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 professionals 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 is intended to promote better understanding of 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. References to “the Department” or “the Division” refer to the Illinois Department of Financial and Professional Regulation.

2017 CHANGES WERE MADE PER PUBLIC ACT 100-453 EFFECTIVE AUGUST 25, 2017. PLEASE NOTE – THE CURRENT RULES HAVE NOT BEEN UPDATED TO COMPLY WITH THE ACT FOR SEVERAL YEARS.

II. Definitions

“Collaborating physician” means the physician who, within his or her 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 collaborative agreement.¹

“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 collaborating physician routinely provides individually or through delegation to other persons so that the physician has the experience and ability to collaborate and provide consultation.²

“Hospital” means a hospital licensed under the Hospital Licensing Act³ or the University of Illinois Hospital Act.⁴

“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.⁵

“Physician” means a person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987.⁶
“Physician assistant” means any person not holding an active license by the Department pursuant to the Medical Practice Act of 1987 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 in collaboration with a physician as defined in this Act.

- A physician assistant may perform such procedures within the specialty of the collaborating physician, except that such physician shall exercise such direction, collaboration 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 in collaboration with a physician. Collaboration with the physician assistant shall not be construed to necessarily require the personal presence of the collaborating 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 collaborating 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 collaborative 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 collaborating 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 collaborative agreement.

“Physician assistant practice” means the performance of procedures within the specialty of the collaborating physician. Physician assistants shall be capable of performing a variety of tasks within the specialty of medical care of the collaborating physician. Collaboration with the physician assistant shall not be construed to necessarily require the personal presence of the collaborating physician at all times at the place where services are rendered, as long as there is communication available for consultation by radio, telephone, telecommunications, or electronic communications. The collaborating 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 collaborative agreement established by the physician or physician/physician assistant team. A physician assistant shall be permitted to transmit the collaborating physician’s orders as determined by the institution’s bylaws, policies, or procedures or the job description within which the physician/physician assistant team practices. Physician assistants shall practice only in accordance with a written collaborative agreement.
agreement, except as provided in Section 7.5 of this Act.\(^8\)

### III. Physician Assistants

- The Physician Assistant Practice Act of 1987 (Act) authorized the Department to license physician assistants in order to encourage and promote the more effective utilization of physicians’ skills.\(^9\)

- Physicians assistants (PAs) in Illinois must at all times work in collaboration with a physician, called the “collaborating physician” except when practicing in a hospital, hospital affiliate, or ambulatory surgical treatment center (ASTC).\(^10\) The physician assistant can only provide the type of care that is ordinarily within the collaborating physician’s scope of practice.\(^11\) 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.\(^12\)

  - Physician assistants must have a written agreement with a collaborating physician called a “written collaborative agreement,” except when practicing in a hospital, hospital affiliate, or ambulatory surgical treatment center.\(^13\)

  - A physician assistant may work with multiple collaborating physicians, but must report to each one the existence of all the other written collaborative agreements upon request.\(^14\)

- Physician assistants may be employed by hospitals, nursing homes, and other healthcare facilities where the physician assistant functions under a collaborating physician.\(^15\)

- The physician assistant may practice in three various scenarios, all with different requirements.

  - The PA may practice in a private setting that is NOT a hospital, hospital affiliate or ASTC. This PA requires a collaborating physician and a written collaborative agreement, which may include but does not require delegated prescriptive authority.\(^16\)

  - The PA may practice in a hospital, hospital affiliate, or ASTC. This PA is credentialed and privileged by the medical staff of the hospital, hospital affiliate, or ASTC; therefore, a written collaborative agreement is not required. The collaborating 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.\(^17\)

  - The PA may practice in a private setting and make rounds in the hospital, hospital affiliate or ASTC, in which case all the above may be required.
• No physician assistant shall use the title of doctor, physician, 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.\(^18\)

• A physician assistant shall verbally identify himself or herself as a physician assistant, including specialty certification, to each patient.\(^19\)

• A physician assistant shall be able to hold more than one professional position.\(^20\)

• 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 collaborating physician. The other physicians with that practice group or other entity who practice in the same general type of practice or specialty as the collaborating physician may collaborate with the physician assistant with respect to their patients.\(^21\)

• A physician assistant shall not be allowed to personally bill patients or in any way charge for services. The employer of a physician assistant may charge for services rendered by the physician assistant. All claims for services rendered by the physician assistant shall be submitted using the physician assistant’s national provider identification number as the billing provider whenever appropriate. 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.\(^22\)

• Physician assistants are authorized providers of Medicaid services.

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

• A physician assistant must collaborate with a physician who is licensed under the Medical Practice Act and is engaged in the clinical practice of medicine.\(^23\) This includes physicians in allopathic or osteopathic medicine, and does not include podiatrists, dentists, or chiropractors.

A collaborating physician is restricted to a maximum of five full-time equivalent physician assistants.\(^24\) “Full-time equivalent” means the equivalent of 40 hours per week per individual. Physicians and physician assistants who work in a hospital, hospital affiliate, or ambulatory surgical treatment center as defined by Section 7.7 of this Act are exempt from the collaborative ratio restriction requirements of this Section.\(^25\) The collaborating physician retains ultimate responsibility for the diagnoses and treatments provided to his or her 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).\(^26\)

• The ratio is changed to five physician assistants for every collaborating physician. Previously, the ratio was five physician assistants or advanced practice registered
nurses per collaborating physician.

- Physician assistants are permitted to hold written collaborative agreements with multiple collaborating physicians. Any physician assistant holding multiple agreements shall inform each collaborating physician of all agreements and provide a copy of them upon request.

- The collaborating 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. However, when the physician is not physically present in the same facility, he or she must be available by phone, email or other electronic telecommunications so as to assure the proper care of his or her patients.

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

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

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

2. A description of the categories of care, treatment, and procedures which the physician assistant will be providing which are services the collaborating physician “generally provides to his or her patients in the normal course of his or her clinical medical practice”;

3. A list of the procedures the physician assistant must only perform in the actual presence of the collaborating physician;

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

5. A statement indicating whether the collaborating physician has delegated to the physician assistant the authority to prescribe legend drugs and any schedule of controlled substances; this statement must include that the physician assistant must hold a state controlled substance license and federal Drug Enforcement Agency registration number prior to prescribing; and

6. The signatures of the collaborating physician and the physician assistant.

- The written collaborative 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.
• The collaborating 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 collaborative agreement established by the physician or physician/physician assistant team.33

• As part of the working relationship between the collaborating physician and the physician assistant, the collaborating physician must also:34

1. Participate in the joint formulation and approval of orders and guidelines with the physician assistant.

2. Ensure compliance with best medical and physician assistant practices by periodically reviewing the orders and services the physician assistant provides to patients.

3. Engage in consultation at least once a month.

• 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.35

VI. PA Scope of Practice

• A PA may only provide services within the actual scope of practice of the collaborating physician. These are “services that the collaborating physician is authorized to and generally provides to his or her patients in the normal course of his or her clinical medical practice.”36

“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 collaborating physician routinely provides individually or through delegation to other persons so that the physician has the experience and ability to collaborate and provide consultation.37

• Furthermore, a collaborating physician may not delegate duties that are required by statute or rule to be performed by a physician.38 One such example is the performance of an ablative or non-ablative procedure that can potentially disrupt the eye (cornea to retina).39

• The collaborating physician must provide “consultation [with the physician assistant] at least once a month.”40

• In addition, both the PA and collaborating physician must create and approve any “orders or guidelines” that are periodically reviewed by them.41 The services provided under the orders or guidelines must also be reviewed by the collaborating physician.42
A PA may prescribe 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 licensed physician assistant, or a licensed advanced practice nurse.43

VII. Scope of Delegated Prescriptive Authority

A collaborating 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.44

A collaborating physician may also elect to delegate to a physician assistant the authority to prescribe drugs categorized as Schedule II pursuant to the Illinois Controlled Substances Act.45 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 collaborating 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.**46

2. **Any delegation must be controlled substances that the collaborating physician routinely prescribes.**47

3. **Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating physician.**48

4. **The physician assistant must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the collaborating physician.**49

5. **The physician assistant meets the education requirements of Section 303.05 of the Illinois Controlled Substances Act.**50

The physician must periodically review the medication orders issued by the physician assistant.51 Further, all prescriptions written by the physician assistant must include the name of the collaborating physician.52

A collaborating physician is not required to delegate authority to the physician assistant to prescribe pharmaceuticals, including legend drugs, medical gases, and
controlled substances, but may choose to do so. Prior to delegating authority to prescribe controlled substances, the collaborating physician must hold (1) an active Illinois controlled substance license, and (2) registration with the federal Drug Enforcement Agency.

- Further, the collaborating 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 substance license. Only upon obtaining this license will the written collaborative agreement’s delegation of prescriptive authority to the physician assistant be valid. The collaborating physician must also file this delegation of prescriptive authority in the Department of Human Services Prescription Monitoring Program.

- 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 or ephedra as defined in the Ephedra Prohibition Act.

  2. Exceeding the prescriptive authority delegated by the collaborating physician or violating the written collaborative agreement delegating that authority.

  3. Practicing without providing to the Department a notice of collaboration or delegation of prescriptive authority.

VIII. Physician Assistants in Hospitals 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 collaborative agreement or prescriptive authority. Instead, the physician assistant must only possess clinical privileges recommended by the facility staff committee and granted by the facility.

- To practice in a hospital, a PA must have—

  “clinical privileges recommended by the hospital” or hospital affiliate medical staff and granted by the hospital. (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.” (This is at the discretion of the consulting committee and ambulatory surgical treatment center.)

- 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.”

- 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.

- In a hospital, 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.”

- Physician assistants practicing in a hospital, 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.

IX. Physician Assistant Practice in a Hospital Affiliate

- Physician assistants may provide services in a hospital affiliate without prescriptive authority or a written collaborative agreement.

- To practice in a hospital affiliate, a PA must have clinical privileges recommended by the appropriate physician committee and granted by the hospital affiliate.

- The hospital affiliate physician committee shall “periodically review the services of physician assistants granted clinical privileges.”

- Physician assistants practicing in a hospital affiliate may be, but are not required to be, granted authority to prescribe Schedule II through V controlled substances when such authority is recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over-the-counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies.

- A physician assistant must obtain a mid-level practitioner controlled substance license in order to prescribe controlled substances. Medication orders shall be reviewed periodically by the appropriate hospital affiliate physicians committee or its physician designee.

- A hospital affiliate may, but is not required to, grant authority to a physician assistant to prescribe any Schedule II controlled substances, if all of the following conditions apply.
(1) Specific Schedule II controlled substances by oral dosage or topical or transdermal application may be designated, provided that the designated Schedule II controlled substances are routinely prescribed by physician assistants in their area of certification; this grant of authority must identify the specific Schedule II controlled substances by either brand name or generic name; authority to prescribe or dispense Schedule II controlled substances to be delivered by injection or other route of administration may not be granted;

(2) Any grant of authority must be controlled substances limited to the practice of the physician assistant;

(3) Any prescription must be limited to no more than a 30-day supply;

(4) The physician assistant must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the appropriate physician committee of the hospital affiliate or its physician designee; and

(5) The physician assistant must meet the education requirements of Section 303.05 of the Illinois Controlled Substances Act.

• The hospital affiliate shall file with the Department notice of grant of prescriptive authority and termination of such grant of authority in accordance with the rules of the Department.76

X. Physician Responsibilities

• The collaborating physician shall file with the Department notice of employment, discharge, or collaboration with a physician assistant at the time of employment, discharge, or assumption of collaboration with a physician assistant.77 A physician assistant is prohibited from providing care to patients until the Department receives and acknowledges the notice.78 Further, the notice of discharge must be provided to the Department within 10 days of termination of the employment or supervisory control.79

• The collaborating physician must file with the Department a notice of delegated prescriptive authority to a physician assistant and termination of delegation, specifying the authority delegated or terminated.80 The collaborating physician must also file this delegation of prescriptive authority in the Department of Human Services Prescription Monitoring Program.81

• The collaborating physician must participate in “the joint formulation and joint approval of orders or guidelines with the physician assistant and [he or she must periodically review] such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and physician assistant practice.”82
XI. Sample Written Collaborative Agreement

SAMPLE WRITTEN COLLABORATIVE 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. Collaborating 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-Collaborating Physician Working Relationship

1. Written Collaborative Agreement Requirement

   A written collaborative agreement is required for all Physician Assistants practicing in the State of Illinois, except in hospitals, hospital affiliates or ambulatory surgical treatment centers.

2. Scope of Practice

   The written collaborative agreement shall be for services the collaborating 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 collaborating 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, MA or other personnel.

   If applicable, the physician assistant shall maintain clinical privileges at the following hospitals for the designated services:

   1. ________________________________
   2. ________________________________
   3. ________________________________

   This written collaborative 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.
3. Collaboration and Consultation

   I. Collaboration and consultation shall be adequate if a collaborating 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 collaboration and consultation with the physician assistant at least once per month; and

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

   II. Information Specific to Collaboration 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 assistant 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 collaborating physician.

      (D) The collaborative agreement between the PA and the collaborating physician must be in accordance with 225 ILCS 95.

4. Communication, Consultation, and Referral

   The physician assistant shall consult with the collaborating physician by telecommunication, electronic communication or in person as needed.
The physician assistant shall inform each collaborating physician of all written collaborative agreements he or she has signed with other physicians and provide a copy of these to any collaborating physician upon request.

5. 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 a collaborating physician must be within the collaborating physician’s scope of practice.

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

6. Termination

This agreement may be terminated by either the collaborating 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 COLLABORATIVE AGREEMENT.

__________________________________________________________________________________________
Collaborating Physician (signature)  Physician Assistant (signature)

Date: ________________________________  Date: ________________________________

__________________________________________________________________________________________
Collaborating Physician’s Typed Name  Physician Assistant’s Typed Name
XII. Endnotes

1 225 ILCS 95/4(7).
2 225 ILCS 95/7.5(a)(1).
3 210 ILCS 85.
4 110 ILCS 330.
5 225 ILCS 95/10; 210 ILCS 85/10.8(b).
6 225 ILCS 95/4(6).
7 225 ILCS 95/4(3).
8 225 ILCS 95/4(3.5).
9 225 ILCS 95/1.
10 225 ILCS 95/7.7(a).
11 225 ILCS 95/7.5(a)(1).
12 225 ILCS 95/7.5(c); 225 ILCS 60/54.2(a).
13 225 ILCS 95/7.5(a)(1).
14 225 ILCS 95/7.5(a)(4).
15 225 ILCS 95/7(a).
16 225 ILCS 95/7.5.
17 225 ILCS 95/7.7(a-5).
18 225 ILCS 95/6(a).
19 225 ILCS 95/6(b).
20 225 ILCS 95/7(a).
21 225 ILCS 95/7(a).
22 225 ILCS 95/5.5.
23 225 ILCS 95/7(a).
24 225 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).
25 225 ILCS 95/7(a).
26 68 Ill. Adm. Code § 1350.80(h).
27 68 Ill. Adm. Code § 1350.80; 225 ILCS 95/7(a). These rules have not yet been updated to refer to a collaborative agreement.
28 225 ILCS 95/7.5(a)(4).
Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated. 225 ILCS 95/7.5(b)(3)(A).
225 ILCS 95/7.7(a). The Act explicitly relies on the definition of “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); Ambulatory Surgical Treatment Centers are defined under the Ambulatory Treatment Center Act, 210 ILCS 5/3(A), 77 Ill. Adm. Code § 205.110.

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 95/7.7(a) and (a-5).

225 ILCS 95/7.7(a) and (a-5).

225 ILCS 95/7.7(a)

225 ILCS 95/7.7(a-5).

225 ILCS 95/7.7(a-5).

225 ILCS 95/7.7(a-5).

225 ILCS 95/7.7(a-5).

225 ILCS 95/6(d); http://www.idfpr.com/Renewals/apply/forms/f1884mpa.pdf.

68 Ill. Adm. Code § 1350.100(a).

68 Ill. Adm. Code § 1350.100(b); http://www.idfpr.com/Renewals/apply/Forms/F1885MPA.pdf


225 ILCS 95/7.5(a)(2)(A).

Modeled on the Advanced Practice Nurse Sample Written Collaborative Agreement, 68 Ill. Adm. Code § 1300.Exhibit A.