

# **Governor's Office of Management and Budget**

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Director



## **Regulatory Sunset Act Study of**

## **The Medical Practice Act of 1987**

May 8, 2026

**To the Honorable JB Pritzker  
Governor of Illinois**

Governor Pritzker:

As required by Section 5 of the Regulatory Sunset Act (5 ILCS 80/1 et seq.), GOMB facilitated a study with the Illinois Department of Financial and Professional Regulation's (IDFPR), the agency responsible for oversight of the Medical Practice Act of 1987 (225 ILCS 60/) (the Act), which is scheduled to be repealed on January 1, 2027. This study provides justification for the recommendation to continue this Act.

GOMB's examination of this Act was conducted considering the factors set out in Sections 6 and 7 of the Regulatory Sunset Act. The following report outlines the work of GOMB's study and details the criteria and data utilized to arrive at the above recommendation.

Respectfully,

Alexis Sturm  
Director  
Governor's Office of Management and Budget

## **GOMB Regulatory Sunset Act Report: Medical Practice Act of 1987**

The State of Illinois, acting through the Illinois Department of Financial and Professional Regulation (IDFPR or the Department), licenses the practice of medicine pursuant to this Act. The Illinois Medical Practice Act of 1987 governs the licensing, regulation, and discipline of physicians, defined as a person licensed under the Medical Practice Act to practice medicine in all of its branches or a chiropractic physician

Temporary and Visiting permits are available under the Act to Residents and Fellows, who may practice only under the supervision of their clinical training programs. Visiting Professor permits grant the same scope of practice as Physicians and Surgeons or Chiropractors. Visiting Professor permits are limited to the respective academic institution and the faculty appointment.

Temporary Physician permits may be issued to individuals entering Illinois after receiving an invitation or appointment to study, demonstrate, or perform a specific medical, osteopathic, chiropractic, or clinical subject or technique. Eligible settings include medical, osteopathic, or chiropractic schools; state or national professional association or society conferences or meetings; hospitals licensed under the Hospital Licensing Act; hospitals organized under the University of Illinois Hospital Act; and facilities operating under the Ambulatory Surgical Treatment Center Act. Beginning in 2025, International Medical Graduate Physicians may also qualify for licensure on a limited basis.

The Department utilizes the Act to safeguard the public against bad actors within the highly regulated medical profession. Without this regulation, any person, regardless of qualification, could practice medicine in Illinois without restriction or penalty. Physicians are entrusted to help the public with medical situations. Patients and consumers expect health care standards to be enforced. Strong professional regulation is essential for the public to maintain trust with physicians, surgeons and chiropractors.

The Act's regulatory framework gives the public a formal avenue to file complaints against individuals accused of causing harm. Medical professionals in Illinois diagnose, advise, and at times operate on patients under a professional duty to do no harm. Without the Act, medical practice oversight would be weakened, and the public would be left vulnerable without sufficient regulation.

For these reasons, the Act is both necessary and appropriate to protect the health, safety, and welfare of the people of Illinois.

### **1. License Count and Fee Structure (5 ILCS 80/6(1) and (3))**

As of July 31, 2025, IDFPR states that there are 62,376 active licenses for Physicians and Surgeons in Illinois. See the following table for the number of regulated licenses issued by IDFPR under this Act in the fiscal years indicated:

<b>License, Credential, Certification Type</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b>
036 Physician and Surgeon	4016	3585	4502	5262	4945
038 Chiropractic Physician	160	138	144	142	155
336 Physician and Surgeon Controlled Substance	2942	2689	2980	3955	3204
106 Visiting Physician Permit	6	6	3	15	1
113 Visiting Professor Physician Permit	4	1	1	7	1
114 Visiting Professor Chiropractor Permit	0	0	0	0	0

125 Temporary Physician Permit	1907	1939	1946	1999	2058
130 Limited Medical Temporary Permit	43	62	79	72	55
188 Visiting Resident Permit	44	32	36	55	9

Physicians and Surgeons have the following licensure fee structure:

#### Physician and Surgeon and Chiropractic Physician

Fee Type	Fee Amount	Online Payment Option
Application Fee	\$500	<input checked="" type="checkbox"/>
Renewal Fee	\$181	<input checked="" type="checkbox"/>
Duplicate Fee	\$N/A	<input type="checkbox"/>
Examination Fee	\$N/A	<input type="checkbox"/>
Reinstatement Fee	\$230	<input checked="" type="checkbox"/>

#### Temporary Physician and Surgeon and Chiropractic Physician

Fee Type	Fee Amount	Online Payment Option
Application Fee	\$230	<input checked="" type="checkbox"/>
Renewal Fee	\$230	<input checked="" type="checkbox"/>
Duplicate Fee	\$N/A	<input type="checkbox"/>
Examination Fee	\$N/A	<input type="checkbox"/>
Reinstatement Fee	\$230	<input checked="" type="checkbox"/>

#### Visiting Professor

Fee Type	Fee Amount	Online Payment Option
Application Fee	\$600	<input checked="" type="checkbox"/>
Renewal Fee	\$600	<input checked="" type="checkbox"/>
Duplicate Fee	\$N/A	<input type="checkbox"/>
Examination Fee	\$N/A	<input type="checkbox"/>
Reinstatement Fee	\$230	<input checked="" type="checkbox"/>

#### Visiting Physician

Fee Type	Fee Amount	Online Payment Option
Application Fee	\$200	<input checked="" type="checkbox"/>
Renewal Fee	\$181	<input checked="" type="checkbox"/>
Duplicate Fee	\$N/A	<input type="checkbox"/>
Examination Fee	\$N/A	<input type="checkbox"/>

Emergency Permit Fee*	\$100	<input checked="" type="checkbox"/>
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\*(total, not including \$200)

#### Visiting Resident

Fee Type	Fee Amount	Online Payment Option
Application Fee	\$100	<input checked="" type="checkbox"/>
Renewal Fee	\$100	<input checked="" type="checkbox"/>
Duplicate Fee	\$N/A	<input type="checkbox"/>
Examination Fee	\$N/A	<input type="checkbox"/>
Reinstatement Fee	\$230	<input checked="" type="checkbox"/>

## 2. Obtaining Certification in Illinois (5 ILCS 80/6(11))

An applicant must apply to the Department on specific Department-issued applications, provide evidence of medical education, training, and proof of successful examination completion. Applicants may submit letters of recommendation as well as other items of relevancy like certification of licensure in another state if already licensed, or verification of employment. Additional information on this process and the required items for application may be found in the administrative code here: 68 Ill. Admin. Code § 1285 (Medical Practice Act of 1987). Specific testing requirements may be found here: Section 1285.

Illinois standards for testing and licensure are established in both Statute and Rule. There is no third party responsible for the governance or oversight for this regulated profession.

The Department utilizes a third party called Continental Testing that assists the applicant in registering for the tests and provides the Department with the results. Continental Testing has no oversight or governance within the Department or over applicants or licensees. The United States Medical Licensing Examination, the Comprehensive Osteopathic Medical Licensing Examination of the United States, and the National Board of Chiropractic Examiners Exam are the required exams applicants must pass prior to applying for licensure in Illinois.

## 3. Equity Concerns (5 ILCS 80/6(10), (12) and (13))

IDFPR states that equity issues may have an impact on individuals seeking to become licensed under this Act in the State of Illinois.

Individuals are not required to obtain training and education in the State of Illinois. Accepted training and education can come from an accredited and approved institution. The same issues that would impact any person's decision to attend college and obtain an advanced level degree would apply to qualifications under this Act. Student loans and the inflated cost of tuition might discourage potential licensees.

The Department interprets the Language Equity and Access Act to permit reasonable accommodation for language, including use of a word-for-word language dictionary and additional time to complete the exam

There are several criminal justice-related automatic bars to licensure for this profession including: forcible felonies such as having been convicted of a criminal act that requires registration under the Sex Offender Registration Act; having been convicted of involuntary sexual servitude of a minor under subsection (c) of Section 10-9 or subsection (b) of Section 10A-10 of the Criminal Code of 1961 or the Criminal Code of 2012; or having been convicted of a criminal battery against any patient in the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration.

**4. Agency recommendations to change the statute (5 ILCS 80/6(4) and (9))**

IDFPR does not have any recommendations to change statute at this time. The Department reports it is always seeking to better serve regulated persons and the public. Future changes are anticipated to improve the licensing process for applicants. New applications under this Act are now processed through the CORE licensing system which continues to enhance licensure efficiency.

**5. Agency efforts to comply with enabling laws (5 ILCS 80/6(3), (4) and (5))**

At the time of this study, GOMB is not aware of any compliance issues by IDFPR related to the provisions of the Act.

The Illinois State Medical Board assists the Department in licensing and disciplining this profession. It is advisory in nature and serves in a voluntary capacity to the Director of the Division of Professional Regulation. The Board serves as experts and provides guidance with regards to scope of practice for the profession. Board members are appointed by the Governor and are confirmed by the Senate. The Board may interact with the public at their monthly public meetings.

**6. Recent bills introduced by the General Assembly (5 ILCS 80/6(9))**

According to IDFPR, there have been statutory changes related to the Act that benefit the public, including creating the International Medical Graduate Pathway with input from the Governor's Office and the Department under Public Act 103-0102. IDFPR is currently negotiating legislation with the Illinois State Medical Society and others to mandate reporting of sexual and violent misconduct by licensees.

**7. Stakeholder Feedback and Protocols for Licensure (5 ILCS 80/6(5), (6), (7), (8), (10) and 5 ILCS 80/7)**

IDFPR works with stakeholders including the Illinois State Medical Society and the Illinois State Chiropractic Society to draft legislation. The Department also responds to stakeholder group comments formally submitted during the administrative rules process. After legislation passes, IDFPR clarifies requirements and considers feedback to simplify procedures.

In response to broad stakeholder feedback, October 30, 2024, IDFPR launched a new licensure system, CORE, with profession licensures incrementally added. The Department is realizing notable efficiencies in the review of applications and issuance of licenses. As noted in Section 4, applications for physician

professions are now processed through CORE which is significantly reducing wait times between application submission and licensure. As Illinois continues to address the ongoing healthcare provider shortage, operational enhancements will continue to be considered by IDFPR.

**8. Public Outreach (5 ILCS 80/6(5), (6), (7) and (8) and 5 ILCS 80/7)**

IDFPR follows all protocols for the Joint Commission on Administrative Rules (JCAR) process including addressing public comments regarding rules in writing. The Department does not solicit comments outside of the public comment period. Any comments made or addressed outside of the comment period must be reported as ex-parte communication. The Department has reported on ex-parte communication in the past.

The Department relies on public comments to assist in creating sound rules for the licensees and the public. Public feedback often presents a user perspective, which is outside of the purview of the Department. Public suggestions have resulted in changes that make rules more effective.

**9. Industry Standards (5 ILCS 80/6(11) and (12))**

IDFPR states that the Illinois personal qualifications required for this profession are in line with industry standards.

Generally, most states require the completion of an undergraduate degree followed by graduation from an accredited and approved medical school. There is usually 12-36 months of approved post-graduate clinical training followed by passage of an examination sequence. Many states require board certification, licensure, continuing education, and yearly or multi-yearly renewals.

Some states require Board Certification in a specific specialty. The State of Illinois does not require such a certification for licensure.

Many states have requirements similar to Illinois including approved medical education, passage of examination, and completion of approved post-graduate clinical training. States tend to differ in the number of months required for post-graduate training. Iowa and Indiana require 12 months. Illinois and Wisconsin require 24 months.

**10. Public Complaint Resolution (5 ILCS 80/6(3), (7), (8) and (10) and 5 ILCS 80/7)**

IDFPR has received 6,563 complaints from the public regarding licensed Physicians and Surgeons over the past five fiscal years. The Complaint Intake Unit initially receives and reviews the complaint. It is sent to the Investigative Unit to develop and provide an investigative report. The investigative report is provided to the Complaint Committee as required by the Medical Practice Act. The Complaint Committee makes a recommendation to the Director on whether to close the case or refer it to the Prosecutions Unit.

The average time for resolution of a complaint is three to four months. The table below outlines the number of complaints received by the Department in the last five years.

<b>License, Credentials, or Certifications Type</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b>
036 - Licensed Physician and Surgeon	1198	1290	1277	1261	1537
038 – Licensed Chiropractic Physician	78	58	44	47	53
106 – Visiting Physician Permit	0	0	0	0	0
113 - Visiting Physician Professor	1	0	0	1	0
114 – Visiting Chiropractor Professor	0	0	0	0	0
125 - Temporary Medical Permit	17	25	14	21	11
130 – Limited Medical Temporary Permit	1	1	0	0	0

#### **11. Disciplinary Action (5 ILCS 80/6(14))**

IDFPR does maintain an established disciplinary process, however, there are several different routes to discipline. Each route is unique and requires varying levels of supervision by the Department. The Department maintains a wide variety of disciplinary measures. After a hearing or as part of a default or negotiation between a licensee and the Department, potential discipline could include: reprimand, probation for a length of time that requires certain conditions be met, suspension, or revocation. A reprimand would require no supervision by the Department. Probation, where the licensee must submit quarterly reports to the Department, does require supervision by IDFPR.

Complaints of contractual disputes, reported fraud, inspection findings, health and safety risks, unclean facilities, and protecting third parties in a dispute between providers and consumers occur frequently. Outside of licensing, a primary responsibility of IDFPR is to ensure that licensees follow applicable laws, and that disciplinary actions are taken when appropriate.

#### **12. Conclusion**

The Act governs the licensure medical practice in the State of Illinois. The absence of licensing criteria would pose a significant and direct harm to the health, safety, and welfare of the public and specifically the State's healthcare system. Regulation of the medical profession, including physicians, is incredibly important to the health, welfare, and safety of the people of Illinois. Without this regulation, there would be no oversight of qualifications or consequences for people practicing medicine and impacting the public's health and safety within the State of Illinois.

Based on the factors in 5 ILCS 80/6 and the additional criteria in 5 ILCS 80/7, GOMB finds that the Act should be recommended for continuation. The record should expressly state that the public protection benefits of regulation outweigh the regulatory costs and that no less restrictive alternative would adequately address the significant and discernible harms identified in this report.

The Act should be continued to promote and enhance the safety and welfare of the public, without burdening licensees or commerce.