Physician Assistants’
Authority to Diagnose and Prescribe

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I. Preface

Even with a common goal of delivering optimal patient care, collaboration among members of a team of health care providers may at times be a challenge given the complex rules prescribed by Illinois law regarding relationships among the different groups of health care practitioners.

This publication provides a resource toward better understanding the current regulatory requirements pertaining to physician assistants in the state of Illinois. In particular, this publication focuses on physician assistants’ authority to diagnose and prescribe in hospital and private practice settings.

Statutory or rule text is designated with italics, and numerous endnotes point directly to the source of the information given.

II. Definitions

"Alternate supervising physician" means, for the purpose of this Act, any physician designated by the supervising physician to provide supervision in the event that he or she is unable to provide that supervision. The Department may further define “alternate supervising physician” by rule.

The alternate supervising physician shall maintain all the same responsibilities as the supervising physician. Nothing in this Act shall be construed as relieving any physician of the professional or legal responsibility for the care and treatment of persons attended by him or by physician assistants under his supervision. Nothing in this Act shall be construed as to limit the reasonable number of alternate supervising physicians, provided they are designated by the supervising physician.1

“Hospital” means a hospital licensed under the Hospital Licensing Act2 or the University of Illinois Hospital Act.3

“Hospital affiliate” means a corporation, partnership, joint venture, limited liability company, or similar organization, other than a hospital, that is devoted primarily to the provision, management, or support of healthcare services and that directly or indirectly controls, is controlled by, or is under common control of the hospital. “Control” means having at least an equal or a majority ownership or membership interest. A hospital affiliate shall be 100% owned or controlled by any combination of hospitals, their parent corporations, or physicians licensed to practice medicine in all its branches in Illinois. “Hospital affiliate” does not include a health maintenance organization regulated under the Health Maintenance Organization Act.4
"Physician" means a person licensed under the Medical Practice Act to practice medicine in all of its branches under the Medical Practice Act of 1987.

"Physician assistant" means any person who has been certified as a physician assistant by the National Commission on the Certification of Physician Assistants or equivalent successor agency and performs procedures under the supervision of a physician as defined in this Act.

- A physician assistant may perform such procedures within the specialty of the supervising physician, except that such physician shall exercise such direction, supervision and control over such physician assistants as will assure that patients shall receive quality medical care.

- Physician assistants shall be capable of performing a variety of tasks within the specialty of medical care under the supervision of a physician. Supervision of the physician assistant shall not be construed to necessarily require the personal presence of the supervising physician at all times at the place where services are rendered, as long as there is communication available for consultation by radio, telephone or telecommunications within established guidelines as determined by the physician/physician assistant team.

- The supervising physician may delegate tasks and duties to the physician assistant. Delegated tasks or duties shall be consistent with physician assistant education, training, and experience. The delegated tasks or duties shall be specific to the practice setting and shall be implemented and reviewed under a written supervision agreement established by the physician or physician/physician assistant team.

- A physician assistant, acting as an agent of the physician, shall be permitted to transmit the supervising physician's orders as determined by the institution's by-laws, policies, procedures, or job description within which the physician/physician assistant team practices.

- Physician assistants shall practice only in accordance with a written supervision agreement.

- "Physician assistant" means a person licensed by the Division and who practices in accordance with the provisions set forth in the Physician Assistant Practice Act of 1987.5

"Supervising Physician" means, for the purposes of this Act, the primary supervising physician of a physician assistant, who, within his specialty and expertise may delegate a variety of tasks and procedures to the physician assistant. Such tasks and procedures shall be delegated in accordance with a written supervision agreement. The supervising physician maintains the final responsibility for the care of the patient and the performance of the physician assistant.6
III. Physician Assistants

• The Physician Assistant Practice Act of 1987 (Act) authorizes the Department to license physician assistants in order to encourage and promote the more effective utilization of physicians’ skills.7

• Physician assistants (PAs) in Illinois must at all times work under the supervision of a physician, called the “supervising physician” or the “alternate supervising physician,” except when practicing in a hospital, hospital affiliate, or ambulatory surgical treatment center (ASTC).8 The physician assistant can only provide the type of care that is ordinarily within the supervising physician’s scope of practice.9 No physician may delegate any task or duty that is required to be performed by a physician, pursuant to the Medical Practice Act of 1987 or its rules or any state law.10

  o Physician assistants must have a written agreement with a supervising physician called a “written supervision agreement.”11

  o A physician assistant may work with multiple supervising physicians, but must report to each one the existence of all the other written supervision agreements.12

• Physician assistants may be employed by hospitals, nursing homes, other healthcare facilities where the physician assistant functions under the supervision of a supervising physician.13

• The physician assistant may practice in three various scenarios all with different privileging and supervisory procedures.

  o The PA may practice in a private setting that is NOT a hospital, hospital affiliate or ASTC. This PA requires a supervising physician, a written supervision agreement, and may include but does not require delegated prescriptive authority.14

  o The PA may practice in a hospital, hospital affiliate, or ASTC. This PA is credentialed and privileged by the medical staff of the hospital or hospital affiliate or ASTC, therefore, a written supervisory agreement is not required. The supervising physician may be the attending physician or equivalent. Physician assistants practicing in a hospital, hospital affiliate, or an ambulatory surgical treatment center are not required to obtain a mid-level controlled substance license to order controlled substances under Section 303.05 of the Illinois Controlled Substances Act.15 Delegated prescriptive authority is not permitted in these settings.
The PA may practice in a private setting and makes rounds in the hospital, hospital affiliate or ASTC, then all the above may be required.

- **No physician assistant shall use the title of doctor or associate with his or her name or any other term that would indicate to other persons that he or she is qualified to engage in the general practice of medicine.**

- A physician assistant shall be able to hold more than one professional position.

- **A physician assistant may be employed by a practice group or other entity employing multiple physicians at one or more locations. In that case, one of the physicians practicing at a location shall be designated the supervising physician. The other physicians with that practice group or other entity who practice in the same general type of practice or specialty as the supervising physician may supervise the physician assistant with respect to their patients without being deemed alternate supervising physicians for the purpose of this Act.**

- A physician assistant shall not be allowed to bill patients or in any way to charge for services. Nothing in this Act, however, shall be so construed as to prevent the employer of a physician assistant from charging for services rendered by the physician assistant. Payment for services rendered by a physician assistant shall be made to his or her employer if the payor would have made payment had the services been provided by a physician licensed to practice medicine in all its branches.

### IV. Supervision Requirements – in settings OTHER THAN hospitals, hospital affiliates, or ASTCs

- A physician assistant must be supervised by a physician who is licensed under the Medical Practice Act and is engaged in the clinical practice of medicine.

  This includes physicians in allopathic or osteopathic medicine, and does not include podiatrists, dentists, or chiropractors.

- A supervising physician is restricted to a maximum of five full-time physician assistants under his supervision. Since the supervising physician retains ultimate responsibility for the diagnoses and treatments provided to his patients (unless the physician assistant fails to comply with physician directives or is not carrying out those directives in a professional and appropriate manner in conformance with his/her training), the physician is further restricted to the number of physician assistants to whom he can provide adequate oversight:
“Adequate” oversight is determined by the written supervision agreement, the nature of the physicians practice, the complexity of the physician’s patient population, and each physician assistant’s experience.22

- Physician assistants are permitted to hold written supervision agreements with multiple supervising physicians.23 Any physician assistant holding multiple agreements must inform each supervising physician of all agreements and provide a copy of them upon request.24

- The supervising physician need not be personally present at the place where the physician assistant performs authorized procedures at the time of the physician assistant’s performance.25 However, when the physician is not physically present in the same facility, he must be within a reasonable distance so as to assure the proper care of his patients.26

V. Written Supervision Agreement – in settings OTHER THAN hospitals, hospital affiliates, or ASTCs

- A mandatory written supervision agreement between a supervising physician and a physician assistant is required, at a minimum, to contain the following information:27

1. A description of the working relationship between the physician and the physician assistant.

2. A list of the categories of care, treatment, and procedures for which the physician assistant has authority to perform.

3. A list of the procedures the physician assistant must only perform under the actual presence of the supervising physician.

4. A description of the methods for communication and consultation, providing for such interaction at least once per month via in-person meeting or telecommunication.

5. A statement indicating whether the supervising physician has delegated to the physician assistant the authority to prescribe legend drugs and any schedule of controlled substances; this statement must include the physician assistant’s state controlled substance license and federal Drug Enforcement Agency registration number.
6. The signatures of the supervising physician and the physician assistant.

- The written supervision agreement must be written in a way that encourages the physician assistant to utilize his or her education and experience in the exercise of his or her professional judgment.\(^{28}\)

- \textit{The supervising physician may delegate tasks and duties to the physician assistant. Delegated tasks or duties shall be consistent with physician assistant education, training, and experience. The delegated tasks or duties shall be specific to the practice setting and shall be implemented and reviewed under a written supervision agreement established by the physician or physician/physician assistant team.}\(^{29}\)

- As part of the working relationship between the supervising physician and the physician assistant, the supervising physician must also:\(^{30}\)
  1. Participate in the joint formulation and approval of orders and guidelines with the physician assistant; and
  2. Ensure compliance with best medical and physician assistant practices by periodically reviewing the orders and services the physician assistant provides to patients.

- Both the physician and the physician assistant are required to have a copy of the agreement that can be provided to the Department upon request.\(^{31}\)

VI. PA SCOPE OF PRACTICE

- A PA may only provide services within the actual scope of practice of the supervising physician. These are \textit{“services that the supervising physician is authorized to and generally provides to his or her patients in the normal course of his or her clinical medical practice.”}\(^{32}\)

  \textit{“Generally provides to his or her patients in the normal course of his or her clinical medical practice” means services, not specific tasks or duties, the supervising physician routinely provides individually or through delegation to other persons so that the physician has the experience and ability to provide collaboration and consultation.}\(^{33}\)

- Furthermore, a supervising physician may not delegate duties that are required by statute or rule to be performed by a physician.\(^{34}\) An example of a law which allows PAs to perform specific functions when authorized in the written supervision includes referrals to genetic counselors.\(^{35}\)
• The supervising physician must provide “supervision and consultation [with the physician assistant] at least once a month.”36

• In addition, both the PA and supervising physician must create and approve any “orders or guidelines” that are periodically reviewed by them.37 The services provided under the orders or guidelines must also be reviewed by the supervising physician.38

• A PA may provide home health services, which are limited to services provided under a plan of treatment prescribed by a physician licensed to practice medicine in all its branches, a physician assistant who has been authorized by a physician to prescribe those services, or an advanced practice nurse with a collaborating agreement with a physician who delegates that authority.39

VII. Scope of Delegated Prescriptive Authority

• The supervising physician may elect to authorize the physician assistant to prescribe, select, order, administer, dispense, store, and/or accept samples of over the counter medications, legend drugs, medical gases, botanical and herbal remedies, and controlled substances categorized as Schedule III through V controlled substances pursuant to the Illinois Controlled Substances Act.40

• A supervising physician may also elect to delegate to a physician assistant the authority to prescribe drugs categorized as Schedule II pursuant to the Illinois Controlled Substance Act.41 To delegate this authority, the physician must meet the aforementioned requirements for Schedule II drugs, and all of the following:

1. Specific Schedule II controlled substances by oral dosage or topical or transdermal application may be delegated, provided that the delegated Schedule II controlled substances are routinely prescribed by the supervising physician. This delegation must identify the specific Schedule II controlled substances by either brand name or generic name. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated.42

2. Any delegation must be controlled substances that the supervising physician prescribes.43
3. Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the supervising physician.  

4. The physician assistant must discuss the condition of any patients for whom a controlled substances is prescribed monthly with the supervising physician.  

5. The physician assistant meets the education requirements of Section 303.05 of the Illinois Controlled Substances Act.  

- The physician must periodically review the medication orders issued by the physician assistant. Further, all prescriptions written by the physician assistant must include the name of the supervising physician.  

- A supervising physician is not required to delegate authority to the physician assistant to prescribe pharmaceuticals, but may choose to do so. Prior to delegating any prescriptive authority, the supervising physician must hold (1) an active Illinois controlled substance license, and (2) registration with the federal Drug Enforcement Agency.  

- Further, the physician must file with the Department a notice of delegation of prescriptive authority. Upon that filing, the physician assistant will be eligible to register for a mid-level practitioner controlled substances license. Only upon obtaining this license will the written supervision agreement’s delegation of prescriptive authority to the physician assistant be valid.  

- Under the Act, the Department reserves for itself the authority to discipline a Physician Assistant’s license for multiple prescriptive acts, including:  
  1. Violating State or federal laws or regulations relating to controlled substances or other legend drugs.  
  2. Exceeding the prescriptive authority delegated by the supervising physician or violating the written supervision agreement delegating that authority.  
  3. Practicing without providing to the Department a notice of supervision or delegation of prescriptive authority.
VIII. Physician Assistants in Hospitals, Hospital Affiliates, or Ambulatory Surgical Treatment Centers

• A physician assistant may provide services in a licensed hospital, hospital affiliate, or ambulatory surgical treatment center without a written supervision agreement or prescriptive authority. Instead, the physician assistant must only possess clinical privileges recommended by the facility staff committee and granted by the facility.58

• To practice in a hospital or hospital affiliate, a PA must have –

   "privileges recommended by the hospital" or hospital affiliate medical staff and granted by the hospital.59 (This is at the discretion of the medical staff and hospital.)

• To practice in an ambulatory surgical treatment center (ASTC) a PA must have –

   clinical privileges recommended by ... the consulting medical staff committee and ambulatory surgical treatment center.60 (This is at the discretion of the consulting committee and ambulatory surgical treatment center.)

• The hospital or ASTC may also grant authority “to individual physician assistants to select, order, and administer medications, including controlled substances, to provide delineated care” under the clinical privileges.61

• With respect to services for individual patients, “[t]he attending physician shall determine a physician assistant’s role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.”62

• In a hospital, hospital affiliate or ambulatory surgical treatment center –

   A physician assistant granted authority to order medications including controlled substances may complete discharge prescriptions provided the prescription is in the name of the physician assistant and the attending or discharging physician.63

• Physician assistants practicing in a hospital, hospital affiliate, or an ambulatory surgical treatment center are not required to obtain a mid-level controlled substance license to order controlled substances under Section 303.05 of the Illinois Controlled Substances Act.64
IX. Physicians’ Responsibilities

- The supervising physician shall file with the Department notice of employment, discharge, or supervisory control of a physician assistant at the time of employment, discharge, or assumption of supervisory control of a physician assistant. A physician assistant is prohibited from providing care to patients until the Department receives and acknowledges the notice. Further, the notice of discharge must be provided to the Department within 10 days of termination of the employment or supervisory control.

- The supervising physician must maintain documentation of every instance where he designates an alternative supervising physician. The records must include:
  1. the date alternative supervisory control began;
  2. the date alternative supervisory control ended;
  3. any other changes.

- The record should also include details of any delegated prescriptive authority or termination of such authority.

- The supervising physician must participate in the joint formulation and joint approval of orders or guidelines with the physician assistant and periodically review such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and physician assistant practice.

X. Laws that Reference Authority to Delegate Specific Services

The following is a list of Illinois laws that reference a physician’s authority to delegate specific tasks and services to physician assistants. This delegation can take many forms, such as oral or written.

- Self-administration of Medications and School Nurse Administration (105 ILCS 5/22-30)

- School Employee Physical Examinations (105 ILCS 5/24-5)

- School Sick Leave Certificates
(105 ILCS 5/24-6)

- School Certificates of Inability to Attend School
  (105 ILCS 5/26-1)

- School Student Health Examinations
  (105 ILCS 5/27-8.1)

- Perform Home Health Services
  (210 ILCS 55/2.05)

- Request Clinical Laboratory Examination
  (210 ILCS 25/7-101)

- Performance of Breast Examinations
  (215 ILCS 5/356g.5)

- Prenatal HIV Prevention Act
  (410 ILCS 335/5)

- Transmitting Orders to a Respiratory Care Practitioner
  (225 ILCS 106/10)

- Referrals to a Genetic Counselor
  (225 ILCS 135/10 & 20)

- Perinatal Mental Health Assessments
  (405 ILCS 95/10)

- Lead Poisoning Prevention Screening of Children
  (410 ILCS 45/6.2)

- Emergency Contraception
  (410 ILCS 70/22)

- Emergency Services and Follow-up Services
  (410 ILCS 70/5 & 5.5)

- Provision of Services to Minors
  (410 ILCS 210/1, 2, & 3)

- Prenatal and Newborn Care Act
(410 ILCS 225/2)

• AIDS and HIV-related Services
  (410 ILCS 305/3)

• Sexually Transmitted Disease Services
  (410 ILCS 325/4)

• Perinatal HIV Prevention Services
  (410 ILCS 335/5)

• Disability License Plates or Placards
  (625 ILCS 5/1-159.1, 3-616)

• School Bus Driver Permit Medical Examination
  (625 ILCS 5/6-106.1)

• Prescriptive Authority for Controlled Substances
  (720 ILCS 570/102)
XI. Sample Written Supervision Agreement

SAMPLE WRITTEN SUPERVISION AGREEMENT

A. Physician Assistant Information

1. Name: __________________________________________________________

2. Illinois PA License Number: _______________________________________
   Illinois Mid-Level Practitioner Controlled Substance License Number: ______
   Federal Mid-Level Practitioner DEA Number: _______________ ___________

3. Practice Sites (Attach List of Sites). See Attachment A.

4. Contact Number: __________________________________________________
   Facsimile Number: ________________________________________________
   E-mail Address: __________________________________________________
   Emergency Contact Numbers: _______________________________________
   (e.g. pager, answering service)

5. Attachments:
   Copy of Certification/Recertification
   Copy of PA License
   Copy of Certificate of Insurance
   Copy of Mid-Level Practitioner License

B. Supervising Physician Information

1. Name: __________________________________________________________

2. Illinois License Number: _________________________________________

3. Practice Area(s) or Concentration(s): _______________________________
4. Board Certification(s) (if any): __________________________________________

5. Certifying Organization: ________________________________________________

6. Practice Sites: (Attach List of Sites). See Attachment A.

7. Contact Number: ______________________________________________________

8. Facsimile Number: ____________________________________________________

   E-mail Address: _________________________________________________________

   Emergency Contact Number(s): ________________________________
   (e.g., pager, answering service)

C. Physician Assistant-Supervising Physician Working Relationship

1. Written Supervision Agreement Requirement

   A written supervision requirement is required for all Physician Assistants
   practicing in the State of Illinois.

2. Scope of Practice

   The written supervision agreement shall be for services the supervising
   physician generally provides to his or her patients in the normal course of his
   or her clinical practice.

   Under this agreement, the physician assistant will work with the supervising
   physician in an active practice to deliver health care services to
   ______________________. This includes, but is not limited to, patient assessment
   and diagnosis, ordering diagnostic and therapeutic tests and procedures,
   performing those tests and procedures when using health care equipment,
   interpreting and using the results of diagnostic and therapeutic tests and
   procedures ordered by the PA or another health care professional, ordering
   treatments, ordering or applying appropriate medical devices, using medical,
   therapeutic and corrective measures to treat illness and improve health status,
   providing palliative and end-of-life care, providing advanced counseling,
   patient education, health education and patient advocacy, (prescriptive
   authority), and delegating nursing activities or tasks to an LPN, RN, or other
   personnel.

   If applicable, the physician assistant shall maintain allied health personnel
   privileges at the following hospitals for the designated services:
This written supervision agreement shall be reviewed and updated periodically. A copy of this agreement shall remain on file at all sites where the physician assistant renders service and shall be provided to the Illinois Department of Financial and Professional Regulation upon request. Any joint orders or guidelines are set forth or referenced in Attachment B.

2. Supervision and Consultation

I. Supervision and consultation shall be adequate if a supervising physician:

(A) Participates in the joint formulation and joint approval of orders or guidelines with the physician assistant as needed, based on the practice of the practitioner, and periodically reviews those orders and the services provided patients under those orders in accordance with accepted standards of medical practice and physician assistant practice;

(B) Provides supervision and consultation with the physician assistant at least once per month; and

(C) Is available in person, or through telecommunications, for consultation and collaboration on medical problems, complications, emergencies, or patient referral. (See 225 ILCS 95/7.5(a).

II. Information Specific to Supervision and Consultation with the Physician Assistant is as follows:

(A) A licensed PA may provide anesthesia services pursuant to the order of a licensed physician, podiatrist, or dentist.

(B) For anesthesia services, a physician participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.

(C) A physician may select, order, and administer medications, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed to by the supervising physician.

(D) The supervision agreement between the PA and the supervising physician must be in accordance with 225 ILCS 95.
3. Communication, Consultation, and Referral

The physician assistant shall consult with the supervising physician by telecommunication or in person as needed. In the absence of the designated supervising physician, the physician assistant shall consult another physician, the “alternative supervising physician.”

The physician assistant shall inform each supervising physician of all written supervision agreements he or she has signed with other physicians and provide a copy of these to any collaborating physician upon request.

4. Delegation of Prescriptive Authority

Any prescriptive authority delegated under this agreement is set forth in Attachment C.

The medications the PA is delegated to prescribe by his/her supervising physician must be within the supervising physician’s scope of practice.

NOTE: PHYSICIAN ASSISTANTS MAY ONLY PRESCRIBE CONTROLLED SUBSTANCES UPON RECEIPT OF AN ILLINOIS MID-LEVEL PRACTITIONER CONTROLLED SUBSTANCES LICENSE.

5. Termination

This agreement may be terminated by either the supervising physician or the physician assistant with [#] days written notice or for just cause.

WE THE UNDERSIGNED AGREE TO THE TERMS AND CONDITIONS OF THIS WRITTEN SUPERVISION AGREEMENT.

__________________________________________  _______________________________________
Supervising Physician (signature)                Physician Assistant (signature)

Date:________________________       Date:________________________
Endnotes

Prepared with the assistance of Patrick Callahan, J.D.

1 225 ILCS 95/4(8).
2 210 ILCS 85.
3 110 ILCS 330.
4 210 ILCS 85/10.8(b).
5 225 ILCS 95/4.
6 225 ILCS 95/4(7).
7 225 ILCS 95/1.
8 225 ILCS 95/7.7(a).
9 225 ILCS 95/7.5(a)(1).
10 225 ILCS 60/54.2(a).
11 225 ILCS 95/7.5(a)(1).
12 225 ILCS 95/7.5(a)(4).
13 225 ILCS 95/7(a).
14 225 ILCS 95/7.5.
15 225 ILCS 95/7.7.
16 225 ILCS 95/6(a).
17 225 ILCS 95/7(a).
18 225 ILCS 95/7(a).
19 225 ILCS 95/7(a).
20 225 ILCS 95/7(a). The administrative code states that a physician is restricted to the supervision of no more than two physician assistants. 68 Ill. Adm. Code § 1350.20 and 1350.80(c). However, where the administrative rules conflict with the Act, the language of the Act governs. R.L. Polk & Co. v. Ryan, 694 N.E.2d 1027, 1034 (1998).
21 68 Ill. Adm. Code § 1350.80(h).
22 68 Ill. Adm. Code § 1350.80; 225 ILCS 95/7(a).
23 225 ILCS 95/7(a).
24 225 ILCS 95/7.5(a)(4).
25 225 ILCS 95/7.5(a)(1).
26 68 Ill. Adm. Code § 1350.80(g).
27 225 ILCS 95/7.5(a)(1)-(3); 68 Ill. Adm. Code § 1350.55(b)(2).
28 225 ILCS 95/7.5(a)(1).
29 225 ILCS 95/4.
30 225 ILCS 95/7.5(a)(2).
31 225 ILCS 95/7.5(a)(3).
32 225 ILCS 95/7.5(a)(1).
33 225 ILCS 95/7.5(a)(a).
34 225 ILCS 60/54.2(a).
35 225 ILCS 135.
36 225 ILCS 95/7.5(a)(2)(B).
37 225 ILCS 95/7.5(a)(2)(A).
Physicians may not delegate the authority to delegate schedule II controlled substances that are administered by injection or any other methods. 225 ILCS 95/7.5(b)(3)(A).

Physicians may not delegate the authority to delegate schedule II controlled substances that are administered by injection or any other methods. 225 ILCS 95/7.5(b)(3)(A).

Physicians may not delegate the authority to delegate schedule II controlled substances that are administered by injection or any other methods. 225 ILCS 95/7.5(b)(3)(C).

225 ILCS 95/7.5(b)(3)(D).

225 ILCS 97/7(b)(3).

225 ILCS 95/7.5(b)(1).


225 ILCS 95/7.5(b).

225 ILCS 95/7.5(b).

225 ILCS 95/7.5(b)(2); The physician’s obligations are further delineated in Section IX.

720 ILCS 570/303.05.

225 ILCS 95/21(a).

225 ILCS 95/21(a)(30).

225 ILCS 95/21(a)(31).

225 ILCS 95/21(a)(32).

225 ILCS 95/7.7(a). The Act explicitly relies on the definition for “hospital” found in the Hospital Licensing Act: “hospital” means any institution, place, building, buildings on a campus, or agency, public or private, whether organized for profit or not, devoted primarily to the maintenance and operation of facilities for the diagnosis and treatment or care of 2 or more unrelated persons admitted for overnight stay or longer in order to obtain medical, including obstetric, psychiatric and nursing, care of illness, disease, injury, infirmity, or deformity.” 210 ILCS 85/3. The Act also notes that the University of Illinois Hospital is included in its understanding of “hospital.” See University of Illinois Hospital Act, 110 ILCS 330/1.

225 ILCS 95/7.7(a).

225 ILCS 95/7.7(a).

225 ILCS 95/7.7(a).

225 ILCS 95/7.7(a).

225 ILCS 95/7.7(a).

225 ILCS 95/7.7(b).

225 ILCS 95/7.7(c).

225 ILCS 95/6(d).

68 Ill. Adm. Code § 1350.100(a).

69 Ill. Adm. Code § 1350.100(b);


225 ILCS 95/7(a).
69 225 ILCS 95/7(a).
70 225 ILCS 95/7(a).
72 225 ILCS 95/7.5(a)(2)(A).
73 225 ILCs 60/54.5.
74 Modeled on the Advanced Practice Nurse Sample Written Collaborative Agreement. 68 Ill. Adm. Code § 1300. Exhibit A.