Volume 21

PART A. LICENSURE

CHAPTER 1. PHYSICIAN LICENSURE

I. OVERVIEW

- § 1:1 Background
- § 1:2 General licensure requirements

II. LICENSURE

- § 1:3 Examination to practice medicine in all branches
- § 1:4 Types of licenses to practice medicine in all branches
- § 1:5 Examination for licensure to practice chiropractic medicine
- § 1:6 Types of licenses to practice as a chiropractic physician
- § 1:7 Mandated physician profiles
- § 1:8 Grant and maintenance of license
- § 1:9 Renewal of license
- § 1:10 International medical graduates

III. MEDICAL PRACTICE AND NONPHYSICIAN HEALTH CARE PROVIDERS

A. IN GENERAL

- § 1:11 Regulation of the practice of medicine
- § 1:12 Illegally practicing medicine

B. DELEGATION OF DUTIES TO NONPHYSICIAN PROVIDERS AND PRACTITIONERS

§ 1:13 Support personnel

IV. ADMINISTRATIVE DISCIPLINARY PROCEEDINGS

- § 1:14 Disciplinary actions against physicians
- § 1:15 Initial claim and complaint
- § 1:16 Limitations period

§ 1:17	Prehearing and hearing procedures
§ 1:18	—Informal conference
§ 1:19	—Consent order
§ 1:20	—Formal complaint and hearing
§ 1:21	—Case illustrations
§ 1:22	Emergency suspension of a license
§ 1:23	Rehearing and final order
§ 1:24	Appeal
§ 1:25	Information sources for investigations and hearings
§ 1:26	Grounds for discipline and penalties
§ 1:27	—Dishonorable, unethical, unprofessional, or immoral
	conduct
§ 1:28	—Revocation based on another state's action
§ 1:29	—Improperly obtained license

V. REPORTS RELATING TO PROFESSIONAL CONDUCT AND CAPACITY

§ 1:31	Reporting guidelines of the profession
§ 1:32	Substance abuse and the impaired physician
§ 1:33	—Treatment and recovery
§ 1:34	The Illinois Mandatory Reporting Law
§ 1:35	—Entities required to report
§ 1:36	—Report formats
§ 1:37	—Disposition of disciplinary reports
§ 1:38	—Voluntary monitoring
§ 1:39	—Mandatory physician profile
§ 1:40	National Practitioner Data Bank
§ 1:41	—Reporting to the Data Bank
§ 1:42	—Access to Data Bank information
§ 1:43	—Erroneous and disputed information

§ 1:30 Restoration or reinstatement of license

CHAPTER 2. ALLIED HEALTH CARE PROFESSIONALS

I. IN GENERAL

- § 2:1 Background
- § 2:2 General licensure administration

II. DENTISTS

- § 2:3 Introduction
- § 2:4 Dentistry as a profession
- § 2:5 Board of Dentistry
- § 2:6 Types of licenses

TABLE OF CONTENTS

§ 2:7	Qualifications for licensure
§ 2:8	Investigations, informal conferences and notice
§ 2:9	Hearings
§ 2:10	Recommendations by Board of Dentistry
§ 2:11	Recommendations for disciplinary action—Action by Secretary
§ 2:12	Disciplinary actions
§ 2:13	Discipline
§ 2:14	Grounds for discipline
$\S 2:15$	Summary suspension
§ 2:16	Suspension of a license for failure to pay restitution
§ 2:17	Unlicensed practice; violation; civil penalty
§ 2:18	Statute of limitations
§ 2:19	Continuing education
§ 2:20	Dentists Collaboration with Certified Registered Nurse Anesthetists

III. PODIATRISTS

§ 2:21	Introduction
§ 2:22	Podiatry as a profession
§ 2:23	Podiatric Medical Licensing Board
§ 2:24	Applications for original license
§ 2:25	Examination for licensure
§ 2:26	Qualifications for licensure
§ 2:27	Temporary license, qualifications and terms
§ 2:28	Licenses; renewal; restoration; military service
§ 2:29	Inactive licenses
§ 2:30	Practice without a license forbidden
§ 2:31	Investigations and notice
§ 2:32	Hearing
§ 2:33	Discipline
§ 2:34	Grounds for discipline
§ 2:35	Summary suspension
§ 2:36	Statute of limitations
§ 2:37	Physical examination
§ 2:38	Violations, injunction, cease and desist order
§ 2:39	Temporary suspension of a license
§ 2:40	Restoration of suspended or revoked license
§ 2:41	Continuing podiatric education
§ 2:42	Podiatrist collaboration with an Advanced Practice
	Registered Nurse

IV. OPTOMETRISTS

§ 2:43	Introduction
§ 2:44	Optometry as a profession
0015	O

Medical Practice in Illinois

	MEDICAL I RACTICE IN ILLING
§ 2:46	Applications for licensure
§ 2:47	11
§ 2:48	
§ 2:49	· · · · · ·
3	pharmaceutical agents and vaccines
§ 2:50	-
§ 2:51	Investigations and notice
§ 2:52	Hearing
§ 2:53	
§ 2:54	Findings of fact, conclusions of law, and recommendations
§ 2:55	
§ 2:56	Discipline
§ 2:57	
§ 2:58	
§ 2:59	
§ 2:60	
§ 2:61	
§ 2:62	Continuing education
V. A	ADVANCED PRACTICE REGISTERED NURSES
§ 2:63	
§ 2:64	· · · · · · · · · · · · · · · · · · ·
§ 2:65	
§ 2:66	
§ 2:67 § 2:68	
§ 2:69	-
	affiliates or ambulatory surgical treatment centers
§ 2:70	ı v
§ 2:71	S .
§ 2:72	1 0
§ 2:73 § 2:74	•
§ 2:74 § 2:75	
§ 2.75 § 2:76	
§ 2.70 § 2:77	
8 2.11	Continuing education
VI.	PHYSICIAN ASSISTANTS
§ 2:78	Introduction
§ 2:79	Physician assistant as a profession
§ 2:80	
§ 2:81	Application for licensure
§ 2:82	
§ 2:83	Volunteer license
§ 2:84	Licensees from other states
3	Licensees from other states

§ 2:85	Expiration, inactive, renewal of license
§ 2:86	Collaboration requirements
§ 2:87	Billing
§ 2:88	Physician assistant practice in hospitals, hospital affiliates or ambulatory surgical treatment centers
§ 2:89	Written collaborative agreements and prescriptive authority (outside of hospitals, hospital affiliates, federally qualified health centers or ambulatory surgical treatment centers)
§ 2:90	Investigations and notice
§ 2:91	Hearing
§ 2:92	Board report
§ 2:93	Written report
§ 2:94	Discipline
§ 2:95	Grounds for discipline
§ 2:96	Injunction
§ 2:97	Unlicensed practice violation, civil penalty
§ 2:98	Temporary suspension
§ 2:99	Restoration of license
§ 2:100	Continuing education
9	
VII.	PHARMACISTS
§ 2:101	Introduction
§ 2:102	Pharmacist as a profession
§ 2:103	State Board of Pharmacy
§ 2:104	Pharmacy working conditions
§ 2:105	Pharmacy technicians
§ 2:106	Supportive staff
§ 2:107	Applications for original licensure
§ 2:108	Examination for original licensure
§ 2:109	Qualifications for licensure
§ 2:110	Licenses; renewal; restoration; military service
§ 2:111	Inactive licenses
§ 2:112	Practice without a license forbidden
§ 2:113	Investigations and notice
§ 2:114	Hearing
§ 2:115	Discipline
§ 2:116	Summary of suspension
§ 2:117	Violations, injunctions, cease and desist orders and
8 2.117	temporary suspension of license
§ 2:118	Restoration of suspended or revoked license
§ 2:119	Continuing pharmacy education
8 2.119	Continuing pharmacy education
VIII.	CLINICAL PSYCHOLOGISTS
§ 2:120	Clinical psychologist practice
§ 2:121	Prescribing clinical psychologists
J	· O · · · · · · · · · · · · · · · · · ·

CHAPTER 3. SCOPE OF PRACTICE OF LIMITED LICENSE PRACTITIONERS

§ 3:1	Occupational Therapy Practice
§ 3:2	Registered Professional Nursing Practice
§ 3:3	Licensed Practical Nursing Practice
§ 3:4	Certified Nursing Assistant
§ 3:5	Medication Aides
§ 3:6	Speech-Language Pathology practice
§ 3:7	Audiology practice
§ 3:8	Physical therapy practice
§ 3:9	Athletic trainers practice
§ 3:10	Nursing home administrator practice
§ 3:11	Clinical Social Work Practice
§ 3:12	Marriage and family therapy practice
§ 3:13	Professional counselor and clinical professional counselor practice
§ 3:14	-
_	Hearing instrument dispenser practice
§ 3:15	Surgical assistants and surgical technologists
§ 3:16	Acupuncture practice
§ 3:17	Genetic counselor practice
§ 3:18	Naprapathic Practice
§ 3:19	Respiratory care
§ 3:20	Emergency medical technicians (EMT)

PART B. PRACTICE SETTINGS/ FACILITIES

CHAPTER 4. HOSPITALS

Electrologist Licensing Act

I. INTRODUCTION

§ 4:1 Overview

§ 3:21

II. HOSPITAL ORGANIZATION

- § 4:2 Origin and development of hospitals
- § 4:3 Types of hospitals
- § 4:4 Legal bases for hospital operation
- § 4:5 Regulation of hospitals
- § 4:6 Hospital governing board

III. HOSPITAL STAFF

- § 4:7 Hospital administrator
- § 4:8 Hospital nursing staff

§ 4:9 Hospital ancillary staff

IV.	MEDICAL	STAFF
. .	MILLDICALL	

§	4:	1	0	\mathbf{M}	edic	al	staff	men	nbers	ship	and	privi	leges
_					_			_					

- § 4:11 Substantive due process
- § 4:12 Procedural due process
- § 4:13 Federal antitrust laws
- § 4:14 Federal immunity
- § 4:15 State immunity—Defamation and other state claims
- § 4:16 Dispute resolution
- § 4:17 Physicians employed by hospitals and hospital affiliates

V. REGULATION OF MAJOR HOSPITAL FUNCTIONS

§ 4:18	Hospital licensing requirements and accreditation
	standards overview

- § 4:19 Patient rights and organization ethics—Overview
- § 4:20 Hospital charge, outcome, and adverse event reporting overview
- § 4:21 Admission
- § 4:22 Discharge
- § 4:23 Emergency medical care and services
- § 4:24 Medical record services and hospital records
- § 4:25 Surgical and recovery room services
- § 4:26 Special care units
- § 4:27 Medical laboratory and pathology services
- § 4:28 Pharmaceutical services
- § 4:29 Radiology services
- § 4:30 Restorative and rehabilitation services
- § 4:31 Dietetic services
- § 4:32 Recent statutes and new trends in Illinois hospital law

CHAPTER 5. OTHER HEALTH CARE FACILITIES

I. AMBULATORY SURGICAL TREATMENT CENTERS (A.K.A. AMBULATORY SURGICAL CENTERS)

- § 5:1 Overview
- § 5:2 State licensure
- § 5:3 Investigation of complaints
- § 5:4 Notice of violation
- § 5:5 Denial, suspension, or revocation of license

\$ 5:6 \$ 5:7 \$ 5:8 \$ 5:9 \$ 5:10 \$ 5:11	Inspections and reports Rules governing limited procedure specialty centers Certificate of need for ASTC ASTC accreditation State Medicare certification Medicare/Medicaid reimbursement for ambulatory surgical care Fraud and abuse							
	LTERNATIVE HEALTH CARE DELIVERY EMONSTRATION PROGRAM							
A.	IN GENERAL							
§ 5:13	Overview							
В.	PARTICULAR MODELS							
	1. Subacute Care Hospitals							
§ 5:14 § 5:15 § 5:16	Generally Licensure requirements License application							
	2. Postsurgical Recovery Care Centers							
§ 5:17 § 5:18 § 5:19	Generally Licensure requirements License application							
	3. Children's Community-Based Health Care Centers							
§ 5:20 § 5:21 § 5:22	Generally Licensure requirements License application							
	4. Community-Based Rehabilitation Center							
§ 5:23 § 5:24 § 5:25	Generally Licensure requirements License application							
	5. Alzheimer's Disease Management Centers							
§ 5:26 § 5:27 § 5:28	Generally Licensure requirements License application							
	6. Birth Center							
§ 5:29 § 5:30 § 5:31	Generally Licensure requirements License application							

C. UNIFORM LICENSURE STANDARDS FOR ALTERNATIVE HEALTH CARE MODELS

§ 5:32	Generally
§ 5:33	Certificate of need
§ 5:34	Revocation, suspension, denial, and nonrenewal of
	licenses
§ 5:35	Medicare and Medicaid reimbursement
§ 5:36	Charitable care
§ 5:37	Background check

III. NURSING HOMES AND LONG-TERM CARE FACILITIES

§ 5:38	Overview
§ 5:39	Licensure and regulation
§ 5:40	Accreditation
5:41	Certification
5:42	Resident contracts and rights
§ 5:43	Physician relations and responsibilities
§ 5:44	Payment and reimbursement matters
$\S 5:45$	Health care reform legislation affecting skilled nursing
	facilities

IV. CLINICAL LABORATORIES AND BLOOD BANKS

Generally
Clinical laboratory certification
Certificate application
Standards
Standards for quality in cytology services
Inspections
Certificate denial
Intermediate sanctions
Certificate limitation, revocation, and suspension
Notice and appeals procedure
Judicial review
Injunction
Relationship between federal and state law
Illinois law
Results of tests
Inspections by Department of Public Health
Emergency access to records
Penalties and fines
Blood banks
Blood bank regulation
FDA regulation

§ 5:67	Registration of blood establishments
§ 5:68	Licensure of blood establishments
§ 5:69	Standards
§ 5:70	Inspections by FDA or DHHS
§ 5:71	Suspension or revocation of license
§ 5:72	Penalties
§ 5:73	Illinois licensure requirements
§ 5:74	Blood donation
§ 5:75	Human immunodeficiency virus (HIV) testing
§ 5:76	Legal liability

V. ALCOHOL AND OTHER DRUG DEPENDENCY FACILITIES AND PROGRAMS

§ 5:77	Overview
§ 5:78	Regulation of narcotics and controlled substances
§ 5:79	Regulations applicable to individual practitioners-
	State
§ 5:80	—Federal
§ 5:81	Regulations applicable to institutions—State
§ 5:82	—Federal

VI. FEDERALLY QUALIFIED HEALTH CENTERS

- § 5:83 Background
- § 5:84 Qualifying as an FQHC
- § 5:85 Advantages of FQHC designation

CHAPTER 6. HOSPICE AND HOME HEALTH CARE PROGRAMS

I. IN GENERAL

§ 6:1 Introduction

II. HOSPICE CARE PROGRAMS

- § 6:2 Generally
- § 6:3 Licensure
- § 6:4 License application
- § 6:5 Inspections
- § 6:6 Denial, revocation or suspension of license
- § 6:7 Rules and regulations
- § 6:8 Hospice program accreditation
- § 6:9 Medicare reimbursement for hospice care

III. HOME HEALTH CARE AGENCIES

§ 6:10 Generally

- § 6:11 License application
 § 6:12 License denial, renewal, revocation, fines, and penalties
 § 6:13 Exemptions
 § 6:14 Administrative organization
- § 6:15 Agency supervision
 § 6:16 Medicare reimbursement for home health services
- § 6:17 Home health agency accreditation

CHAPTER 7. HEALTH FACILITY PLANNING

I. IN GENERAL

- § 7:1 Introduction
- § 7:2 Background
- § 7:3 Illinois Health Facilities Planning Act
- § 7:4 —Violations of the Act

II. REVIEW BOARD

- § 7:5 Generally
- § 7:6 Powers and duties
- § 7:7 Ex parte communications
- § 7:8 Illinois Administrative Procedure Act

III. GENERAL CERTIFICATE OF NEED ("CON") CRITERIA

- § 7:9 Persons and types of facilities subject to Board review
- § 7:10 Projects requiring a permit
- § 7:11 Exempt projects and transactions
- § 7:12 Limitations on exemptions

IV. APPLICATION FOR PERMIT PROCESS

- § 7:13 Classification of applications
- § 7:14 Categories of service requiring a permit
- § 7:15 Review Board review criteria
- § 7:16 Review Board criteria for facility plans
- § 7:17 Permit application process
- § 7:18 Relinquishment of a permit
- § 7:19 Limitations on permits
- § 7:20 Denied applications
- § 7:21 Individuals adversely affected

V. REPORTING AND NOTIFICATION REQUIREMENTS

§ 7:22 Reporting

CHAPTER 8. MANAGED CARE

T	IN	GENERA	\T
			•

§ 8:1	Overview
§ 8:2	HMOs and the birth of the IPA
§ 8:3	Generalized response to capitation and managed care— Integrated delivery systems
§ 8:4	Early developments: the IPA and the advent of capitation
§ 8:5	HMO backlash and the rise of the PPO
§ 8:6	Pay for performance
§ 8:7	Accountable care organizations
§ 8:8	Medicaid managed care organizations

II. MANAGED CARE LIABILITY, ENFORCEMENT AND INTEGRATION

§ 8:9	MCO liability
§ 8:10	ERISA liability
§ 8:11	Antitrust laws and collective physician negotiation
§ 8:12	"Messenger model"
§ 8:13	Collective negotiations
§ 8:14	Collective negotiation, data integration, and quality and efficiency
§ 8:15	Clinical integration
§ 8:16	Enforcement activity

III. MANAGED CARE IN ILLINOIS

A. HMOS IN ILLINOIS

§ 8:17	Overview
§ 8:18	Application for HMO certificate of authority
§ 8:19	Inspections and reports
§ 8:20	Denial, suspension, or revocation or certificate
§ 8:21	Guaranty fund

B. PPOS IN ILLINOIS

§ 8:22 PPOs—Overview

C. MANAGED CARE EXPANSION

§ 8:23 Managed care community networks
§ 8:24 Accountable care entities
§ 8:25 Value-based enterprises

PART C. REGULATION AND THE PRACTICE OF MEDICINE

CHAPTER 9. CONTROLLED SUBSTANCES

	;
§ 9:1	Introduction
§ 9:2	Drug schedules for controlled substances
§ 9:3	Dispensing and administration of opioid antagonists
§ 9:4	Methamphetamine Precursor Control Act
§ 9:5	Methamphetamine Precursor Tracking Act
§ 9:6	Licensure to distribute and dispense
§ 9:7	Suspension or revocation of a license
§ 9:8	Required records
§ 9:9	Security requirements
§ 9:10	DEA registration
§ 9:11	Issuance and purposes of prescriptions
§ 9:12	Dispensation of Schedule II substances
§ 9:13	Dispensation of Schedules III, IV, and V controlled substances
§ 9:14	Offenses and penalties
§ 9:15	Exemption for hospitals, nursing homes, and drug programs
§ 9:16	Look-alike substances
§ 9:17	Syringes and needles
§ 9:18	Dispensing generically equivalent drug products
§ 9:19	Medication and pharmacy shopping

CHAPTER 10. ILLINOIS COMPASSIONATE USE OF MEDICAL CANNABIS PILOT PROGRAM ACT

§ 10:1	Introduction
§ 10:2	Conflict with federal law
§ 10:3	Overview of the Act
§ 10:4	Enforcement of the Act
§ 10:5	Definitions
§ 10:6	Registered qualifying patients and designated caregivers
§ 10:7	The role of certifying health care professionals
§ 10:8	Limitations on the use of cannabis
§ 10:9	Immunities and protections
§ 10:10	Dispensaries
§ 10:11	Dispensary agents
§ 10:12	Cultivation centers
§ 10:13	Cultivation center agents
§ 10:14	Cannabis-infused products

§ 10:15 Laboratory testing of cannabis and cannabis-infused products
 § 10:16 Other provisions related to patients, dispensaries or cultivation centers
 § 10:17 Taxation
 § 10:18 Political contributions banned
 § 10:19 Driving under the influence of medical cannabis

CHAPTER 11. MENTAL HEALTH ISSUES

I. ADMISSION TO MENTAL HEALTH FACILITIES

- § 11:1 Introduction
- § 11:2 Admission of adults—Introduction
- § 11:3 —Informal
- § 11:4 —Voluntary
- § 11:5 —Involuntary Inpatient
- § 11:6 —Involuntary Outpatient
- § 11:7 Admission of minors

II. MENTAL HEALTH TREATMENT

- § 11:8 Introduction
- § 11:9 Federal constitutional right of refusal
- § 11:10 Administration of psychotropic medication and electroconvulsive therapy in Illinois
- § 11:11 Court-ordered administration of treatment

III. CONFIDENTIALITY OF MENTAL HEALTH RECORDS

- § 11:12 Introduction
- § 11:13 Illinois Mental Health and Developmental Disabilities Confidentiality Act
- § 11:14 —When disclosure allowed
- § 11:15 Authorized disclosure by persons with authority
- § 11:16 —Requirements for authorization
- § 11:17 Disclosure pursuant to court order
- § 11:18 Disclosure pursuant to an exception of the Act— Generally
- § 11:19 —Routine disclosures
- § 11:20 —Review of therapist or agency
- § 11:21 —Investigations concerning rights of recipients
- § 11:22 —Interagency disclosures
- § 11:23 —Treatment and coordination of care
- § 11:24 —Disclosures pursuant to the Sexually Violent Persons Commitment Act
- § 11:25 —Judicial and other proceedings

§ 11:26	—Court-ordered examinations
§ 11:27	—Fitness evaluations
§ 11:28	—Civil commitment proceedings
§ 11:29	—Probate Act and Juvenile Court Act
§ 11:30	—In camera review
§ 11:31	—Duty to warn and permissive and mandatory
	reporting
§ 11:32	—Health information exchanges
§ 11:33	—Business associates
§ 11:34	—Record locator services
§ 11:35	—Establishment and disclosure of limited data sets and de-identified information
§ 11:36	—Research in accordance with the requirements of HIPAA
§ 11:37	Waiver
§ 11:38	Actions by aggrieved parties for violation of the Act

IV. FIREARM OWNERS IDENTIFICATION CARD ACT (FOID) REPORTING

§ 11:39	Introduction
§ 11:40	Reporting admission to and discharge from mental health facilities
§ 11:41	Reporting clear and present danger
§ 11:42	Reporting developmental disability

CHAPTER 12. EMERGENCY MEDICAL TREATMENT

IRE	IREALMENT		
§ 12:1	Overview		
§ 12:2	Illinois "Good Samaritan" provisions		
§ 12:3	Illinois regulation of emergency medical services and hospitals		
§ 12:4	Emergency Medical Treatment and Active Labor Act overview and applicability		
§ 12:5	Screening, stabilization and transfer requirements		
§ 12:6	Remedies for a hospital's failure to comply with EMTALA		
§ 12:7	EMTALA and physicians		

CHAPTER 13. ACTIONS AND REPORTS REQUIRED OF PHYSICIANS IN TREATMENT SITUATIONS

I. INTRODUCTION

§ 13:1 Overview

II. PREGNANCY AND BIRTH

- § 13:2 Generally
- § 13:3 Required reports
- § 13:4 Required acts

III. ABORTION

- § 13:5 Generally
- § 13:6 Required acts
- § 13:7 Required reports
- § 13:8 Parental notice of abortion
- § 13:9 Freedom of access to clinic entrances
- § 13:10 Partial birth abortion

IV. CHILD ABUSE OR NEGLECT

- § 13:11 Introduction
- § 13:12 Reporting requirements
- § 13:13 Temporary protective custody
- § 13:14 Medical neglect of newborns
- § 13:15 Liability and immunity in connection with reporting
- § 13:16 Liability for failure to make report
- § 13:17 Disposition of reports
- § 13:18 Effects of religious beliefs

V. ELDER ABUSE, NEGLECT AND EXPLOITATION

- § 13:19 Generally
- § 13:20 Reporting requirements
- § 13:21 Liability and immunity
- § 13:22 Liability for failure to report

VI. DEATH

- § 13:23 Generally
- § 13:24 Registration
- § 13:25 Organ donation
- § 13:26 Organ procurement agency pre-consent preservation of suitable organs
- § 13:27 Organ donation by HIV-infected individuals
- § 13:28 Coroner's investigations
- § 13:29 Maternal death
- § 13:30 Autopsy

VII. COMMUNICABLE DISEASES AND OTHER CONDITIONS

§ 13:31 Introduction

§ 13:32	Communicable diseases
§ 13:33	Noncommunicable diseases
§ 13:34	Cancer
§ 13:35	Adverse pregnancy outcomes
§ 13:36	Occupational disease information
§ 13:37	Lead poisoning
§ 13:38	Reye's syndrome
§ 13:39	Immunizations
§ 13:40	Alzheimer's disease
§ 13:41	Lyme disease

VIII. SEXUALLY TRANSMISSIBLE DISEASES

§ 13:42	Generally
§ 13:43	AIDS and HIV infection
§ 13:44	AIDS and HIV reporting
§ 13:45	Other sexually transmissible diseases and laboratory results
§ 13:46	Unique legal requirements for HIV and AIDS
§ 13:47	Health care workers—AIDS and HIV infection

IX. OTHER CIRCUMSTANCES

§ 13:48	Seriously ill newborns
§ 13:49	Abused or neglected nursing home residents
§ 13:50	Marriage
§ 13:51	Sexual assault survivors examination and treatment
§ 13:52	Reports of criminal acts
§ 13:53	Other circumstances requiring reports
§ 13:54	Testing for driving under the influence of alcohol or
	other drugs

CHAPTER 14. CONFIDENTIALITY AND PRIVACY

I. OVERVIEW

§ 14:1 Generally

II. CONFIDENTIALITY OF REPORTED INFORMATION; IMMUNITY FOR REPORTING

§ 14:2	Generally
§ 14:3	Health care statistics
§ 14:4	Medical studies data
§ 14:5	The Illinois Freedom of Information Act
§ 14:6	Mandatory government reports
§ 14:7	Communicable diseases and public health
	emergencies

§ 14:8	Information relating to sexually transmitted diseases and HIV
§ 14:9	Cancer, adverse pregnancy outcomes, and occupational diseases
§ 14:10	Data for use in research
§ 14:11	Genetic information
§ 14:12	Biometric data
§ 14:13	Mental Health Code: Illinois Mental Health and Developmental Disabilities Confidentiality Act
§ 14:14	Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Illinois state law
§ 14:15	Health Insurance Portability and Accountability Act of 1996 (HIPAA) preemption of state law under the Illinois Mental Health and Developmental Disabilities Confidentiality Act (IMHDDCA)
§ 14:16	Health Insurance Portability and Accountability Act of 1996 (HIPAA)—Generally
§ 14:17	—Applicability
§ 14:18	—Standards for Electronic Transactions
§ 14:19	—The Privacy Rules
§ 14:20	—The Security Rule
§ 14:21	—Penalties
§ 14:22	—Research resources

III. PRIVACY AND SECURITY STANDARDS UNDER THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH)

§ 14:23	Health Information Technology for Economic and Clinical Health Act (HITECH)—Generally
§ 14:24	—Security provisions
§ 14:25	—Breach notification
§ 14:26	—Disclosures and restrictions on PHI
§ 14:27	—Enforcement and penalties
§ 14:28	HIPAA omnibus rule

IV. MOBILE TECHNOLOGIES AND SOCIAL MEDIA

§ 14:29	Interoperability, the American Reinvestment &
	Recovery Act, the 21st Century Cures Act
§ 14:30	Social media and mobile apps
§ 14:31	Social media—FDA guidance

CHAPTER 15. EMERGING ISSUES IN LAW AND HEALTH CARE

I. IN GENERAL

§ 15:1 Overview

II. TELEHEALTH AND TELEMEDICINE

§ 15:2 Telehealth and Telemedicine

III.	PHY	SICIAN	ASSISTED	DYING
------	-----	--------	----------	-------

§ 15:3	Introduction
§ 15:4	Forgoing life-sustaining treatment as ethically, and subsequently legally, distinct from assisted dying
§ 15:5	Court challenges to statutes prohibiting assisted suicide
§ 15:6	Physician assisted dying—The state of the law in Illinois
§ 15:7	State laws authorizing physician assisted dying; the Oregon experience
§ 15:8	Other states with lawmakers sponsoring death-with dignity legislation
§ 15:9	Assisted dying—Canada's experience
§ 15:10	Physician assisted dying as subjecting physicians to adverse governmental action
§ 15:11	Conclusion

IV. ARTIFICIAL INTELLIGENCE ("AI")

§ 15:12	Introduction
§ 15:13	Definitions and comparisons of AI terminology
§ 15:14	Examples of existing AI healthcare technology
§ 15:15	AI healthcare technology expected in the future
§ 15:16	Risks, challenges, and opportunities for AI in healthcare
§ 15:17	Regulating the use of AI in clinical settings
8 15.18	Conclusion

PART D. PRACTICE CONSIDERATIONS

CHAPTER 16. ORGANIZATIONAL AND RELATED ASPECTS OF MEDICAL PRACTICE

I. IN GENERAL

§ 16:1	Overview
§ 16:2	Sole proprietorship
§ 16:3	Partnership
§ 16:4	Professional corporation
§ 16:5	—Medical corporation

§ 16:6 —Professional service corporation
 § 16:7 —Limited liability company—Professional limited liability company
 § 16:8 Professional association
 § 16:9 Corporate practice of medicine doctrine and fee splitting prohibition

II. CORPORATE GOVERNANCE AND MAINTENANCE ISSUES FOR PHYSICIAN PRACTICES

- § 16:10 Generally
- § 16:11 Organizational documents
- § 16:12 Effectuating resolutions
- § 16:13 Ongoing corporate matters
- § 16:14 Annual corporate matters
- § 16:15 Financial matters
- § 16:16 Licensing and credentialing matters
- § 16:17 Third party payor agreements
- § 16:18 Professional liability insurance and risk management
- § 16:19 Physician practice—Corporate maintenance checklist

CHAPTER 17. PHYSICIAN SELF-REFERRAL RESTRICTIONS

I. IN GENERAL

- § 17:1 Introduction
- § 17:2 State restrictions on physician self-referrals
- § 17:3 Office and group practice exceptions
- § 17:4 Demonstrated community need exception
- § 17:5 Publicly traded entity exception
- § 17:6 Insurance plan exceptions
- § 17:7 HFSRB opinions
- § 17:8 American Medical Association ethical guidance

II. STARK LAW

A. IN GENERAL

- § 17:9 Federal restrictions on physician self-referrals
- § 17:10 Stark Law sanctions for violations
- § 17:11 Stark Law general exceptions
- § 17:12 Stark Law group practice definition
- § 17:13 Stark Law specific ownership exceptions

B. SPECIFIC COMPENSATION ARRANGEMENT EXCEPTIONS

§ 17:14 Generally

§ 17:15	Rental
§ 17:16	Services
§ 17:17	Recruitment
§ 17:18	One time transactions
§ 17:19	Hospital billing
§ 17:20	Payments by a physician
§ 17:21	Charity
§ 17:22	Nonmonetary compensation
§ 17:23	Fair market value compensation
§ 17:24	Medical staff incidental benefit
§ 17:25	Risk sharing
§ 17:26	Compliance training
§ 17:27	Indirect compensation
§ 17:28	Referral services
§ 17:29	Obstetrical malpractice subsidies
§ 17:30	Professional courtesy
§ 17:31	Hospital retention payments
§ 17:32	Health information systems
§ 17:33	Electronic health records
§ 17:34	Assistance to non-physician practitioner
§ 17:35	Timeshare arrangements
§ 17:36	Limited remuneration to a physician
§ 17:37	Value-based arrangements
§ 17:38	Cybersecurity technology and related services
§ 17:39	Stark Law advisory opinions

CHAPTER 18. FRAUD AND ABUSE: MEDICAID, MEDICARE, AND OTHER FEDERAL PROGRAMS

I. IN GENERAL

§ 18:1 Introduction

II. FALSE CLAIMS

§ 18:2	Generally
§ 18:3	False Claims Act: Civil penalties
§ 18:4	Civil penalty under Illinois law
§ 18:5	When is a claim false or fraudulent?
§ 18:6	When must a claim be returned?
§ 18:7	A claim for U.S. government funds
§ 18:8	Knowledge of the claim's falsity or fraudulence
§ 18:9	Conclusion
§ 18:10	Health Care Fraud Statute: Criminal penalties
§ 18:11	Other statutes

III. KICKBACKS

- § 18:12 Kickbacks—Generally
- § 18:13 Intent to induce a referral
- § 18:14 Scienter: what does "willfully" mean?
- § 18:15 Safe harbors
- § 18:16 Equipment and space rental
- § 18:17 Personal services
- § 18:18 Practitioner recruitment
- § 18:19 Employment
- § 18:20 Ambulatory surgery centers
- § 18:21 Value-based arrangements

IV. ADDITIONAL CONSEQUENCES OF COMMITTING MEDICARE OR MEDICAID FRAUD

- § 18:22 Mental health programs for physicians and other healthcare providers
- § 18:23 Exclusion
- § 18:24 Attorney liability

CHAPTER 19. ANTITRUST

- § 19:1 Introduction
- § 19:2 Antitrust development and its application to healthcare
- § 19:3 Sherman Act Section One
- § 19:4 Price fixing—Per se treatment
- § 19:5 Market allocation—Per se treatment
- § 19:6 Boycotts—Per se "quick look" and rule of reason
- § 19:7 Tying arrangements—Rule of reason
- § 19:8 Other recognized restraints—Leveraging medical staff access, associations and accreditation
- § 19:9 Sherman Act Section Two
- § 19:10 The Clayton Act—Health care entity mergers
- § 19:11 Joint ventures
- § 19:12 Antitrust and physician-hospital organizations
- § 19:13 Antitrust and management services organizations
- § 19:14 Antitrust and integrated delivery systems
- § 19:15 Antitrust Safety Zones
- § 19:16 Private party standing
- § 19:17 Antitrust defenses

CHAPTER 20. HEALTH CARE PROFESSIONAL ADVERTISING

- § 20:1 Introduction
- § 20:2 Historical background

- § 20:3 Current ethical provisions
 § 20:4 First Amendment and physician advertising
 § 20:5 Federal Trade Commission and physician advertising
 § 20:6 Regulation of healthcare professional advertising in Illinois
- § 20:7 Illinois judicial review; case illustrations
- § 20:8 Advertising alternative health care systems

CHAPTER 21. PHYSICIAN EMPLOYMENT CONTRACTS

- § 21:1 Important physician employment considerations
- § 21:2 Common physician employment contract clauses
- § 21:3 Geographic restrictive covenants in medical practice
- § 21:4 Non-solicitation and other post-employment restrictions
- § 21:5 Important statutory considerations impacting all postemployment restrictions
- § 21:6 Restrictive covenants in medical practice—Case illustrations

CHAPTER 22. PHYSICIAN MANAGED CARE SERVICES CONTRACTS

- § 22:1 Introduction
- § 22:2 Parties to a managed care contract
- § 22:3 Illinois-specific contracting procedures
- § 22:4 Payment models and model-specific issues
- § 22:5 Other issues arising out of payments
- § 22:6 Utilization review
- § 22:7 Physician credentialing
- § 22:8 Most-favored nation clauses
- § 22:9 All products clauses
- § 22:10 Silent PPOs
- § 22:11 Amendments
- § 22:12 Termination of contracts
- § 22:13 No written contract
- § 22:14 Litigation involving MCE claims processing

CHAPTER 22A. ILLINOIS COVID-19 LEGAL RESPONSE

- § 22A:1 Introduction
- § 22A:2 Overview of the gubernatorial disaster proclamations
- § 22A:3 Details of the proclamations
- § 22A:4 Executive orders
- § 22A:5 Emergency rules
- § 22A:6 Court cases challenging governor's authority

Volume 22

PART E. HEALTH CARE FINANCE & REIMBURSEMENT

CHAPTER 23. PHYSICIAN REIMBURSEMENT AND BILLING

T	INTP	ODII	CTION	J
	IIN I K.	() 		N

§ 23:1 Overview

II. MEDICARE PART B

§ 23:2 Medicare Part B overview

A. PART B COVERED ITEMS AND SERVICES

§ 23:3	Generally
§ 23:4	Physicians' services
§ 23:5	Chronic care management (CCM)
§ 23:6	Behavioral Health Integration (BHI)
§ 23:7	Physician assistants
§ 23:8	Nurses
§ 23:9	"Incident to" services and supplies
§ 23:10	Telehealth services
§ 23:11	Remote patient monitoring and other communication technology-based services
§ 23:12	Outpatient physical and occupational therapy
§ 23:13	Diagnostic tests
§ 23:14	Independent diagnostic testing facilities
§ 23:15	Medically reasonable and necessary standard
§ 23:16	Part B exclusions
D	ECTADI ICIIINO AND MAINTAININO DAD

B. ESTABLISHING AND MAINTAINING PART B BILLING PRIVILEGES

- $\S~23:17$ Supplier enrollment in Medicare
- § 23:18 National provider identifier
- § 23:19 Revocation or deactivation of billing privileges

C. ASSIGNMENT, PARTICIPATION AND REASSIGNMENT

§ 23:20 Assignment of Part B claims

lxiv

§ 23:21	Participation		
§ 23:22	Reassignment prohibition		
§ 23:23 Reassignment exceptions			
§ 23:24	—Payment to a billing agent		
§ 23:25	—Contractual arrangements		
§ 23:26	—Reciprocal billing and fee-for-time compensation		
Ü	(locum tenens) arrangements		
§ 23:27	Consequences of payment to ineligible recipient		
D.	PART B REIMBURSEMENT		
§ 23:28	Part B payment amount		
§ 23:29	Fees in excess of supplier's usual charges		
§ 23:30	Medicare anti-markup restriction		
§ 23:31	Illinois anti-markup restriction		
§ 23:32	Deductibles, copayments and coinsurance		
§ 23:33	Submission of claims		
§ 23:34	Advance beneficiary notices		
§ 23:35	Overpayments		
§ 23:36	Appeals		
E.	OPTING-OUT OF MEDICARE		
§ 23:37	Introduction		
§ 23:38	Effects		
§ 23:39	Physicians and practitioners eligible to opt-out		
§ 23:40	Procedure		
§ 23:41	Private contracts		
§ 23:42	Opt-out period		
§ 23:43	Renewal and termination		
§ 23:44	Failure to properly opt-out		
§ 23:45	Failure to maintain opt-out status		
	LINOIS HEALTH CARE REIMBURSEMENT		
Pl	ROGRAMS		
§ 23:46	Medical assistance program		
§ 23:47	Primary care case management program		
§ 23:48	Children's health insurance program		
§ 23:49	Covering all kids health insurance program		
IV. BI	LLING AND COLLECTION PROCEDURES		
§ 23:50	Billing and collection procedures		
§ 23:51	—Reimbursement amounts and balance billing		
§ 23:52	—Surprise billing—No Surprises Act		
§ 23:53	—Illinois out-of-network statute		
§ 23:54	—Explanation of benefits		

§ 23:55 —Illinois timely payment statute
§ 23:56 —ERISA
§ 23:57 Health Care Liens
§ 23:58 Coordination of benefits
§ 23:59 Workers' compensation

V. CONCIERGE MEDICINE (RETAINER PRACTICE)

- § 23:60 Introduction
- § 23:61 GAO study
- § 23:62 OIG alert
- § 23:63 AMA ethical guidelines
- § 23:64 Third-party payers

VI. BILLING COMPLIANCE

- § 23:65 Sanctions for improper billing
- § 23:66 Billing compliance programs
- § 23:67 Coding and billing risk areas
- § 23:68 —Forgiveness or waiver of copayments or coinsurance
- § 23:69 Billing companies

CHAPTER 24. ILLINOIS HOSPITAL PATIENT BILLING REQUIREMENTS

I. ILLINOIS FAIR PATIENT BILLING ACT

- § 24:1 Overview of Illinois Fair Patient Billing Act
- § 24:2 Applicability
- § 24:3 Patient notification
- § 24:4 Hospital bill information
- § 24:5 Hospital bill inquiries
- § 24:6 Pursuing collection action
- § 24:7 Patient responsibilities
- § 24:8 Notification concerning out-of-network providers
- § 24:9 Enforcement of the FPBA and penalties

II. ILLINOIS HOSPITAL UNINSURED PATIENT DISCOUNT ACT

- § 24:10 Overview of Illinois Hospital Uninsured Patient Discount Act
- § 24:11 Eligibility
- § 24:12 Discount
- § 24:13 Maximum Collectible Amount
- § 24:14 Patient Responsibility
- § 24:15 Exemptions and limitations

lxvi

- § 24:16 Enforcement
- § 24:17 Home Rule

CHAPTER 25. IMPLICATIONS OF FEDERAL TAX-EXEMPTION PRINCIPLES FOR HOSPITAL-PHYSICIAN RELATIONSHIPS

8	25:1	Introduction
_	25:2	Applicable federal tax-exemption principles—General
Ü		overview
§	25:3	Maintaining exempt status under Section $501(c)(3)$ of the Code
§	25:4	Prohibition against private inurement generally
§	25:5	Prohibition against excess private benefit generally
§	25:6	Intermediate sanctions
§	25:7	Disqualified persons
§	25:8	Excess benefit transactions; reasonableness of compensation; "one-bite" rule
§	25:9	Evidence of intent to treat payments as compensation
	25:10	Timing of reasonableness determination
§	25:11	Date of occurrence
Ŭ	25:12	Valuation of economic benefits other than compensation
	25:13	Rebuttable presumption of reasonableness
	25:14	Condition one: Approval process
	25:15	Condition two: Comparability of data
_	25:16	Condition three: Documentation
§	25:17	When the rebuttable presumption arises
§	25:18	Application of rebuttable presumption procedures outside private inurement and excess benefit transactions
§	25:19	Attribution to exempt organization of activities of its taxable affiliates
§	25:20	Unrelated business income
Ŭ	25:21	Joint ventures between exempt organizations and taxable participants
§	25:22	Technology donations
§	25:23	Tax exempt financing
§	25:24	Private use safe harbor under Revenue Procedure 2017-13
	25:25	Other tax-exempt financing considerations
§	25:26	Transactions between exempt healthcare organizations and physicians
§	25:27	Fair market value of medical practice assets purchased by or sold to exempt healthcare organization
§	25:28	Valuation methodologies
§	25:29	Effect of compensation formula on valuation

§ 25:30	Reasonable compensation
§ 25:31	Incentive compensation
§ 25:32	Deferred compensation and severance arrangements
§ 25:33	-
§ 25:34	Other IRS rulings concerning recruitment
	arrangements
§ 25:35	Applicability of intermediate sanctions
§ 25:36	Physicians participation in governance of exempt
	healthcare organizations
§ 25:37	Practical suggestions
§ 25:38	—Professional service agreements
$\S 25:39$	—Recruitment arrangements
$\S 25:40$	— —Incentives for physicians affiliating with existing
	practice
§ 25:41	——Income guarantee
§ 25:42	——Loans and repayment
§ 25:43	—Below-market/free office space or equipment
§ 25:44	—Tax-exempt financing
§ 25:45	—Signing bonus
§ 25:46	Other expenses
$\S 25:47$	Physician practice management
§ 25:48	Joint ventures

CHAPTER 26. HOSPITAL PROPERTY TAX AND SALES TAX EXEMPTIONS

§ 26:1 Scope of Chapter

I. OVERVIEW OF HOSPITAL PROPERTY TAX EXEMPTIONS

- § 26:2 Constitutional authorization and limitation
- $\S~26:3~$ History of property tax exemptions for Illinois not-for-profit hospitals
- § 26:4 Overview of the exemption for not-for-profit hospitals contained in Section 15-86 of the Property Tax Code

II. SEEKING PROPERTY TAX EXEMPTIONS UNDER SECTION 15-86 OF THE PROPERTY TAX CODE

- § 26:5 Procedure for obtaining property tax exemptions
- § 26:6 Completing the PTAX-300-H property tax exemption application

III. SATISFACTION OF THE CONSTITUTIONAL CHARITABLE USE REQUIREMENT

§ 26:7 Use of the "Korzen factors" to determine satisfaction of

lxviii

- the statutory and constitutional requirements for entitlement to charitable exemptions under Section 15-65 of the Property Tax Code
- § 26:8 Oswald's discussion of the constitutional charitable use requirement
- § 26:9 Heart of the controversy regarding satisfaction of the constitutional charitable use requirement

IV. SPECIAL EXEMPTION ISSUES

- § 26:10 Partial exemptions
- § 26:11 Ancillary uses

V. ALTERNATIVES TO ADMINISTRATIVE EXEMPTION APPLICATIONS AS MEANS OF ESTABLISHING EXEMPTIONS

- § 26:12 Litigation for exemptions under Section 23-25(e)
- § 26:13 Litigation for exemptions under Section 14-25

VI. MAINTAINING AND EXTENDING HOSPITAL PROPERTY TAX EXEMPTIONS

- § 26:14 Maintaining hospital property tax exemptions
- § 26:15 Required filing of annual affidavit and notice of change in ownership or use of exempt property
- § 26:16 Consequences of non-compliance with the statutory requirements
- § 26:17 Extending hospital property tax exemptions to additional years

VII. OBTAINING AND RENEWING HOSPITAL SALES TAX EXEMPTIONS

- § 26:18 Sales tax exemptions for not-for-profit hospitals
- § 26:19 Hospital sales tax exemptions—Generally
- § 26:20 —Criteria and application process
- § 26:21 —Renewal
- § 26:22 —Annual certificates
- § 26:23 —Additional practical issues

VIII. EMERGING HOSPITAL EXEMPTION ISSUES

§ 26:24 The road ahead: key issues and trends

CHAPTER 27. WORKERS' COMPENSATION

- § 27:1 Overview
- § 27:2 Medical treatment—Introduction
- § 27:3 —Choice of physician

§ 27:4	—Preferred provider program
§ 27:5	—Panel of physicians
§ 27:6	Medical examinations—Employer-requested medical
	examinations
§ 27:7	—Notice requirements
§ 27:8	—Commission-ordered impartial medical
	examinations
§ 27:9	Medical records—Production of records and
	subpoenas
§ 27:10	—Temporary total disability benefits
§ 27:11	—HIPAA
§ 27:12	—Admissibility of medical records
§ 27:13	—Emergency hearings
§ 27:14	Medical testimony
§ 27:15	AMA Guides and the rating of impairment
§ 27:16	The medical fee schedule—Introduction
$\S 27:17$	—Fee schedule mechanics
§ 27:18	—Medical implants
§ 27:19	—Prescriptions
§ 27:20	—Out-of-state medical treatment
§ 27:21	—Conclusion
§ 27:22	Billing and payment—Direct billing for claims
§ 27:23	—Balance billing prohibition
$\S 27:24$	—Electronic claims
§ 27:25	Utilization review—Introduction
§ 27:26	—Registration and regulation of utilization review
	programs
§ 27:27	—Process
§ 27:28	—Commission review
§ 27:29	Anti-fraud provisions

CHAPTER 28. COLLECTIVE BARGAINING UNDER THE NLRA IN THE HEALTH CARE INDUSTRY

I. IN GENERAL

- § 28:1 Introduction
- § 28:2 A brief overview of the National Labor Relations Act

II. DETERMINATION OF APPROPRIATE BARGAINING UNIT

- § 28:3 Generally
- $\S~28:4~~St.~Francis~Hospital~$ and the disparity-of-interest standard
- § 28:5 Rulemaking and the return to eight basic units

- § 28:6 Rulemaking and a return to eight basic units— Extraordinary circumstances
- § 28:7 —Combined units; existing units; residual units
- § 28:8 —Other hospitals and health care facilities
- § 28:9 —Additional issues

III. ELIGIBILITY OF CERTAIN HOSPITAL PERSONNEL FOR MEMBERSHIP IN BARGAINING UNITS OR COLLECTIVE BARGAINING

- § 28:10 Nurses as supervisors
- § 28:11 Physicians and residents as employees

IV. SPECIAL BARGAINING OBLIGATIONS AND NOTICE PROVISIONS FOR STRIKING IN THE HEALTH CARE INDUSTRY

- § 28:12 Generally
- § 28:13 Exclusions from notice requirements
- § 28:14 Conciliation
- § 28:15 Loss of protected status as sanction for violations

V. MISCELLANEOUS MATTERS

- § 28:16 Employer property access restrictions—Applicable to employees
- § 28:17 —Applicable to non-employees
- § 28:18 Employee no-solicitation/no-distribution rules
- § 28:19 —Bulletin boards
- § 28:20 —Union insignia, buttons, and stickers
- § 28:21 Employee participation committees

PART F. LIABILITY AND LITIGATION

CHAPTER 29. LIABILITY LAW

- § 29:1 Overview
- § 29:2 Contract liability
- § 29:3 Tort liability
- § 29:4 Vicarious liability
- § 29:5 Wrongful death
- § 29:6 —Wrongful Death Act distinguished from Survival Act.
- § 29:7 —Requirements to maintain cause of action under the Act

§	29:8	—Decedent able to maintain action to recover prior to death
8	29:9	—Personal representative brings action
_	29:10	Existence of beneficiaries
-	29:11	—Damages
_	29:12	—Defenses
_	29:13	——Statute of limitations
	29:14	——Assumption of risk; consent
	29:15	——Comparative negligence of decedent
	29:16	——Negligence of beneficiaries
_	29:17	Hospital corporate liability
	29:18	Negligent credentialing
_	29:19	Managed care liability—Introduction
_	29:20	Managed care liability-Aetna Health Inc. v. Davila/ Cigna Corp. v. Calad
§	29:21	Managed care liability-Illinois case law: Managed care and ERISA preemption
§	29:22	Managed care liability-Pre-Davila and Calad: Illinois managed care law/non-ERISA cases
§	29:23	Managed care liability-ERISA's preemption of Illinois law
§	29:24	Managed care liability-Cases after Davila and Calad: ERISA Preemption of Illinois law
§	29:25	Managed care liability—The viability of state law reimbursement claims against managed care entities
§	29:26	Managed care liability-Conclusion
§	29:27	Products liability
§	29:28	—Limitation of liability
§	29:29	—Defective medical devices
§	29:30	—Reporting of adverse medical events
§	29:31	—Reuse of single-use devices
§	29:32	—Defective drugs
§	29:33	—Market share and alternative liability theories
§	29:34	—Medical device security
-	29:35	Birth-related causes of action
-	29:36	—Wrongful pregnancy
-	29:37	—Wrongful birth
-	29:38	—Wrongful life
o		

CHAPTER 30. MEDICAL MALPRACTICE LIABILITY

I. PHYSICIAN-PATIENT RELATIONSHIP

§ 30:1	Generally
--------	-----------

^{§ 30:2} Examination for party other than patient

^{§ 30:3} Effect of payment by another or of no payment

TT.		\sim	
TABLE	OF	CON	PENTS

- $\S~30:4$ Duty owed to non-patient third parties
- § 30:5 Duration of duty

II. STANDARD OF CARE

- § 30:6 Generally
- § 30:7 Locality rule
- § 30:8 Specialists
- § 30:9 Schools of medicine
- § 30:10 Legal imposition of a standard of care

III. PHYSICIAN'S DUTIES: SPECIFIC STANDARDS OF CARE

- § 30:11 Introduction
- § 30:12 Examination of patients
- § 30:13 Care and treatment of patients
- § 30:14 Consultation and referral
- § 30:15 Unnecessary surgery
- § 30:16 Innovative therapy
- § 30:17 Medical records—Documenting adherence to the standard of care
- § 30:18 —Alteration of medical records
- § 30:19 —Loss or destruction of medical records
- § 30:20 —Retention of records
- § 30:21 —Access to medical records

IV. CAUSATION

§ 30:22 Generally

V. DAMAGES

- § 30:23 Generally
- § 30:24 Compensatory damages
- § 30:25 Punitive damages

VI. CONSENT AND INFORMED CONSENT

A. CONSENT TO TREATMENT

- § 30:26 Introduction
- § 30:27 Consent to treatment
- § 30:28 Medical emergencies
- § 30:29 Capacity to consent
- § 30:30 Refusal of consent to health care
- § 30:31 Minors

B. INFORMED CONSENT

§ 30:32 Introduction

	Medical Practice in I
§ 30:33	Scope of disclosure obligation
§ 30:34	Causation
§ 30:35	Exceptions to disclosure requirements
§ 30:36	Obtaining and documenting consent
LITIC	PTER 31. MEDICAL MALPRACTICE GATION—PRETRIAL FRODUCTION
S 01.1	O-coming of matrial considerations
	Overview of pretrial considerations Pretrial case management

II. PLEADINGS

§ 31:3 Generally				
o a ra Generally	e	01.0	C 11-	
	0	31'3	Generalis	Τ

- § 31:4 Complaint and answer
- § 31:5 Respondents in discovery
- § 31:6 Motions addressed to the pleadings

III. DISCOVERY

- § 31:7 Generally
- § 31:8 Written interrogatories
- § 31:9 Production of documents and objects
- § 31:10 Physical or mental examination
- § 31:11 Pretrial discovery of opinion witnesses
- § 31:12 Depositions
- Consequences of refusal to comply with discovery § 31:13 rules
- § 31:14 Subpoena
- § 31:15 Physician-patient privilege
- § 31:16 Medical and hospital records; admissibility and privilege

CHAPTER 32. MALPRACTICE TRIAL CONSIDERATIONS

I. BURDEN OF PROOF

- § 32:1 Generally
- § 32:2 Expert testimony requirement
- § 32:3 Circumstances in which expert testimony is unnecessary
- § 32:4 Res ipsa loquitur

II. WITNESSES

§ 32:5 Expert testimony—Generally

lxxiv

§ 32:6	Lay and expert testimony
§ 32:7	Qualifications of the expert
§ 32:8	Participation of the expert witness
§ 32:9	Examination of the expert witness
§ 32:10	Opinion testimony
§ 32:11	Textbooks and other medical publications
§ 32:12	Adverse witnesses

III. DEFENSES

§ 32:13	Defenses—Generally
§ 32:14	Statute of limitations
§ 32:15	Release and satisfaction
§ 32:16	Compliance with the standard of care
§ 32:17	Negligence of the patient
§ 32:18	Miscellaneous statutory defenses

IV. CONTRIBUTION AND INDEMNITY

§ 32:19	Contribution among joint tortfeasors
§ 32:20	Joint and several liability
§ 32:21	Liability in tort—Inclusions, exclusions and limitations
§ 32:22	Pro rata share of common liability
§ 32:23	Good faith settlements
§ 32:24	Timeliness of contribution actions
§ 32:25	Indemnity and equitable apportionment

V. COUNTERSUITS

§ 32:26 Generally

PART G. BIOETHICS AND HEALTH POLICY

CHAPTER 33. REPRODUCTION

§ 33:1	Overview
§ 33:2	Reproduction
§ 33:3	Assisted reproduction
§ 33:4	—Donor insemination
§ 33:5	—In vitro fertilization
§ 33:6	—Donor oocytes and embryos
§ 33:7	—Preimplantation genetic diagnosis of embryos
§ 33:8	—Cryopreservation of gametes and embryos
§ 33:9	Surrogate motherhood
§ 33:10	Contraception and abortion
§ 33:11	Sterilization

§ 33:12 Reproductive potential causes of action

CHAPTER 34. DEATH, DYING, AND DECISION-MAKING

§ 34:1	Withholding/withdrawing life-sustaining treatment
§ 34:2	Decision-making and advance directives
§ 34:3	Patient Self-Determination Act
§ 34:4	Living Will Act
§ 34:5	Powers of Attorney for Health Care Law
§ 34:6	Mental Health Treatment Preference Declaration Act
§ 34:7	Do-Not-Resuscitate orders
§ 34:8	Health Care Surrogate Act
§ 34:9	Futile treatment
§ 34:10	—Meaning of "futility"
§ 34:11	—Factors in futility debate
§ 34:12	—Futility and the law

CHAPTER 35. ORGAN AND TISSUE TRANSPLANTATION-ANATOMICAL GIFTS

§ 35:1	Introduction
§ 35:2	Illinois Anatomical Gift Act
§ 35:3	Illinois Vehicle Code
§ 35:4	Federal organ procurement laws
§ 35:5	Ethical and legal consideration with financial
	incentives for organ donation
§ 35:6	Fetal tissue transplant research
§ 35:7	Placental/umbilical cord blood
§ 35:8	Anencephalic infants
§ 35:9	Artificial and animal organs
8 35.10	Allocation decisions

CHAPTER 36. BLOOD TRANSFUSION AND DONATION

§ 36:1	Introduction
§ 36:2	Religious beliefs and blood transfusion
§ 36:3	—Some leading Illinois decisions
§ 36:4	Blood acquisition and screening of donors
§ 36:5	Screening of donated blood
§ 36:6	Removal of white blood cells (leukoreduction)
§ 36:7	Directed and autologous donations
§ 36:8	FDA regulation of the blood supply
§ 36:9	Blood transfusions and liability—Pre-1985 HIV infections and the federal response
§ 36:10	—Theories of liability and the effect of Illinois statutes

lxxvi

§ 36:11 —Some leading Illinois decisions

CHAPTER 37. RESEARCH INVOLVING HUMAN SUBJECTS

T	TN	TOD		TIM	FION
1.	117	II K	WIJ		HUN

§ 37:1 Introduction

II. ABUSES IN HUMAN SUBJECT RESEARCH; REGULATORY RESPONSES

A. IN GENERAL

8	37:2	Introduction
8	01.4	minoduction

- § 37:3 American Medical Association guidelines
- § 37:4 Illinois law

B. FEDERAL REGULATION, GENERALLY

- § 37:5 Generally
- § 37:6 Institutional review boards
- § 37:7 —Composition, competence, and duties
- § 37:8 Risk/benefit analysis
- § 37:9 Disclosure and consent requirements
- § 37:10 —Waiver
- § 37:11 Institutional statements of principles applicable regardless of source of funding
- § 37:12 Criticisms of the federal regulatory scheme

C. SPECIAL REGULATIONS FOR PARTICULAR CLASSES OF PERSONS, ENTITIES, OR RESEARCH

- § 37:13 Generally
- § 37:14 Children
- § 37:15 Prisoners
- § 37:16 Mentally ill persons
- § 37:17 Women and minorities
- § 37:18 Fetuses and embryos
- § 37:19 Stem cell research

CHAPTER 38. QUALITY OF AND ACCESS TO HEALTH CARE

I. IN GENERAL

§ 38:1 Introduction

§ 38:2	Health statistics; the standing of the United States internationally
§ 38:3	Differences in health status between segments of the U.S. population
§ 38:4	—Access to care and services
§ 38:5	Access to health care and insurance as affecting health status
§ 38:6	The ranks of the uninsured
	URRENT FEDERAL AND STATE INITIATIVES DDRESSING ACCESS ISSUES
A	DDRESSING ACCESS ISSUES
§ 38:7	Introduction
§ 38:8	Medicaid
§ 38:9	S S S S S S S S S S S S S S S S S S S
§ 38:10	and Active Labor Acts
§ 38:11	Community benefits required of tax-exempt hospitals
§ 38:12	The Health Insurance Portability and Accountability Act
§ 38:13	Health insurance coverage for children in Illinois under KidCare and ALL KIDS
III. F	HEALTH CARE REFORMS
A.	HEALTH INSURANCE COVERAGE
§ 38:14 § 38:15	Universal health care and a public option Adoption of Healthcare Information Technology
В.	QUALITY OF HEALTH CARE
§ 38:16	Introduction
§ 38:17	Outcome, effectiveness, and appropriateness research
§ 38:18	Clinical practice guidelines
§ 38:19	Reduction of medical errors
§ 38:20	Additional IOM reports and recommendations
§ 38:21	Market-oriented models
§ 38:22	Pay for performance
§ 38:23	Private initiatives

IV. HEALTH REFORM LEGISLATION

- $\S~38{:}24~$ Patient Protection and Affordable Care Act
- § 38:25 Inflation Reduction Act

V. SUMMARY AND CONCLUSION

§ 38:26 Generally

Table of Laws and Rules

lxxviii

Table of Cases Index