensee or applicant, including testimony concerning any supplemental testing or documents relating to the examination and evaluation. No information, report, record, or other documents in any way related to the examination and evaluation shall be excluded by reason of any common law or statutory privilege relating to communication between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an evaluation and examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to

provide any testimony regarding the examination and evaluation. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination.

Failure of any individual to submit to mental or physical examination or evaluation, or both, when directed, shall result in an automatic suspension without hearing, until such time as the individual submits to the examination. If the Department finds a licensee unable to practice because of the reasons set forth in this Section, the Department shall require the licensee to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition for continued, reinstated, or renewed licensure.

When the Secretary immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Department within 15 days after the suspension and completed without appreciable delay. The Department shall have the authority to review the licensee's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

Individuals licensed under this Act that are affected under this Section, shall be afforded an opportunity to demonstrate to the Department that they can resume practice in

compliance with acceptable and prevailing standards under the provisions of their license.

(e) (Blank).

(f) In cases where the Department of Healthcare and Family Services has previously determined a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with paragraph (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(Source: P.A. 103-251, eff. 1-1-24.)

Section 95. The Illinois Optometric Practice Act of 1987 is amended by changing Section 24 as follows:

(225 ILCS 80/24) (from Ch. 111, par. 3924)

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

Sec. 24. Grounds for disciplinary action.

(a) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, reprimand or take other disciplinary or non-disciplinary action as the Department may

deem appropriate, including fines not to exceed \$10,000 for each violation, with regard to any license for any one or combination of the causes set forth in subsection (a-3) of this Section. All fines collected under this Section shall be deposited in the Optometric Licensing and Disciplinary Board Fund. Any fine imposed shall be payable within 60 days after the effective date of the order imposing the fine.

(a-3) Grounds for disciplinary action include the following:

(1) Violations of this Act, or of the rules promulgated hereunder.

(2) Conviction of or entry of a plea of guilty to any crime under the laws of any U.S. jurisdiction thereof that is a felony or that is a misdemeanor of which an essential element is dishonesty, or any crime that is directly related to the practice of the profession.

(3) Making any misrepresentation for the purpose of obtaining a license.

(4) Professional incompetence or gross negligence in the practice of optometry.

(5) Gross malpractice, prima facie evidence of which may be a conviction or judgment of malpractice in any court of competent jurisdiction.

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

(7) Failing, within 60 days, to provide information in

response to a written request made by the Department that has been sent by certified or registered mail to the licensee's last known address.

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

(9) Habitual or excessive use or addiction to alcohol, narcotics, stimulants or any other chemical agent or drug that results in the inability to practice with reasonable judgment, skill, or safety.

(10) Discipline by another U.S. jurisdiction or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth herein.

(11) Violation of the prohibition against fee splitting in Section 24.2 of this Act.

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

(13) Abandonment of a patient.

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

(15) Willfully failing to report an instance of suspected abuse or neglect as required by law.

(16) Physical illness, including but not limited to,

deterioration through the aging process, or loss of motor skill, mental illness, or disability that results in the inability to practice the profession with reasonable judgment, skill, or safety.

(17) Solicitation of professional services other than permitted advertising.

(18) Failure to provide a patient with a copy of his or her record or prescription in accordance with federal law.

(19) Conviction by any court of competent jurisdiction, either within or without this State, of any violation of any law governing the practice of optometry, conviction in this or another State of any crime that is a felony under the laws of this State or conviction of a felony in a federal court, if the Department determines, after investigation, that such person has not been sufficiently rehabilitated to warrant the public trust.

(20) A finding that licensure has been applied for or obtained by fraudulent means.

(21) Continued practice by a person knowingly having an infectious or contagious disease.

(22) 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 the indicated report becoming final after a hearing or opportunity for a hearing.~~, and upon proof by clear and convincing evidence that the licensee has caused a child~~

~~to be an abused child or a neglected child as defined in the Abused and Neglected Child Reporting Act.~~

(23) Practicing or attempting to practice under a name other than the full name as shown on his or her license.

(24) Immoral conduct in the commission of any act, such as sexual abuse, sexual misconduct or sexual exploitation, related to the licensee's practice.

(25) Maintaining a professional relationship with any person, firm, or corporation when the optometrist knows, or should know, that such person, firm, or corporation is violating this Act.

(26) Promotion of the sale of drugs, devices, appliances or goods provided for a client or patient in such manner as to exploit the patient or client for financial gain of the licensee.

(27) Using the title "Doctor" or its abbreviation without further qualifying that title or abbreviation with the word "optometry" or "optometrist".

(28) Use by a licensed optometrist of the word "infirmary", "hospital", "school", "university", in English or any other language, in connection with the place where optometry may be practiced or demonstrated unless the licensee is employed by and practicing at a location that is licensed as a hospital or accredited as a school or university.

(29) Continuance of an optometrist in the employ of

any person, firm or corporation, or as an assistant to any optometrist or optometrists, directly or indirectly, after his or her employer or superior has been found guilty of violating or has been enjoined from violating the laws of the State of Illinois relating to the practice of optometry, when the employer or superior persists in that violation.

(30) The performance of optometric service in conjunction with a scheme or plan with another person, firm or corporation known to be advertising in a manner contrary to this Act or otherwise violating the laws of the State of Illinois concerning the practice of optometry.

(31) Failure to provide satisfactory proof of having participated in approved continuing education programs as determined by the Board and approved by the Secretary. Exceptions for extreme hardships are to be defined by the rules of the Department.

(32) Willfully making or filing false records or reports in the practice of optometry, including, but not limited to false records to support claims against the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code.

(33) Gross and willful overcharging for professional services including filing false statements for collection

of fees for which services are not rendered, including, but not limited to filing false statements for collection of monies for services not rendered from the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code.

(34) In the absence of good reasons to the contrary, failure to perform a minimum eye examination as required by the rules of the Department.

(35) Violation of the Health Care Worker Self-Referral Act.

(36) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

The Department shall refuse to issue or shall 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 the tax, penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

(a-5) In enforcing this Section, the Board or Department, upon a showing of a possible violation, may compel any individual licensed to practice under this Act, or who has applied for licensure or certification pursuant to this Act,

to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The examining physicians or clinical psychologists shall be those specifically designated by the Department. The Board or the Department may order the examining physician or clinical psychologist to present testimony concerning this mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician or clinical psychologist. Eye examinations may be provided by a licensed optometrist. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination. Failure of any individual to submit to a mental or physical examination, when directed, shall be grounds for suspension of a license until such time as the individual submits to the examination if the Board or Department finds, after notice and hearing, that the refusal to submit to the examination was without reasonable cause.

If the Board or Department finds an individual unable to practice because of the reasons set forth in this Section, the Board or Department shall require such individual to submit to care, counseling, or treatment by physicians or clinical psychologists approved or designated by the Department, as a condition, term, or restriction for continued, reinstated, or

renewed licensure to practice, or in lieu of care, counseling, or treatment, the Board may recommend to the Department to file a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual, or the Board may recommend to the Department to file a complaint to suspend, revoke, or otherwise discipline the license of the individual. Any individual whose license was granted pursuant to this Act, or continued, reinstated, renewed, disciplined, or supervised, subject to such conditions, terms, or restrictions, who shall fail to comply with such conditions, terms, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Board.

(b) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. The suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and issues an order so finding and discharging the patient; and upon the recommendation of the Board to the Secretary that the licensee be allowed to resume his or her practice.

(Source: P.A. 99-43, eff. 1-1-16; 99-909, eff. 1-1-17.)

Section 100. The Orthotics, Prosthetics, and Pedorthics Practice Act is amended by changing Section 90 as follows:

(225 ILCS 84/90)

(Section scheduled to be repealed on January 1, 2030)

Sec. 90. Grounds for discipline.

(a) The Department may refuse to issue or renew a license, or may revoke or suspend a license, or may suspend, place on probation, or reprimand a licensee or take other disciplinary or non-disciplinary action as the Department may deem proper, including, but not limited to, the imposition of fines not to exceed \$10,000 for each violation for one or any combination of the following:

(1) Making a material misstatement in furnishing information to the Department or the Board.

(2) Violations of or negligent or intentional disregard of this Act or its rules.

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

(4) Making a misrepresentation for the purpose of obtaining a license under this Act or in connection with

applying for renewal or restoration of a license under this Act.

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

(6) Gross negligence under this Act.

(7) Aiding or assisting another person in violating a provision of this Act or its rules.

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

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

(10) 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.

(11) Discipline by another state or territory of the United States, the federal government, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to one set forth in this Section.

(12) Directly or indirectly giving to or receiving from a person, firm, corporation, partnership, or association a fee, commission, rebate, or other form of compensation for professional services not actually or

personally rendered. Nothing in this paragraph (12) 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 paragraph (12) shall be construed to require an employment arrangement to receive professional fees for services rendered.

(13) A finding by the Board that the licensee or registrant, after having his or her license placed on probationary status, has violated the terms of probation or failed to comply with such terms.

(14) Abandonment of a patient or client.

(15) Willfully making or filing false records or reports related to the licensee's practice, including, but not limited to, false records filed with federal or State agencies or departments.

(16) Willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible child or adult as required by the Abused and Neglected Child Reporting Act and the Adult Protective Services Act.

(17) Inability to practice the profession with reasonable judgment, skill, or safety as a result of a physical illness, including, but not limited to, deterioration through the aging process or loss of motor skill, or a mental illness or disability.

(18) Solicitation of professional services using false or misleading advertising.

(19) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(b) In enforcing this Section, the Department or Board upon a showing of a possible violation, may compel a licensee or applicant to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The Department or Board may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Board or Department. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. Failure of an individual to submit to a mental or physical examination, when directed,

shall be grounds for the immediate suspension of his or her license until the individual submits to the examination if the Department finds that the refusal to submit to the examination was without reasonable cause as defined by rule.

If the Secretary immediately suspends a person's license for his or her failure to submit to a mental or physical examination, when directed, a hearing on that person's license must be convened by the Department within 15 days after the suspension and completed without appreciable delay.

If the Secretary otherwise suspends a person's license pursuant to the results of a compelled mental or physical examination, a hearing on that person's license must be convened by the Department within 15 days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject individual's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

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

(c) (Blank).

(d) If the Department of Healthcare and Family Services

(formerly Department of Public Aid) has previously determined that a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with subsection (a)(5) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(e) The Department shall refuse to issue or renew a license, or may revoke or suspend a license, for failure to file a return, 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 Department of Revenue, until the requirements of the tax Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(Source: P.A. 100-872, eff. 8-14-18; 101-269, eff. 8-9-19.)

Section 105. The Pharmacy Practice Act is amended by changing Section 30 as follows:

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

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

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

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

1. Material misstatement in furnishing information to the Department.

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

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

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

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

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

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

8. Adverse action taken by another state or jurisdiction against a license or other authorization to

practice as a pharmacy, pharmacist, registered certified pharmacy technician, or registered pharmacy technician that is the same or substantially equivalent to those set forth in this Section, a certified copy of the record of the action taken by the other state or jurisdiction being prima facie evidence thereof.

9. Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional services not actually or personally rendered. Nothing in this item 9 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 9 shall be construed to require an employment arrangement to receive professional fees for services rendered.

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

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

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

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

14. Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, 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 is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of pharmacy or involves controlled substances.

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

16. Willfully making or filing false records or reports in the practice of pharmacy, including, but not limited to, false records to support claims against the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Public Aid Code.

17. Gross and willful overcharging for professional

services including filing false statements for collection of fees for which services are not rendered, including, but not limited to, filing false statements for collection of monies for services not rendered from the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Public Aid Code.

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

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

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

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

22. Failing to sell or dispense any drug, medicine, or poison in good faith. "Good faith", for the purposes of this Section, has the meaning ascribed to it in subsection (u) of Section 102 of the Illinois Controlled Substances

Act. "Good faith", as used in this item (22), shall not be limited to the sale or dispensing of controlled substances, but shall apply to all prescription drugs.

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

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

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

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

27. Willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act.

28. Being named as an abuser in a verified report by the Department on Aging under the Adult Protective

Services Act, and upon proof by clear and convincing evidence that the licensee abused, neglected, or financially exploited an eligible adult as defined in the Adult Protective Services Act.

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

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

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

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

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

(A) employ sufficient personnel to prevent fatigue, distraction, or other conditions that interfere with a pharmacist's ability to practice with competency and safety or creates an environment that jeopardizes patient care;

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

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

(i) drug utilization review;

(ii) immunization;

(iii) counseling;

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

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

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

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

34. Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(b) 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.

(c) The Department shall revoke any license issued under the provisions of this Act or any prior Act of this State of any person 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 8A-6 of the Illinois Public Aid Code. A person whose license issued under the provisions of this Act or any prior Act of this State is revoked under this subsection (c) shall be prohibited from engaging in the practice of pharmacy in this State.

(c-5) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the person providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another

state.

(c-10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for a person practicing in Illinois under this Act.

(c-15) The conduct specified in subsections (c-5) and (c-10) shall not constitute grounds for suspension under Section 35.16.

(c-20) An applicant seeking licensure, certification, or authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having provided, authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or

authorization, unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(d) 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. Fines shall be paid within 60 days or as otherwise agreed to by the Department. Any funds collected from such fines shall be deposited in the Illinois State Pharmacy Disciplinary Fund.

(e) The entry of an order or judgment by any circuit court establishing that any person holding a license or certificate under this Act is a person in need of mental treatment operates as a suspension of that license. A licensee may resume his or her practice only upon the entry of an order of the Department based upon a finding by the Board that he or she has been determined to be recovered from mental illness by the court and upon the Board's recommendation that the licensee be permitted to resume his or her practice.

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

(g) In enforcing this Section, the Board or the Department, upon a showing of a possible violation, may compel any licensee or applicant for licensure under this Act to submit to a mental or physical examination or both, as required by and at the expense of the Department. The examining physician, or multidisciplinary team involved in providing physical and mental examinations led by a physician consisting of one or a combination of licensed physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff, shall be those specifically designated by the Department. The Board or the Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this mental or physical examination of the licensee or applicant. No information, report, or other documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege relating to communication between the licensee or applicant and the examining physician or any member of the multidisciplinary team. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination. Failure of any individual to submit to a mental or physical examination when directed shall result in the automatic suspension of his or her license until such time as the individual submits to the examination. If the

Board or Department finds a pharmacist, registered certified pharmacy technician, or registered pharmacy technician unable to practice because of the reasons set forth in this Section, the Board or Department shall require such pharmacist, registered certified pharmacy technician, or registered pharmacy technician to submit to care, counseling, or treatment by physicians or other appropriate health care providers approved or designated by the Department as a condition for continued, restored, or renewed licensure to practice. Any pharmacist, registered certified pharmacy technician, or registered pharmacy technician whose license was granted, continued, restored, renewed, disciplined, or supervised, subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions or to complete a required program of care, counseling, or treatment, as determined by the chief pharmacy coordinator, shall be referred to the Secretary for a determination as to whether the licensee shall have his or her license suspended immediately, pending a hearing by the Board. In instances in which the Secretary immediately suspends a license under this subsection (g), a hearing upon such person's license must be convened by the Board within 15 days after such suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject pharmacist's, registered certified pharmacy technician's, or registered pharmacy technician's record of

treatment and counseling regarding the impairment.

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

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

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

The member must notify the Attorney General within 7 days of receipt of notice of the initiation of any action involving

services of the Board. Failure to so notify the Attorney General shall constitute an absolute waiver of the right to a defense and indemnification.

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

(j) The Department may adopt rules to implement, administer, and enforce this Section.

(Source: P.A. 104-432, eff. 1-1-26.)

Section 110. The Illinois Physical Therapy Act is amended by changing Section 17 as follows:

(225 ILCS 90/17) (from Ch. 111, par. 4267)

(Section scheduled to be repealed on January 1, 2031)

Sec. 17. (1) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary action as the Department deems appropriate, including the issuance of fines not to exceed \$5000, with regard to a license for any one or a combination of the following:

A. Material misstatement in furnishing information to the Department or otherwise making misleading, deceptive, untrue, or fraudulent representations in violation of this Act or otherwise in the practice of the profession;

B. Violations of this Act, or of the rules or

regulations promulgated hereunder;

C. Conviction of any crime under the laws of the United States or any state or territory thereof which is a felony or which is a misdemeanor, an essential element of which is dishonesty, or of any crime which is directly related to the practice of the profession; conviction, as used in this paragraph, shall include a finding or verdict of guilty, an admission of guilt or a plea of nolo contendere;

D. Making any misrepresentation for the purpose of obtaining licenses, or violating any provision of this Act or the rules promulgated thereunder pertaining to advertising;

E. A pattern of practice or other behavior which demonstrates incapacity or incompetency to practice under this Act;

F. Aiding or assisting another person in violating any provision of this Act or Rules;

G. Failing, within 60 days, to provide information in response to a written request made by the Department;

H. Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public. Unprofessional conduct shall include any departure from or the failure to conform to the minimal standards of acceptable and prevailing physical therapy practice, in which proceeding actual

injury to a patient need not be established;

I. Unlawful distribution of any drug or narcotic, or unlawful conversion of any drug or narcotic not belonging to the person for such person's own use or benefit or for other than medically accepted therapeutic purposes;

J. Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug which results in a physical therapist's or physical therapist assistant's inability to practice with reasonable judgment, skill or safety;

K. Revocation or suspension of a license to practice physical therapy as a physical therapist or physical therapist assistant or the taking of other disciplinary action by the proper licensing authority of another state, territory or country;

L. Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate or other form of compensation for any professional services not actually or personally rendered. Nothing contained in this paragraph prohibits persons holding valid and current licenses under this Act from practicing physical therapy in partnership under a partnership agreement, including a limited liability partnership, a limited liability company, or a corporation under the Professional Service Corporation Act or from pooling, sharing, dividing, or apportioning the fees and

monies received by them or by the partnership, company, or corporation in accordance with the partnership agreement or the policies of the company or professional corporation. Nothing in this paragraph (L) 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 paragraph (L) shall be construed to require an employment arrangement to receive professional fees for services rendered;

M. A finding by the Board that the licensee after having the license placed on probationary status has violated the terms of probation;

N. Abandonment of a patient;

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

P. Willfully failing to report an instance of suspected elder abuse or neglect as required by the Elder Abuse Reporting Act;

Q. Physical illness, including but not limited to,

deterioration through the aging process, or loss of motor skill which results in the inability to practice the profession with reasonable judgment ~~judgement~~, skill, or safety;

R. The use of any words (such as physical therapy, physical therapist physiotherapy or physiotherapist), abbreviations, figures or letters with the intention of indicating practice as a licensed physical therapist without a valid license as a physical therapist issued under this Act;

S. The use of the term physical therapist assistant, or abbreviations, figures, or letters with the intention of indicating practice as a physical therapist assistant without a valid license as a physical therapist assistant issued under this Act;

T. Willfully violating or knowingly assisting in the violation of any law of this State relating to the practice of abortion;

U. Continued practice by a person knowingly having an infectious, communicable or contagious disease;

V. Having treated ailments otherwise than by the practice of physical therapy as defined in this Act, or having treated ailments as a licensed physical therapist in violation of Section 1.2;

W. 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 the indicated report becoming final after a hearing or opportunity for a hearing; ~~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;~~

X. Interpretation of referrals, performance of evaluation procedures, planning or making major modifications of patient programs by a physical therapist assistant;

Y. Failure by a physical therapist assistant and supervising physical therapist to maintain continued contact, including periodic personal supervision and instruction, to ensure the safety and welfare of patients;

Z. Violation of the Health Care Worker Self-Referral Act;~~;~~

AA. Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois;

BB. Except in the context of emergency care, surgical care, or care that requires more than one health care professional, conducting a physical examination of the breast or genitalia under one of the following conditions:
(i) conducting the examination alone with the patient without first informing the patient that the patient may

request the presence of a third person during the examination; or (ii) conducting the examination alone with the patient if the patient has requested, and not withdrawn the request, to have a third person present. If the patient does not bring a third person, and if no licensee-provided third person is available, the licensee may inform the patient that the licensee cannot honor the patient's request and invite the patient to either return with a patient-provided third person or voluntarily elect to withdraw the request and proceed with the examination. For a patient whose care decisions are made by a parent or guardian, the licensee's obligation is to inform and honor requests from the parent or guardian. Notwithstanding any provision of this paragraph BB. to the contrary, except in the context of emergency care, surgical care, or care that requires more than one health care professional, licensees may, in their sole discretion, refuse to conduct an examination of the breast or genitalia without a third person present.

(2) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. Such suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and the issuance of an order so finding and discharging the

patient; and upon the recommendation of the Board to the Secretary that the licensee be allowed to resume practicing.

(3) 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.

(Source: P.A. 104-154, eff. 1-1-26.)

Section 115. The Physician Assistant Practice Act of 1987 is amended by changing Section 21 as follows:

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

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

Sec. 21. Grounds for disciplinary action.

(a) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action with regard to any license issued under this Act as the Department may deem proper, including the issuance of fines not to exceed \$10,000 for each violation, for any one or combination of the following causes:

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

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

(3) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, 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 is: (i) a felony; or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession.

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

(5) Professional incompetence.

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

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

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

(9) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug that results in a physician assistant's inability to practice with reasonable judgment, skill, or safety.

(10) Discipline by another U.S. jurisdiction or

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

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

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

(13) Abandonment of a patient.

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

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

(16) Physical illness, or mental illness or impairment

that results in the inability to practice the profession with reasonable judgment, skill, or safety, including, but not limited to, deterioration through the aging process or loss of motor skill.

(17) 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 the indicated report becoming final after a hearing or opportunity for a hearing.~~, 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.~~

(18) (Blank).

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

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

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

(22) Immoral conduct in the commission of any act, such as sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice.

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

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

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

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

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

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

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

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

(31) Exceeding the prescriptive authority delegated by the collaborating physician or violating the written collaborative agreement delegating that authority.

(32) Practicing without providing to the Department a notice of collaboration or delegation of prescriptive

authority.

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

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

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

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

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

(38) Failure to report to the Department an adverse final action taken against him or her by another licensing jurisdiction of the United States or a foreign state or country, a peer review body, a health care institution, a professional society or association, a governmental agency, a law enforcement agency, or a court acts or conduct similar to acts or conduct that would constitute

grounds for action under this Section.

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

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

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

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

(43) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(44) Except in the context of emergency care, surgical care, or care that requires more than one health care professional, conducting a physical examination of the breast or genitalia under one of the following conditions: (i) conducting the examination alone with the patient without first informing the patient that the patient may request the presence of a third person during the examination; or (ii) conducting the examination alone with the patient if the patient has requested, and not withdrawn the request, to have a third person present. If the patient does not bring a third person, and if no licensee-provided third person is available, the licensee

may inform the patient that the licensee cannot honor the patient's request and invite the patient to either return with a patient-provided third person or voluntarily elect to withdraw the request and proceed with the examination. For a patient whose care decisions are made by a parent or guardian, the licensee's obligation is to inform and honor requests from the parent or guardian. Notwithstanding any provision of this paragraph (44) to the contrary, except in the context of emergency care, surgical care, or care that requires more than one health care professional, licensees may, in their sole discretion, refuse to conduct an examination of the breast or genitalia without a third person present.

(b) The Department may, without a hearing, refuse to issue or renew 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 the tax, penalty, or interest as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

(b-5) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the person providing, authorizing, recommending, aiding, assisting, referring for, or otherwise

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

(b-10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for a person practicing in Illinois under this Act.

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

(b-20) An applicant seeking licensure, certification, or authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the

basis of having provided, authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

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

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

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

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

The Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning the mental or physical examination of the licensee or applicant. No information, report, record, or other

documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation.

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

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

If the Department finds an individual unable to practice because of the reasons set forth in this Section, the Department may require that individual to submit to care, counseling, or treatment by physicians approved or designated by the Department, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Department may

file a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, reinstated, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

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

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

(e) An individual or organization acting in good faith, and not in a willful and wanton manner, in complying with this Section by providing a report or other information to the

Board, by assisting in the investigation or preparation of a report or information, by participating in proceedings of the Board, or by serving as a member of the Board, shall not be subject to criminal prosecution or civil damages as a result of such actions.

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

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

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

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

(g) The Department may adopt rules to implement, administer, and enforce this Section.

(Source: P.A. 104-432, eff. 1-1-26.)

Section 120. The Podiatric Medical Practice Act of 1987 is amended by changing Section 24 as follows:

(225 ILCS 100/24) (from Ch. 111, par. 4824)

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

Sec. 24. Grounds for disciplinary action. The Department may refuse to issue, may refuse to renew, may refuse to restore, may suspend, or may revoke any license, or may place on probation, reprimand or take other disciplinary or non-disciplinary action as the Department may deem proper, including fines not to exceed \$10,000 for each violation upon anyone licensed under this Act for any of the following reasons:

(1) Making a material misstatement in furnishing information to the Department.

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

(3) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, 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 is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession.

(4) Making any misrepresentation for the purpose of obtaining licenses, or violating any provision of this Act or the rules promulgated thereunder pertaining to advertising.

(5) Professional incompetence.

(6) Gross or repeated malpractice or negligence.

(7) Aiding or assisting another person in violating any provision of this Act or rules.

(8) Failing, within 30 days, to provide information in response to a written request made by the Department.

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

(10) Habitual or excessive use of alcohol, narcotics, stimulants, or other chemical agent or drug that results in the inability to practice podiatric medicine with reasonable judgment, skill or safety.

(11) Discipline by another United States jurisdiction if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Section.

(12) Violation of the prohibition against fee

splitting in Section 24.2 of this Act.

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

(14) Abandonment of a patient.

(15) Willfully making or filing false records or reports in his or her practice, including, but not limited to, false records filed with state agencies or departments.

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

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

(18) Solicitation of professional services other than permitted advertising.

(19) The determination by a circuit court that a licensed podiatric physician is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. Such suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and issues an

order so finding and discharging the patient; and upon the recommendation of the Board to the Secretary that the licensee be allowed to resume his or her practice.

(20) Holding oneself out to treat human ailments under any name other than his or her own, or the impersonation of any other physician.

(21) Revocation or suspension or other action taken with respect to a podiatric medical license in another jurisdiction that would constitute disciplinary action under this Act.

(22) 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 podiatric physician.

(23) Gross, willful, and continued overcharging for professional services including filing false statements for collection of fees for those services, including, but not limited to, filing false statement for collection of monies for services not rendered from the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code or other private or public third party payor.

(24) 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 the indicated report becoming final after a hearing or opportunity for a hearing.~~, 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.~~

(25) Willfully making or filing false records or reports in the practice of podiatric medicine, including, but not limited to, false records to support claims against the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code.

(26) (Blank).

(27) Immoral conduct in the commission of any act including, sexual abuse, sexual misconduct, or sexual exploitation, related to the licensee's practice.

(28) Violation of the Health Care Worker Self-Referral Act.

(29) Failure to report to the Department any adverse final action taken against him or her by another licensing jurisdiction of the United States or any foreign state or country, any peer review body, any health care institution, any professional society or association, any governmental agency, any law enforcement agency, or any court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this Section.

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

(31) Being named as a perpetrator in an indicated report by the Department on Aging under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee has caused an eligible adult to be abused, neglected, or financially exploited as defined in the Adult Protective Services Act.

(32) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

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.

Upon receipt of a written communication from the Secretary of Human Services, the Director of Healthcare and Family Services (formerly Director of Public Aid), or the Director of Public Health that continuation of practice of a person licensed under this Act constitutes an immediate danger to the

public, the Secretary may immediately suspend the license of such person without a hearing. In instances in which the Secretary immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Board within 15 days after such suspension and completed without appreciable delay, such hearing held to determine whether to recommend to the Secretary that the person's license be revoked, suspended, placed on probationary status, or restored, or such person be subject to other disciplinary action. In such hearing, the written communication and any other evidence submitted therewith may be introduced as evidence against such person; provided, however, the person or his counsel shall have the opportunity to discredit or impeach such evidence and submit evidence rebutting the same.

Except for fraud in procuring a license, 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 in this Section. Except for the grounds set forth in items (8), (9), (26), and (29) of this Section, no action shall be commenced more than 10 years after the date of the incident or act alleged to have been a violation of 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 2 years from the date of notification to the Department under Section 26 of this Act of such settlement or final judgment in which to investigate and commence formal disciplinary proceedings under Section 24 of this Act, except as otherwise provided by law. The time during which the holder of the license was outside the State of Illinois shall not be included within any period of time limiting the commencement of disciplinary action by the Department.

In enforcing this Section, the Department or Board upon a showing of a possible violation may compel an individual licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The Department or Board may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Board or Department. The individual to be examined may have,

at his or her own expense, another physician of his or her choice present during all aspects of this examination. Failure of an individual to submit to a mental or physical examination, when directed, shall be grounds for suspension of his or her license until the individual submits to the examination if the Department finds, after notice and hearing, that the refusal to submit to the examination was without reasonable cause.

If the Department or Board finds an individual unable to practice because of the reasons set forth in this Section, the Department or Board may require that individual to submit to care, counseling, or treatment by physicians approved or designated by the Department or Board, as a condition, term, or restriction for continued, restored, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, restored, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

In instances in which the Secretary immediately suspends a

person's license under this Section, a hearing on that person's license must be convened by the Department within 30 days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject individual's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

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

(Source: P.A. 104-417, eff. 8-15-25.)

Section 125. The Respiratory Care Practice Act is amended by changing Section 95 as follows:

(225 ILCS 106/95)

(Section scheduled to be repealed on January 1, 2031)

Sec. 95. Grounds for discipline.

(a) The Department may refuse to issue, renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action as the Department considers appropriate, including the issuance of fines not to exceed \$10,000 for each violation, with regard to any license

for any one or combination of the following:

(1) Material misstatement in furnishing information to the Department or to any other State or federal agency.

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

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

(4) Making any misrepresentation for the purpose of obtaining a license.

(5) Professional incompetence or negligence in the rendering of respiratory care services.

(6) Malpractice.

(7) Aiding or assisting another person in violating any rules or provisions of this Act.

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

(9) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive,

defraud, or harm the public.

(10) Violating the rules of professional conduct adopted by the Department.

(11) Discipline by another jurisdiction, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Act.

(12) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional services not actually rendered. Nothing in this paragraph (12) 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 paragraph (12) shall be construed to require an employment arrangement to receive professional fees for services rendered.

(13) A finding that the licensee, after having the license placed on probationary status or subject to conditions or restrictions, has violated the terms of probation or failed to comply with such terms or conditions.

(14) Abandonment of a patient.

(15) Willfully filing false records or reports relating to a licensee's practice including, but not limited to, false records filed with a federal or State agency or department.

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

(17) Providing respiratory care, other than pursuant to an order.

(18) Physical or mental disability including, but not limited to, deterioration through the aging process or loss of motor skills that results in the inability to practice the profession with reasonable judgment, skill, or safety.

(19) Solicitation of professional services by using false or misleading advertising.

(20) Failure to file a tax 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 or any successor agency or the Internal Revenue Service or any successor agency.

(21) Irregularities in billing a third party for services rendered or in reporting charges for services not rendered.

(22) 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 the indicated report becoming final after a hearing or opportunity for a hearing. ~~, 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.~~

(23) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug that results in an inability to practice with reasonable skill, judgment, or safety.

(24) Being named as a perpetrator in an indicated report by the Department on Aging under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee has caused an adult with disabilities or an older adult to be abused or neglected as defined in the Adult Protective Services Act.

(25) Willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an adult with disabilities or an older adult as required by the Adult Protective Services Act.

(26) Willful omission to file or record, or willfully impeding the filing or recording, or inducing another person to omit to file or record medical reports as required by law or willfully failing to report an instance

of suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act.

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

(28) Willfully or negligently violating the confidentiality between licensee and patient, except as required by law.

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

(30) Failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(b) The determination by a court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code will result in an automatic suspension of the licensee's license. The suspension will end upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission, the issuance of an order so finding and discharging the patient, and the recommendation of the Board to the Secretary that the licensee be allowed to resume the licensee's practice.

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.

(Source: P.A. 104-152, eff. 1-1-26.)

Section 130. The Professional Counselor and Clinical Professional Counselor Licensing and Practice Act is amended by changing Section 80 as follows:

(225 ILCS 107/80)

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

Sec. 80. Grounds for discipline.

(a) The Department may refuse to issue, renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action as the Department deems appropriate, including the issuance of fines not to exceed \$10,000 for each violation, with regard to any license for any one or more of the following:

(1) Material misstatement in furnishing information to the Department or to any other State agency.

(2) Violations or negligent or intentional disregard of this Act or rules adopted under this Act.

(3) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or by sentencing of any crime, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, under

the laws of any jurisdiction of the United States: (i) that is a felony or (ii) that is a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession.

(4) Fraud or any misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal of a license under this Act.

(5) Professional incompetence or gross negligence in the rendering of professional counseling or clinical professional counseling services.

(6) Malpractice.

(7) Aiding or assisting another person in violating any provision of this Act or any rules.

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

(9) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public and violating the rules of professional conduct adopted by the Department.

(10) Habitual or excessive use or abuse of drugs as defined in law as controlled substances, alcohol, or any other substance which results in inability to practice with reasonable skill, judgment, or safety.

(11) Discipline by another jurisdiction, the District of Columbia, territory, county, or governmental agency, if at least one of the grounds for the discipline is the same

or substantially equivalent to those set forth in this Section.

(12) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional service not actually rendered. Nothing in this paragraph (12) 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 paragraph (12) shall be construed to require an employment arrangement to receive professional fees for services rendered.

(13) A finding by the Board that the licensee, after having the license placed on probationary status, has violated the terms of probation.

(14) Abandonment of a client.

(15) Willfully filing false reports relating to a licensee's practice, including, but not limited to, false records filed with federal or State agencies or departments.

(16) Willfully failing to report an instance of

suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act and in matters pertaining to suspected abuse, neglect, financial exploitation, or self-neglect of adults with disabilities and older adults as set forth in the Adult Protective Services Act.

(17) 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 the indicated report becoming final after a hearing or opportunity for a hearing.~~, 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.~~

(18) Physical or mental illness or disability, including, but not limited to, deterioration through the aging process or loss of abilities and skills which results in the inability to practice the profession with reasonable judgment, skill, or safety.

(19) Solicitation of professional services by using false or misleading advertising.

(20) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act.

(21) A finding that licensure has been applied for or obtained by fraudulent means.

(22) Practicing under a false or, except as provided

by law, an assumed name.

(23) Gross and willful overcharging for professional services including filing statements for collection of fees or moneys for which services are not rendered.

(24) Rendering professional counseling or clinical professional counseling services without a license or practicing outside the scope of a license.

(25) Clinical supervisors failing to adequately and responsibly monitor supervisees.

(26) Failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

All fines imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine.

(b) (Blank).

(b-5) The Department may refuse to issue or may suspend without hearing, as provided for in the Code of Civil Procedure, the license of any person who fails to file a return, pay the tax, penalty, or interest shown in a filed return, or pay any final assessment of the tax, penalty, or interest as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Department of

Professional Regulation Law of the Civil Administrative Code of Illinois.

(b-10) In cases where the Department of Healthcare and Family Services has previously determined a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with item (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(c) The determination by a court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code will result in an automatic suspension of his or her license. The suspension will end upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission, the issuance of an order so finding and discharging the patient, and the recommendation of the Board to the Secretary that the licensee be allowed to resume professional practice.

(c-1) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or

renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the person authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(c-2) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for a person practicing in Illinois under this Act.

(c-3) The conduct specified in subsection (c-1), (c-2), (c-6), or (c-7) shall not constitute grounds for suspension under Section 145.

(c-4) An applicant seeking licensure, certification, or

authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(c-5) In enforcing this Act, the Department, upon a showing of a possible violation, may compel an individual licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The Department may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Department. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of

this examination. The examination shall be performed by a physician licensed to practice medicine in all its branches. Failure of an individual to submit to a mental or physical examination, when directed, shall result in an automatic suspension without hearing.

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

If the Department finds an individual unable to practice or unfit for duty because of the reasons set forth in this subsection (c-5), the Department may require that individual to submit to a substance abuse evaluation or treatment by individuals or programs approved or designated by the Department, as a condition, term, or restriction for continued, restored, or renewed licensure to practice; or, in lieu of evaluation or treatment, the Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, restored, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a

determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

A person holding a license under this Act or who has applied for a license under this Act who, because of a physical or mental illness or disability, including, but not limited to, deterioration through the aging process or loss of motor skill, is unable to practice the profession with reasonable judgment, skill, or safety, may be required by the Department to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice. Submission to care, counseling, or treatment as required by the Department shall not be considered discipline of a license. If the licensee refuses to enter into a care, counseling, or treatment agreement or fails to abide by the terms of the agreement, the Department may file a complaint to revoke, suspend, or otherwise discipline the license of the individual. The Secretary may order the license suspended immediately, pending a hearing by the Department. Fines shall not be assessed in disciplinary actions involving physical or mental illness or impairment.

In instances in which the Secretary immediately suspends a person's license under this Section, a hearing on that person's license must be convened by the Department within 15 days after the suspension and completed without appreciable

delay. The Department shall have the authority to review the subject individual's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

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

(c-6) The Department may not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon an immigration violation by the person.

(c-7) The Department may not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely upon an immigration violation by the person.

(d) (Blank).

(e) The Department may adopt rules to implement,

administer, and enforce this Section.

(Source: P.A. 103-715, eff. 1-1-25; 104-432, eff. 1-1-26.)

Section 135. The Sex Offender Evaluation and Treatment Provider Act is amended by changing Section 75 as follows:

(225 ILCS 109/75)

Sec. 75. Refusal, revocation, or suspension.

(a) 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 considers appropriate, including the imposition of fines not to exceed \$10,000 for each violation, with regard to any license or licensee for any one or more of the following:

(1) violations of this Act or of the rules adopted under this Act;

(2) discipline by the Department under other state law and rules which the licensee is subject to;

(3) 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: (i) that is a felony; or (ii) that is a misdemeanor, an essential element of which is dishonesty, or that is

directly related to the practice of the profession;

(4) professional incompetence;

(5) advertising in a false, deceptive, or misleading manner;

(6) aiding, abetting, assisting, procuring, advising, employing, or contracting with any unlicensed person to provide sex offender evaluation or treatment services contrary to any rules or provisions of this Act;

(7) engaging in immoral conduct in the commission of any act, such as sexual abuse, sexual misconduct, or sexual exploitation, related to the licensee's practice;

(8) engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public;

(9) practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform;

(10) knowingly delegating professional responsibilities to a person unqualified by training, experience, or licensure to perform;

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

(12) having a habitual or excessive use of or addiction to alcohol, narcotics, stimulants, or any other

chemical agent or drug which results in the inability to practice with reasonable judgment, skill, or safety;

(13) having a pattern of practice or other behavior that demonstrates incapacity or incompetence to practice under this Act;

(14) discipline by another state, District of Columbia, territory, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Section;

(15) a finding by the Department that the licensee, after having his or her license placed on probationary status, has violated the terms of probation;

(16) willfully making or filing false records or reports in his or her practice, including, but not limited to, false records filed with State agencies or departments;

(17) making a material misstatement in furnishing information to the Department or otherwise making misleading, deceptive, untrue, or fraudulent representations in violation of this Act or otherwise in the practice of the profession;

(18) 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;

(19) inability to practice the profession with

reasonable judgment, skill, or safety as a result of physical illness, including, but not limited to, deterioration through the aging process, loss of motor skill, or a mental illness or disability;

(20) charging for professional services not rendered, including filing false statements for the collection of fees for which services are not rendered; ~~or~~

(21) practicing under a false or, except as provided by law, an assumed name; or.

(22) failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

All fines shall be paid within 60 days of the effective date of the order imposing the fine.

(b) The Department may refuse to issue or may suspend the license of any person who fails to file a tax return, to pay the tax, penalty, or interest shown in a filed tax 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 the tax Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Civil Administrative Code of Illinois.

(c) (Blank).

(d) In cases where the Department of Healthcare and Family Services has previously determined that a licensee or a

potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with item (5) of subsection (a) of Section 2105-15 of the Civil Administrative Code of Illinois.

(e) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission, as provided in the Mental Health and Developmental Disabilities Code, operates as an automatic suspension. The suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and the issuance of a court order so finding and discharging the patient.

(f) In enforcing this Act, the Department or Board, upon a showing of a possible violation, may compel an individual licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The Department or Board may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or

statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physician shall be specifically designated by the Board or Department. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. The examination shall be performed by a physician licensed to practice medicine in all its branches. Failure of an individual to submit to a mental or physical examination, when directed, shall result in an automatic suspension without hearing.

A person holding a license under this Act or who has applied for a license under this Act who, because of a physical or mental illness or disability, including, but not limited to, deterioration through the aging process or loss of motor skill, is unable to practice the profession with reasonable judgment, skill, or safety, may be required by the Department to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice. Submission to care, counseling, or treatment as required by the Department shall not be considered discipline of a license. If the licensee refuses to enter into a care, counseling, or treatment agreement or fails to abide by the terms of the agreement, the Department may file a complaint to revoke, suspend, or otherwise discipline the license of the

individual. The Secretary may order the license suspended immediately, pending a hearing by the Department. Fines shall not be assessed in disciplinary actions involving physical or mental illness or impairment.

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

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

(Source: P.A. 100-872, eff. 8-14-18; 101-81, eff. 7-12-19.)

Section 140. The Illinois Speech-Language Pathology and Audiology Practice Act is amended by changing Section 16 as follows:

(225 ILCS 110/16) (from Ch. 111, par. 7916)

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

Sec. 16. Refusal, revocation or suspension of licenses.

(1) The Department may refuse to issue or renew, or may revoke, suspend, place on probation, censure, reprimand or take other disciplinary or non-disciplinary action as the Department may deem proper, including fines not to exceed \$10,000 for each violation, with regard to any license for any one or combination of the following causes:

(a) Fraud in procuring the license.

(b) (Blank).

(c) Willful or repeated violations of the rules of the Department of Public Health.

(d) Division of fees or agreeing to split or divide the fees received for speech-language pathology or audiology services with any person for referring an individual, or assisting in the care or treatment of an individual, without the knowledge of the individual or his or her legal representative. Nothing in this paragraph (d) 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 paragraph (d) shall be construed to require an employment

arrangement to receive professional fees for services rendered.

(e) Employing, procuring, inducing, aiding or abetting a person not licensed as a speech-language pathologist or audiologist to engage in the unauthorized practice of speech-language pathology or audiology.

(e-5) Employing, procuring, inducing, aiding, or abetting a person not licensed as a speech-language pathology assistant to perform the functions and duties of a speech-language pathology assistant.

(f) Making any misrepresentations or false promises, directly or indirectly, to influence, persuade or induce patronage.

(g) Professional connection or association with, or lending his or her name to another for the illegal practice of speech-language pathology or audiology by another, or professional connection or association with any person, firm or corporation holding itself out in any manner contrary to this Act.

(h) Obtaining or seeking to obtain checks, money, or any other things of value by false or fraudulent representations, including 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).

(i) Practicing under a name other than his or her own.

(j) Improper, unprofessional or dishonorable conduct of a character likely to deceive, defraud or harm the public.

(k) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, 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 is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession.

(l) Permitting a person under his or her supervision to perform any function not authorized by this Act.

(m) A violation of any provision of this Act or rules promulgated thereunder.

(n) Discipline by another state, the District of Columbia, territory, or foreign nation of a license to practice speech-language pathology or audiology or a license to practice as a speech-language pathology assistant in its jurisdiction if at least one of the grounds for that discipline is the same as or the equivalent of one of the grounds for discipline set forth herein.

(o) Willfully failing to report an instance of suspected child abuse or neglect as required by the Abused

and Neglected Child Reporting Act.

(p) Gross or repeated malpractice.

(q) Willfully making or filing false records or reports in his or her practice as a speech-language pathologist, speech-language pathology assistant, or audiologist, including, but not limited to, false records to support claims against the public assistance program of the Department of Healthcare and Family Services (formerly Illinois Department of Public Aid).

(r) Professional incompetence as manifested by poor standards of care or mental incompetence as declared by a court of competent jurisdiction.

(s) Repeated irregularities in billing a third party for services rendered to an individual. For purposes of this Section, "irregularities in billing" shall include:

(i) reporting excessive charges for the purpose of obtaining a total payment in excess of that usually received by the speech-language pathologist, speech-language pathology assistant, or audiologist for the services rendered;

(ii) reporting charges for services not rendered;
or

(iii) incorrectly reporting services rendered for the purpose of obtaining payment not earned.

(t) (Blank).

(u) Violation of the Health Care Worker Self-Referral

Act.

(v) Inability to practice with reasonable judgment, skill, or safety as a result of habitual or excessive use of or addiction to alcohol, narcotics, or stimulants or any other chemical agent or drug or as a result of physical illness, including, but not limited to, deterioration through the aging process or loss of motor skill, mental illness, or disability.

(w) Violation of the Hearing Instrument Consumer Protection Act.

(x) Failure by a speech-language pathology assistant and supervising speech-language pathologist to comply with the supervision requirements set forth in Section 8.8.

(y) Willfully exceeding the scope of duties customarily undertaken by speech-language pathology assistants set forth in Section 8.7 that results in, or may result in, harm to the public.

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

(aa) Being named as a perpetrator in an indicated report by the Department on Aging under the Adult Protective Services Act and upon the indicated report becoming final after a hearing or opportunity for a hearing. ~~and upon proof by clear and convincing evidence~~

~~that the licensee has caused an eligible adult to be abused, neglected, or financially exploited as defined in the Adult Protective Services Act.~~

(bb) Violating Section 8.2 of this Act.

(cc) Violating Section 8.3 of this Act.

(dd) Failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(2) (Blank).

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

(4) 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 the tax penalty or interest, as required by any tax Act administered by the Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

(5) In enforcing this Section, the Board upon a showing of a possible violation may compel an individual licensed to practice under this Act, or who has applied for licensure pursuant to this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The examining physicians or clinical psychologists shall be those specifically designated by the Board. The individual to be examined may have, at his or her own expense, another physician or clinical psychologist of his or her choice present during all aspects of this examination. Failure of any individual to submit to a mental or physical examination, when directed, shall be grounds for suspension of his or her license until the individual submits to the examination if the Board finds, after notice and hearing, that the refusal to submit to the examination was without reasonable cause.

If the Board finds an individual unable to practice because of the reasons set forth in this Section, the Board may require that individual to submit to care, counseling, or treatment by physicians or clinical psychologists approved or designated by the Board, as a condition, term, or restriction

for continued, restored, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Board may recommend to the Department to file a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. Any individual whose license was granted, continued, restored, renewed, disciplined or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Board.

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

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

(Source: P.A. 100-530, eff. 1-1-18; 100-872, eff. 8-14-18.)

Section 145. The Perfusionist Practice Act is amended by changing Section 105 as follows:

(225 ILCS 125/105)

(Section scheduled to be repealed on January 1, 2030)

Sec. 105. Grounds for disciplinary action.

(a) The Department may refuse to issue, renew, or restore a license, or may revoke, suspend, place on probation, reprimand, or take any other disciplinary or non-disciplinary action as the Department may deem proper, including fines not to exceed \$10,000 per violation with regard to any license issued under this Act, for any one or a combination of the following reasons:

(1) Making a material misstatement in furnishing information to the Department.

(2) Negligence, incompetence, or misconduct in the practice of perfusion.

(3) Failure to comply with any provisions of this Act or any of its rules.

(4) Fraud or any misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal or restoration of a license under this Act.

(5) Purposefully making false statements or signing false statements, certificates, or affidavits to induce

payment.

(6) Conviction of or entry of a plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, 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 is (i) a felony or (ii) a misdemeanor, an essential element of which is dishonesty, that is directly related to the practice of the profession of perfusion.

(7) Aiding or assisting another in violating any provision of this Act or its rules.

(8) Failing to provide information in response to a written request made by the Department within 60 days after receipt of such written request.

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

(10) Habitual or excessive use or abuse of drugs defined in law as controlled substances, of alcohol, narcotics, stimulants, or any other substances that results in the inability to practice with reasonable judgment, skill, or safety.

(11) A finding by the Department that an applicant or licensee has failed to pay a fine imposed by the Department.

(12) A finding by the Department that the licensee, after having his or her license placed on probationary status, has violated the terms of probation, or failed to comply with such terms.

(13) Inability to practice the profession with reasonable judgment, skill, or safety as a result of physical illness, including, but not limited to, deterioration through the aging process, loss of motor skill, mental illness, or disability.

(14) Discipline by another state, territory, foreign country, the District of Columbia, the United States government, or any other government agency if at least one of the grounds for discipline is the same or substantially equivalent to those set forth in this Act.

(15) The making of any willfully false oath or affirmation in any matter or proceeding where an oath or affirmation is required by this Act.

(16) Using or attempting to use an expired, inactive, suspended, or revoked license, or the certificate or seal of another, or impersonating another licensee.

(17) Directly or indirectly giving to or receiving from any person or entity any fee, commission, rebate, or other form of compensation for any professional service not actually or personally rendered.

(18) Willfully making or filing false records or reports related to the licensee's practice, including, but

not limited to, false records filed with federal or State agencies or departments.

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

(20) 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 the indicated report becoming final after a hearing or opportunity for a hearing.~~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.~~

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

(22) Violation of the Health Care Worker Self-Referral Act.

(23) Solicitation of business or professional services, other than permitted advertising.

(24) Conviction of or cash compromise of a charge or violation of the Illinois Controlled Substances Act.

(25) Gross, willful, or continued overcharging for professional services, including filing false statements for collection of fees for which services are not

rendered.

(26) Practicing under a false name or, except as allowed by law, an assumed name.

(27) Failing to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(b) In enforcing this Section, the Department or Board, upon a showing of a possible violation, may order a licensee or applicant to submit to a mental or physical examination, or both, at the expense of the Department. The Department or Board may order the examining physician to present testimony concerning his or her examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Board or Department. The licensee or applicant may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination. Failure of a licensee or applicant to submit to any such examination when directed, without reasonable cause as defined by rule, shall be grounds for either the immediate suspension of his or her license or immediate denial of his or her application.

(1) If the Secretary immediately suspends the license of a licensee for his or her failure to submit to a mental

or physical examination when directed, a hearing must be convened by the Department within 15 days after the suspension and completed without appreciable delay.

(2) If the Secretary otherwise suspends a license pursuant to the results of the licensee's mental or physical examination, a hearing must be convened by the Department within 15 days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the licensee's record of treatment and counseling regarding the relevant impairment or impairments to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

(3) Any licensee suspended or otherwise affected under this subsection (b) shall be afforded an opportunity to demonstrate to the Department or Board that he or she can resume practice in compliance with the acceptable and prevailing standards under the provisions of his or her license.

(c) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. The suspension will end only upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission and issues an order so finding and discharging the licensee;

and upon the recommendation of the Board to the Secretary that the licensee be allowed to resume his or her practice.

(d) In cases where the Department of Healthcare and Family Services (formerly the Department of Public Aid) has previously determined that a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department shall refuse to issue or renew or shall revoke or suspend that person's license or shall take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with subdivision (a)(5) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(e) The Department shall deny a license or renewal authorized by this Act to a person who has failed to file a return, 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 Department of Revenue, until the requirements of the tax Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(Source: P.A. 101-311, eff. 8-9-19; 102-558, eff. 8-20-21.)

Section 150. The Registered Surgical Assistant and Registered Surgical Technologist Title Protection Act is amended by changing Section 75 as follows:

(225 ILCS 130/75)

(Section scheduled to be repealed on January 1, 2029)

Sec. 75. Grounds for disciplinary action.

(a) The Department may refuse to issue, renew, or restore a registration, may revoke or suspend a registration, or may place on probation, reprimand, or take other disciplinary or non-disciplinary action with regard to a person registered under this Act, including, but not limited to, the imposition of fines not to exceed \$10,000 for each violation and the assessment of costs as provided for in Section 90, for any one or combination of the following causes:

(1) Making a material misstatement in furnishing information to the Department.

(2) Violating a provision of this Act or rules adopted under this Act.

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

of which is dishonesty, or that is directly related to the practice of the profession.

(4) Fraud or misrepresentation in applying for, renewing, restoring, reinstating, or procuring a registration under this Act.

(5) Aiding or assisting another person in violating a provision of this Act or its rules.

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

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

(8) Discipline by another United States jurisdiction, governmental agency, unit of government, or foreign nation, if at least one of the grounds for discipline is the same or substantially equivalent to those set forth in this Section.

(9) Directly or indirectly giving to or receiving from a person, firm, corporation, partnership, or association a fee, commission, rebate, or other form of compensation for professional services not actually or personally rendered. Nothing in this paragraph (9) 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 registrant's practice under this Act. Nothing in this paragraph (9) shall be construed to require an employment arrangement to receive professional fees for services rendered.

(10) A finding by the Department that the registrant, after having the registration placed on probationary status, has violated the terms of probation.

(11) Willfully making or filing false records or reports in the practice, including, but not limited to, false records or reports filed with State agencies.

(12) Willfully making or signing a false statement, certificate, or affidavit to induce payment.

(13) Willfully failing to report an instance of suspected child abuse or neglect as required under the Abused and Neglected Child Reporting Act.

(14) 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 the indicated report becoming final after a hearing or opportunity for a hearing. ~~and upon proof by clear and convincing evidence that the registrant has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act.~~

(15) (Blank).

(16) Failure to report to the Department (A) any adverse final action taken against the registrant by another registering or licensing jurisdiction, government agency, law enforcement agency, or any court or (B) liability for conduct that would constitute grounds for action as set forth in this Section.

(17) Habitual or excessive use or abuse of drugs defined in law as controlled substances, alcohol, or any other substance that results in the inability to practice with reasonable judgment, skill, or safety.

(18) Physical or mental illness, including, but not limited to, deterioration through the aging process or loss of motor skills, which results in the inability to practice the profession for which the person is registered with reasonable judgment, skill, or safety.

(19) Gross malpractice.

(20) Immoral conduct in the commission of an act related to the registrant's practice, including, but not limited to, sexual abuse, sexual misconduct, or sexual exploitation.

(21) Violation of the Health Care Worker Self-Referral Act.

(22) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil

Administrative Code of Illinois.

(b) The Department may refuse to issue or may suspend without hearing the registration of a person who fails to file a return, to pay the tax, penalty, or interest shown in a filed return, or to pay a final assessment of the tax, penalty, or interest as required by a tax Act administered by the Department of Revenue, until the requirements of the tax Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(b-1) The Department shall not revoke, suspend, summarily suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based solely upon the person providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(b-2) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise

disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for the person practicing in this State under this Act.

(b-3) The conduct specified in subsection (b-1) or (b-2) shall not constitute grounds for suspension under Section 145.

(b-4) An applicant seeking licensure, certification, or authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having provided, authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State. Nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(c) The determination by a circuit court that a registrant

is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. The suspension will end only upon (1) a finding by a court that the patient is no longer subject to involuntary admission or judicial admission, (2) issuance of an order so finding and discharging the patient, and (3) filing of a petition for restoration demonstrating fitness to practice.

(d) (Blank).

(e) In cases where the Department of Healthcare and Family Services has previously determined a registrant or a potential registrant is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's registration or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with paragraph (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(f) In enforcing this Section, the Department, upon a showing of a possible violation, may compel any individual registered under this Act or any individual who has applied for registration to submit to a mental or physical examination and evaluation, or both, that may include a substance abuse or

sexual offender evaluation, at the expense of the Department. The Department shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination and evaluation, or both. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing.

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

team to present testimony concerning this examination and evaluation of the registrant or applicant, including testimony concerning any supplemental testing or documents relating to the examination and evaluation. No information, report, record, or other documents in any way related to the examination and evaluation shall be excluded by reason of any common law or statutory privilege relating to communication between the registrant or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the registrant or applicant ordered to undergo an evaluation and examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation. The individual to be examined may have, at the individual's own expense, another physician of the individual's choice present during all aspects of the examination.

Failure of any individual to submit to mental or physical examination and evaluation, or both, when directed, shall result in an automatic suspension without a hearing until such time as the individual submits to the examination. If the Department finds a registrant unable to practice because of the reasons set forth in this Section, the Department shall require such registrant to submit to care, counseling, or treatment by physicians approved or designated by the

Department as a condition for continued, reinstated, or renewed registration.

When the Secretary immediately suspends a registration under this Section, a hearing upon such person's registration must be convened by the Department within 15 days after such suspension and completed without appreciable delay. The Department shall have the authority to review the registrant's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

Individuals registered under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Department that they can resume practice in compliance with acceptable and prevailing standards under the provisions of their registration.

(g) 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.

(h) The Department may adopt rules to implement, administer, and enforce this Section.

(Source: P.A. 103-387, eff. 1-1-24; 103-605, eff. 7-1-24; 104-417, eff. 8-15-25; 104-432, eff. 1-1-26.)

Section 155. The Genetic Counselor Licensing Act is

amended by changing Section 95 as follows:

(225 ILCS 135/95)

(Section scheduled to be repealed on January 1, 2030)

Sec. 95. Grounds for discipline.

(a) The Department may refuse to issue, renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action as the Department deems appropriate, including the issuance of fines not to exceed \$10,000 for each violation, with regard to any license for any one or more of the following:

(1) Material misstatement in furnishing information to the Department or to any other State agency.

(2) Violations or negligent or intentional disregard of this Act, or any of its rules.

(3) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, 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: (i) that is a felony or (ii) that is a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of genetic counseling.

(4) Making any misrepresentation for the purpose of obtaining a license, or violating any provision of this

Act or its rules.

(5) Negligence in the rendering of genetic counseling services.

(6) Failure to provide genetic testing results and any requested information to a referring physician licensed to practice medicine in all its branches, advanced practice registered nurse, or physician assistant.

(7) Aiding or assisting another person in violating any provision of this Act or any rules.

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

(9) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public and violating the rules of professional conduct adopted by the Department.

(10) Failing to maintain the confidentiality of any information received from a client, unless otherwise authorized or required by law.

(10.5) Failure to maintain client records of services provided and provide copies to clients upon request.

(11) Exploiting a client for personal advantage, profit, or interest.

(12) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug which results in inability to practice with reasonable skill, judgment, or safety.

(13) Discipline by another governmental agency or unit of government, by any jurisdiction of the United States, or by a foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Section.

(14) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional service not actually rendered. Nothing in this paragraph (14) 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 paragraph (14) shall be construed to require an employment arrangement to receive professional fees for services rendered.

(15) A finding by the Department that the licensee, after having the license placed on probationary status, has violated the terms of probation.

(16) Failing to refer a client to other health care professionals when the licensee is unable or unwilling to adequately support or serve the client.

(17) Willfully filing false reports relating to a licensee's practice, including, but not limited to, false records filed with federal or State agencies or departments.

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

(19) 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 the indicated report becoming final after a hearing or opportunity for a hearing. ~~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.~~

(20) Physical or mental disability, including deterioration through the aging process or loss of abilities and skills which results in the inability to practice the profession with reasonable judgment, skill, or safety.

(21) Solicitation of professional services by using false or misleading advertising.

(22) Failure 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 or any successor agency or the Internal Revenue Service or any successor agency.

(23) Fraud or making any misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal of a license under this Act.

(24) Practicing or attempting to practice under a name other than the full name as shown on the license or any other legally authorized name.

(25) Gross overcharging for professional services, including filing statements for collection of fees or moneys for which services are not rendered.

(26) (Blank).

(27) Charging for professional services not rendered, including filing false statements for the collection of fees for which services are not rendered.

(28) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act.

(29) Failure to report actual or alleged reportable conduct in accordance with Section 2105-390 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(b) (Blank).

(b-5) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this

Act based solely upon the person authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state.

(b-10) The Department shall not revoke, suspend, summarily suspend, place on prohibition, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against a person's authorization to practice under this Act based upon the person's license, registration, or permit being revoked or suspended, or the person being otherwise disciplined, by any other state if that revocation, suspension, or other form of discipline was based solely on the person violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the applicable standard of conduct for the person practicing in Illinois under this Act.

(b-15) The conduct specified in subsections (b-5) and (b-10) shall not constitute grounds for suspension under Section 160.

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

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

(c) The determination by a court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code will result in an automatic suspension of the license. The suspension will end upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission, the issuance of an order so finding and discharging the patient, and the determination of the Secretary that the licensee be allowed to resume professional practice.

(d) The Department may refuse to issue or renew or may suspend without hearing the license of any person who fails to file a return, to pay the tax penalty or interest shown in a filed return, or to pay any final assessment of the tax, penalty, or interest as required by any Act regarding the payment of taxes administered by the Illinois Department of

Revenue until the requirements of the Act are satisfied in accordance with subsection (g) of Section 2105-15 of the Civil Administrative Code of Illinois.

(e) In cases where the Department of Healthcare and Family Services has previously determined that a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with item (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

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

(g) The Department may adopt rules to implement, administer, and enforce this Section.

(Source: P.A. 103-763, eff. 1-1-25; 104-432, eff. 1-1-26.)

Section 160. The Professional Service Corporation Act is amended by changing Section 13 as follows:

(805 ILCS 10/13) (from Ch. 32, par. 415-13)

Sec. 13. The regulating authority which issued the certificate of registration may suspend or revoke the certificate or may otherwise discipline the certificate holder for any of the following reasons:

(a) The revocation or suspension of the license to practice the profession of any officer, director, shareholder or employee not promptly removed or discharged by the corporation; (b) unethical professional conduct on the part of any officer, director, shareholder or employee not promptly removed or discharged by the corporation; (c) the death of the last remaining shareholder; (d) upon finding that the holder of a certificate has failed to comply with the provisions of this Act or the regulations prescribed by the regulating authority that issued it; ~~or~~ (e) the failure 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; or (f) for a certificate of registration issued by the Department of Financial and Professional Regulation, a willful or reckless failure to report in accordance with Section 2105-391 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

Before any certificate of registration is suspended or

revoked, the holder shall be given written notice of the proposed action and the reasons therefor, and shall provide a public hearing by the regulating authority, with the right to produce testimony and other evidence concerning the charges made. The notice shall also state the place and date of the hearing which shall be at least 10 days after service of said notice.

All orders of regulating authorities denying an application for a certificate of registration, suspending or revoking a certificate of registration, or imposing a civil penalty shall be subject to judicial review pursuant to the provisions of the Administrative Review Law, as now or hereafter amended, and the rules adopted pursuant thereto then in force.

The proceedings for judicial review shall be commenced in the circuit court of the county in which the party applying for review is located. If the party is not currently located in Illinois, the venue shall be in Sangamon County. The regulating authority shall not be required to certify any record to the court or file any answer in court or otherwise appear in any court in a judicial review proceeding, unless and until the regulating authority has received from the plaintiff payment of the costs of furnishing and certifying the record, which costs shall be determined by the regulating authority. Exhibits shall be certified without cost. Failure on the part of the plaintiff to file a receipt in court is

grounds for dismissal of the action.

(Source: P.A. 99-227, eff. 8-3-15.)

Section 165. The Medical Corporation Act is amended by changing Section 10 as follows:

(805 ILCS 15/10) (from Ch. 32, par. 640)

Sec. 10. The Department may suspend or revoke any certificate of registration or may otherwise discipline the certificate holder for any of the following reasons: (a) the revocation or suspension of the license to practice medicine of any officer, director, shareholder or employee not promptly removed or discharged by the corporation; (b) unethical professional conduct on the part of any officer, director, shareholder or employee not promptly removed or discharged by the corporation; (c) the death of the last remaining shareholder; ~~or~~ (d) upon finding that the holder of a certificate has failed to comply with the provisions of this Act or the regulations prescribed by the Department; or (e) a willful or reckless failure to report in accordance with Section 2105-391 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

The Department may refuse to issue or renew or may suspend the certificate of any corporation which 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.

(Source: P.A. 99-227, eff. 8-3-15.)

Section 170. The Professional Limited Liability Company Act is amended by changing Section 25 as follows:

(805 ILCS 185/25)

Sec. 25. Suspension, revocation or discipline of certificate of registration.

(a) The Department may suspend, revoke, or otherwise discipline the certificate of registration of a professional limited liability company or limited liability company for any of the following reasons:

(1) the revocation or suspension of the license to practice the profession of any officer, manager, member, agent, or employee not promptly removed or discharged by the professional limited liability company;

(2) unethical professional conduct on the part of any officer, manager, member, agent, or employee not promptly removed or discharged by the professional limited liability company;

(3) the death of the last remaining member;

(4) upon finding that the holder of the certificate has failed to comply with the provisions of this Act or the

regulations prescribed by the Department; ~~or~~

(5) the failure to file a return, 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 a tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied; or-

(6) a willful or reckless failure to report in accordance with Section 2105-391 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(b) Before any certificate of registration is suspended or revoked, the holder shall be given written notice of the proposed action and the reasons for the proposed action and shall be provided a public hearing by the Department with the right to produce testimony and other evidence concerning the charges made. The notice shall also state the place and date of the hearing, which shall be at least 10 days after service of the notice.

(c) All orders of the Department denying an application for a certificate of registration or suspending or revoking a certificate of registration or imposing a civil penalty shall be subject to judicial review pursuant to the Administrative Review Law.

(d) The proceedings for judicial review shall be commenced in the circuit court of the county in which the party applying

for review is located. If the party is not currently located in Illinois, the venue shall be in Sangamon County. The Department shall not be required to certify any record to the court or file any answer in court or otherwise appear in any court in a judicial review proceeding, unless and until the Department has received from the plaintiff payment of the costs of furnishing and certifying the record, which costs shall be determined by the Department. Exhibits shall be certified without cost. Failure on the part of the plaintiff to file a receipt in court is grounds for dismissal of the action.

(Source: P.A. 99-227, eff. 8-3-15.)

Section 995. No acceleration or delay. Where this Act makes changes in a statute that is represented in this Act by text that is not yet or no longer in effect (for example, a Section represented by multiple versions), the use of that text does not accelerate or delay the taking effect of (i) the changes made by this Act or (ii) provisions derived from any other Public Act.