NOTICE OF PROPOSED AMENDMENTS

The Department of Financial and Professional Regulation is posting these proposed amendments in an effort to make the public aware of possible changes that may have an impact on the profession.

The general public may submit written comments to the Department during the first 45 day public comment period. Any suggested changes will be considered by the Department and the appropriate Board.

These proposed amendments were published in the July 24, 2015 Illinois Register. The 45 day comment period will end September 7, 2015.

Please submit written comments to Craig Cellini as stated in the attached notice.

THESE PROPOSED CHANGES ARE NOT IN EFFECT AT THIS TIME AND THE ADOPTED RULES MAY DIFFER FROM THOSE ORIGINALLY PUBLISHED.

1) Heading of the Part: Medical Practice Act of 1987

2) Code Citation: 68 Ill. Adm. Code 1285

3) Section Numbers: Proposed Action:
   1285.60 Amendment
   1285.70 Amendment
   1285.280 New Section

4) Statutory Authority: Implementing the Medical Practice Act of 1987 [225 ILCS 60] and the Patients' Right to Know Act [225 ILCS 61] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

5) A Complete Description of the Subjects and Issues Involved: Public Act 98-601 added to the mandatory reporting requirements under the Medical Practice Act by requiring program directors of post-graduate clinical training programs to report any individuals leaving their programs prior to completion; this proposed rulemaking implements its provisions by adding Section 1285.280. Sections 1285.60 and 1285.70 are also being amended to add Part IV of the examination of the National Board of Chiropractic Examiners as a requirement for licensure for applicants as a chiropractic physician.

6) Any published studies or reports, along with the sources of underlying data, that were used when comprising this rulemaking, in accordance with 1 Ill. Adm. Code 100.355: None
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7) Will this rulemaking replace any emergency rulemaking currently in effect? No

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objectives: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice.

Interested persons may submit written comments to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield, IL 62786

Phone: 217/785-0813
Fax: 217/557-4451

All written comments received within 45 days after this issue of the Illinois Register will be considered.

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: Section 23(A)(1.5) of the Act requires the program director of any post-graduate clinical training program to report to the Disciplinary Board if a person engaged in a post-graduate clinical training program at the institution, including, but not limited to, a residency or fellowship, separates from the program for any reason prior to its conclusion.
C) Types of professional skills necessary for compliance: Medical skills are required for licensure.

14) Regulatory Agenda on which this rulemaking was summarized: January 2015

The full text of the Proposed Amendments begins on the next page:
NOTICE OF PROPOSED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1285
MEDICAL PRACTICE ACT OF 1987

SUBPART A: MEDICAL LICENSING, RENEWAL
AND RESTORATION PROCEDURE

Section
1285.20  Six Year Post-Secondary Programs of Medical Education
1285.30  Programs of Chiropractic Education
1285.40  Approved Postgraduate Clinical Training Programs
1285.50  Application for Examination
1285.60  Examinations
1285.70  Application for a License on the Basis of Examination
1285.80  Licensure by Endorsement
1285.90  Temporary Licenses
1285.91  Visiting Resident Permits
1285.95  Professional Capacity Standards for Applicants Having Graduated More Than 2 Years Prior to Application
1285.100 Visiting Professor Permits
1285.101 Visiting Physician Permits
1285.105 Chiropractic Physician Preceptorship (Repealed)
1285.110 Continuing Medical Education (CME)
1285.120 Renewals
1285.130 Restoration and Inactive Status
1285.140 Granting Variances

SUBPART B: MEDICAL DISCIPLINARY PROCEEDINGS

Section
1285.200 Medical Disciplinary Board
1285.205 Complaint Committee
1285.210 The Medical Coordinator
1285.215 Complaint Handling Procedure
1285.220 Informal Conferences
1285.225 Consent Orders
1285.230 Summary Suspension
**Mandatory Reporting of Impaired Physicians by Health Care Institutions**

**Standards**

**Advertising**

**Monitoring of Probation and Other Discipline and Notification**

**Rehabilitation**

**Fines**

**Subpoena Process of Medical and Hospital Records**

**Inspection of Physical Premises**

**Failing to Furnish Information**

**Mandatory Reporting of Persons Engaged in Post-Graduate Clinical Training Programs**

**Physician Profiles**

**Public Access to Records and Meetings**

**Response to Hospital Inquiries**

**Rules of Evidence**

**Physician Delegation of Authority**

**Use of Lasers**

**Anesthesia Services in an Office Setting**

**AUTHORITY:** Implementing the Medical Practice Act of 1987 [225 ILCS 60] and the Patients' Right to Know Act [225 ILCS 61] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

ILLINOIS REGISTER

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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SUBPART A: MEDICAL LICENSING, RENEWAL AND RESTORATION PROCEDURE

Section 1285.60 Examinations

a) Examinations for Licensure to Practice Medicine in All of Its Branches:

1) Examinations conducted by the Division or its designated testing service for licensure to practice medicine in all of its branches shall be conducted in the English language and shall, prior to December 31, 1993, consist of:

   A) The Federation Licensing Examination – FLEX Component 1 – an examination placing emphasis on basic and clinical science principles and mechanisms underlying high-impact diseases and problems encountered in an in-patient, supervised setting, during the delivery of health care; and

   B) The Federation Licensing Examination – FLEX Component 2 – emphasis on issues related to the general delivery of health care to patients in an ambulatory setting encountered in an independent practice.

2) For those applicants who have passed FLEX Component 2 but have not successfully completed FLEX Component 1 prior to 1994, the Division shall administer FLEX Component 1 twice in 1994. Any applicant who does not successfully complete FLEX Component 1 during 1994 shall be required to successfully complete USMLE Step 1 and Step 2 in accordance with this Section.

3) Beginning January 1, 1994, the examinations for licensure to practice medicine in all of its branches shall be Steps 1, 2 and 3 of the United States Medical Licensing Examination (USMLE) – a joint program of the Federation of State Medical Boards of the United States Inc. and the National Board of Medical Examiners.

   A) USMLE Step 1 and Step 2 will be administered by the National Board of Medical Examiners and the Education Commission for
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Foreign Medical Graduates (ECFMG).

B) USMLE Step 3 will be administered by the Division or its designated testing service. Examinees shall successfully complete Step 1 and Step 2 before applying to the Division to take Step 3 of the examination.

4) The Division will accept the following combinations of examinations completed prior to January 1, 2000:

A) FLEX Component 1 taken prior to January 1, 1995, and FLEX Component 2 taken prior to January 1, 1994;

B) FLEX Component 1 plus USMLE Step 3;

C) National Board of Medical Examiners (NBME) Part 1 or USMLE Step 1 plus NBME Part II or USMLE Step 2 plus FLEX Component 2; or

D) NBME Part I or USMLE Step 1 plus NBME Part II or USMLE Step 2 plus NBME Part III or USMLE Step 3.

5) The passing score on all components, parts or steps of the examinations set forth in subsections (a)(2), (3) and (4) shall be a minimum of 75 or the passing score set by the authorized testing entity.

6) In the case of failure on the examination, examinees shall be required to retake only that component, part or step of the examination on which they did not achieve a passing score.

7) In the event all USMLE Steps are not successfully completed within 7 years after passing the first step taken, either Step 1 or Step 2, credit for any step passed shall be forfeited.

8) Any applicant for licensure to practice medicine in all of its branches who has been unsuccessful in 5 examinations (any component, part or step of the examinations accepted by the Division as set forth in subsection (a)(4)), conducted in this State or any other jurisdiction, shall be deemed ineligible for further examination and/or licensure until the Division is in receipt of proof that the applicant has completed, subsequent to his/her
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fifth failure:

A) a course of clinical training of not less than 12 months in an accredited clinical training program in the United States or Canada in accordance with Section 1285.40; or

B) a course of study of 9 months in length (one academic year) that includes no less than 25 clock hours per week of basic sciences as set forth in Section 1285.20(b) of this Part and no less than 40 clock hours per week of clinical sciences as set forth in Section 1285.20(d) of this Part; or

C) any other formal professional study or training in an accredited medical college or hospital, deemed by the Division to meet the requirements of subsection (a)(8)(A) or (B).

9) Failure to appear for any component, part or step of the examination for which the applicant has been scheduled shall be considered a failure of the examination.

b) Examinations for Licensure to Practice Chiropractic

1) Examinations for licensure to practice chiropractic shall be conducted in the English language and shall consist of the examination administered by the National Board of Chiropractic Examiners and shall consist of Part I, Part II, and Part III and Part IV.

2) To be successful, examinees must receive a score of at least 375 on all parts of the examination.

3) Any applicant for licensure as a chiropractic physician who has been unsuccessful in 5 examinations conducted in this State or any other jurisdiction shall be deemed ineligible for further examination or licensure until the Division is in receipt of proof (i.e., certificate of completion of training, transcript) that the applicant has completed, subsequent to his/her fifth failure, a course of study of 960 classroom hours (one academic year) in an accredited chiropractic program or any other equivalent formal professional study or training in an accredited chiropractic program as approved by the Division.
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(Source: Amended at 39 Ill. Reg. ______, effective ____________)

Section 1285.70 Application for a License on the Basis of Examination

a) Each applicant for a license to practice medicine in all of its branches on the basis of examination must submit to the Division:

1) A fully completed application signed by the applicant, on which all questions have been answered and all programs of medical education attended by the applicant have been identified, including dates of attendance;

2) Proof that the applicant is of good moral character. Proof shall be an indication on the application that the applicant has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;

3) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a);

4) Fee as required by Section 21 of the Act;

5) An official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree that shall be evidence that the applicant has met the minimum medical education requirements of the Act;

6) Certification on forms provided by the Division that the core clerkship rotations were completed in accordance with Section 1285.20 and proof of current ECFMG certification as set forth in Section 1285.20(k) for those applicants who are applying under Section 11(A)(2)(a) of the Act;

7) Proof of satisfactory completion of an approved program of clinical training in accordance with Section 1285.40;
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8) Proof of the successful completion of the examination set forth in Section 1285.60. Scores shall be submitted to the Division directly from the testing entity;

9) A certification from the jurisdiction of original licensure and current licensure stating:
   A) The date of issuance of the license; and
   B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;

10) Documentation of professional capacity, as set forth in Section 1285.95, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application; and

11) Verification of fingerprint processing from the Illinois Department of State Police (ISP), an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.

b) If an applicant for licensure as a physician to practice medicine in all of its branches has a Profile from the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., the applicant will be required to submit the following:

1) A Physician Information Profile that includes, but is not limited to, verification of medical education, ECFMG Certification (if applicable), clinical training and complete examination information. The information contained in the applicant's Profile shall be reviewed by the Division in order to determine if the applicant meets the requirements for licensure as set forth in the Act and this Part;

2) A fully completed Illinois medical application, on forms provided by the Division, signed by the applicant, on which all questions have been
answer;

3) Proof that the applicant is of good moral character. Proof shall be an indication on the Illinois application that the applicant has not engaged in any conduct or activity that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as set out in Section 9(B)(4) of the Act;

4) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a);

5) Individuals applying under Section 11(A)(2)(a)(i) of the Act shall also submit certification, on forms provided by the Division, that the core clerkship rotations were completed in accordance with Section 1285.20 of this Part;

6) Documentation of professional capacity, as set forth in Section 1285.95, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application;

7) A certification from the jurisdiction of original licensure and current licensure stating:
   
   A) The date of issuance and status of the license; and
   
   B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;

8) Fees as required by Section 21 of the Act; and

9) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card.
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issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.

c) Proof of Waiver

1) The provisions of subsection (a)(8) shall be waived for a candidate for licensure to practice medicine in all of its branches who makes application satisfactory to the Division under Section 9 of the Act who submits proof of the successful completion of:

A) the National Board of Medical Examiners examination subsequent to January 1, 1964; or

B) the National Board of Examiners for Osteopathic Physicians and Surgeons examination subsequent to June 1, 1973; or

C) the Federation Licensing Examination (FLEX) in another state obtaining a FLEX weighted average of 75 or more subsequent to June 1, 1968; or

D) the Licentiate of the Medical Council of Canada examination (LMCC) subsequent to May 1, 1970; or

E) The Federation Licensing Examination (FLEX) in another state obtaining a score of 75 or more in each Component in accordance with Section 1285.60.

2) Verification of the successful completion of the examinations described in subsection (c)(1) shall show the scores achieved by the applicant on the examination. Scores shall be submitted to the Division directly from the testing entity.

d) Each applicant for a license to practice as a chiropractic physician must submit to the Division:

1) A fully completed application signed by the applicant, on which all questions have been answered and all programs of chiropractic education attended by the applicant have been identified, including dates of attendance;
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2) An official transcript of a course of instruction, prerequisite to professional training in a college, university or other institution for those applying pursuant to Section 11(B)(2) of the Act;

3) An official transcript and copy of diploma or official transcript and certification of graduation from the education program granting the professional degree; the transcript shall indicate that the applicant has met the minimum chiropractic education requirements of Section 11 of the Act;

4) Proof that the applicant is of good moral character and has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;

5) Fee as required by Section 21 of the Act;

6) Proof of successful completion of Part I, Part II, and Part III and Part IV of the examination pursuant to Section 1285.60(b) forwarded directly to the Division from the National Board of Chiropractic Examiners;

7) Documentation of professional capacity, as set forth in Section 1285.95, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application;

8) Certification from the jurisdiction of original licensure and current licensure stating:

   A) The date of issuance of the license; and

   B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending; and

9) Verification of fingerprint processing from ISP, an ISP live scan vendor
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whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.

e) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or training is questioned by the Division or the Medical Licensing Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an interview before the Licensing Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.

f) Within 60 days after issuance of the license, the physician shall complete a physician profile in accordance with Section 1285.305.

(Source: Amended at 39 Ill. Reg. ______, effective ____________)

SUBPART B: MEDICAL DISCIPLINARY PROCEEDINGS

Section 1285.280 Mandatory Reporting of Persons Engaged in Post-Graduate Clinical Training Programs

a) Section 23(A)(1.5) of the Act requires the program director of any post-graduate clinical training program to report to the Disciplinary Board if a person engaged in a post-graduate clinical training program at the institution, including, but not limited to, a residency or fellowship, separates from the program for any reason prior to its conclusion.

b) "Separation", as used in this Section, means any absence from a post-graduate clinical training program exceeding 45 days, whether continuous or in the aggregate, in any 365 day period, excluding maternity or paternity leave; any suspension from a post-graduate clinical training program, regardless of length or reason; or any termination from a post-graduate clinical training program. Separation includes a program's decision not to renew a person's contract to
participate in the program prior to the conclusion of the full term for which the person was originally engaged.

c) Contents of Reports. Reports of persons who have separated or will separate from a post-graduate clinical training program shall be submitted in writing, on forms provided by the Division, that shall include, but not be limited to, the following information:

1) The name of the post-graduate clinical training program;
2) The name, address, telephone number, email address and title of the director of the program;
3) The name, address and telephone number of the institution where the program operates;
4) The name, address, telephone number, email address and license number of the person who is the subject of the report;
5) The nature of, and reasons for, the person's separation from the program;
6) Any other information deemed by the reporting person to be of assistance to the Disciplinary Board and the Medical Coordinators in evaluating the report.

d) Deadline to Report. Reports of persons who have separated from a post-graduate clinical training program shall be submitted to the Disciplinary Board in a timely manner. The initial report shall be submitted on forms, provided by the Division, within 60 days after it is determined that a report is necessary under the Act and this Part.

e) Additional Documentation. The program director shall provide all documentation relating to the separation if, after review of the report, the Disciplinary Board determines that those documents are necessary to determine whether a violation of the Act occurred. [225 ILCS 60/23(A)(1.5)]

f) Confidentiality
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1) The contents of any report shall be strictly confidential, except as otherwise provided in this subsection (f) and exempt from public disclosure, but may be reviewed by:

A) Members of the Disciplinary Board or their designees;

B) The Disciplinary Board's designated attorneys;

C) The Medical Coordinators or their designees;

D) Administrative personnel assigned to open mail containing reports and to process and distribute reports to authorized persons, and to communicate with senders of reports; and

E) The person who is the subject of the report or that person's attorney or authorized representative (as evidenced by a written authorization signed by the person who is the subject of the report).

2) The reports may also be handled or processed by other designated persons in a limited manner necessary to implement reports required under the Act by computer, word processing equipment or other mechanical means. The data record shall be limited to the name and address of the originator of the report, the date the initial report was received, the date of the most recent report, and the professional license number of the subject of the report.

3) The contents of the confidential reports shall not be used or made available in any administrative proceedings before the Division or any other department except for an administrative proceeding against the subject of the report for violations of the Act disclosed in the reports. Reports shall not be disclosed, made available, or be subject to subpoena or discovery proceedings in any civil or criminal court proceedings.

g) Whenever a program director makes a report to the Disciplinary Board concerning a person who has separated from a post-graduate clinical training program, acting in good faith and not in a willful and wanton manner, the program director, and the institution employing him or her, shall not, as a result of making the report, be subject to criminal prosecution or civil damages. [225 ILCS 60/23(C)]