Sec. 54.5. Physician delegation of authority.
(a) Physicians licensed to practice medicine in all its branches may
delegate care and treatment responsibilities to a physician assistant
under guidelines in accordance with the requirements of the Physician
Assistant Practice Act of 1987. A physician licensed to practice
medicine in all its branches may enter into supervising physician
agreements with no more than 2 physician assistants.
(b) A physician licensed to practice medicine in all its branches in
active clinical practice may collaborate with an advanced practice
nurse in accordance with the requirements of Title 15 of the Nursing
and Advanced Practice Nursing Act. Collaboration is for the purpose
of providing medical direction, and no employment relationship is
required. A written collaborative agreement shall conform to the
requirements of Sections 15-15 and 15-20 of the Nursing and
Advanced Practice Nursing Act. The written collaborative agreement
shall be for services the collaborating physician generally provides to
his or her patients in the normal course of clinical medical practice.
Physician medical direction shall be adequate with respect to
collaboration with certified nurse practitioners, certified nurse
midwives, and clinical nurse specialists if a collaborating physician:
(1) participates in the joint formulation and joint
approval of orders or guidelines with the advanced practice nurse
and periodically reviews such orders and the services provided
patients under such orders in accordance with accepted standards
of medical practice and advanced practice nursing practice;
(2) is on site at least once a month to provide
medical direction and consultation; and
(3) is available through telecommunications for
consultation on medical problems, complications, or emergencies or
patient referral.
(b-5) An anesthesiologist or physician licensed to practice medicine
in all its branches may collaborate with a certified registered nurse
anesthetist in accordance with Section 15-25 of the Nursing and
Advanced Practice Nursing Act. Medical direction for a certified
registered nurse anesthetist shall be adequate if:
(1) an anesthesiologist or a physician participates
in the joint formulation and joint approval of orders or guidelines and
periodically reviews such orders and the services provided patients
under such orders; and
(2) for anesthesia services, the anesthesiologist or
physician participates through discussion of and agreement with the
anesthesia plan and is physically present and available on the
premises during the delivery of anesthesia services for diagnosis,
consultation, and treatment of emergency medical conditions.
Anesthesia services in a hospital shall be conducted in accordance
with Section 10.7 of the Hospital Licensing Act and in an ambulatory surgical treatment center in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

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

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

(d) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician licensed to practice medicine in all its branches to a licensed practical nurse, a registered professional nurse, or other personnel.

(e) A physician shall not be liable for the acts or omissions of a physician assistant or advanced practice nurse solely on the basis of having signed a supervision agreement or guidelines or a collaborative agreement, an order, a standing medical order, a standing delegation order, or other order or guideline authorizing a physician assistant or advanced practice nurse to perform acts, unless the physician has reason to believe the physician assistant or advanced practice nurse lacked the competency to perform the act or acts or commits willful and wanton misconduct.

(Source: P.A. 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)

(225 ILCS 60/54.6)