



Rep. Kelly M. Cassidy

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1 AMENDMENT TO SENATE BILL 25

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 25 by replacing  
3 everything after the enacting clause with the following:

4 "Article 1. REPRODUCTIVE HEALTH ACT

5 Section 1-1. Short title. This Act may be cited as the  
6 Reproductive Health Act.

7 Section 1-5. Scope. This Act sets forth the fundamental  
8 rights of individuals to make autonomous decisions about one's  
9 own reproductive health, including the fundamental right to use  
10 or refuse reproductive health care. This includes the  
11 fundamental right of an individual to use or refuse  
12 contraception or sterilization, and to make autonomous  
13 decisions about how to exercise that right; and the fundamental  
14 right of an individual who becomes pregnant to continue the  
15 pregnancy and give birth to a child, or to have an abortion,

1 and to make autonomous decisions about how to exercise that  
2 right. This Act restricts the ability of the State to deny,  
3 interfere with, or discriminate against these fundamental  
4 rights.

5 The purposes of this Act are:

6 (1) To establish laws and policies that protect  
7 individual decision-making in the area of reproductive  
8 health and that support access to the full scope of quality  
9 reproductive health care for all in our State; and

10 (2) To permit regulation of reproductive health care,  
11 including contraception, abortion, and maternity care,  
12 only to the extent that such regulation is narrowly  
13 tailored to protect a compelling State interest, which for  
14 the purposes of this Act means: consistent with accepted  
15 standards of clinical practice, evidence based, and  
16 narrowly tailored for the limited purpose of protecting the  
17 health of people seeking such care and in the manner that  
18 least restricts a person's autonomous decision-making.

19 Section 1-10. Definitions. As used in this Act:

20 "Abortion" means the use of any instrument, medicine, drug,  
21 or any other substance or device to terminate the pregnancy of  
22 an individual known to be pregnant with an intention other than  
23 to increase the probability of a live birth, to preserve the  
24 life or health of the child after live birth, or to remove a  
25 dead fetus.

1 "Advanced practice registered nurse" has the same meaning  
2 as it does in Section 50-10 of the Nurse Practice Act.

3 "Department" means the Illinois Department of Public  
4 Health.

5 "Fetal viability" means that, in the professional judgment  
6 of the attending health care professional, based on the  
7 particular facts of the case, there is a significant likelihood  
8 of a fetus' sustained survival outside the uterus without the  
9 application of extraordinary medical measures.

10 "Health care professional" means a person who is licensed  
11 as a physician, advanced practice registered nurse, or  
12 physician assistant.

13 "Health of the patient" means all factors that are relevant  
14 to the patient's health and well-being, including, but not  
15 limited to, physical, emotional, psychological, and familial  
16 health and age.

17 "Maternity care" means the health care provided in relation  
18 to pregnancy, labor and childbirth, and the postpartum period,  
19 and includes prenatal care, care during labor and birthing, and  
20 postpartum care extending through one-year postpartum.  
21 Maternity care shall, seek to optimize positive outcomes for  
22 the patient, and be provided on the basis of the physical and  
23 psychosocial needs of the patient. Notwithstanding any of the  
24 above, all care shall be subject to the informed and voluntary  
25 consent of the patient, or the patient's legal proxy, when the  
26 patient is unable to give consent.

1 "Physician" means any person licensed to practice medicine  
2 in all its branches under the Medical Practice Act of 1987.

3 "Physician assistant" has the same meaning as it does in  
4 Section 4 of the Physician Assistant Practice Act of 1987.

5 "Pregnancy" means the human reproductive process,  
6 beginning with the implantation of an embryo.

7 "Prevailing party" has the same meaning as in the Illinois  
8 Civil Rights Act of 2003.

9 "Reproductive health care" means health care offered,  
10 arranged, or furnished for the purpose of preventing pregnancy,  
11 terminating a pregnancy, managing pregnancy loss, or improving  
12 maternal health and birth outcomes. Reproductive health care  
13 includes, but is not limited to: contraception; sterilization;  
14 preconception care; maternity care; abortion care; and  
15 counseling regarding reproductive health care.

16 "State" includes any branch, department, agency,  
17 instrumentality, and official or other person acting under  
18 color of law of this State or a political subdivision of the  
19 State, including any unit of local government (including a home  
20 rule unit), school district, instrumentality, or public  
21 subdivision.

22 Section 1-15. Fundamental reproductive health rights.

23 (a) Every individual has a fundamental right to make  
24 autonomous decisions about the individual's own reproductive  
25 health, including the fundamental right to use or refuse

1 reproductive health care.

2 (b) Every individual who becomes pregnant has a fundamental  
3 right to continue the pregnancy and give birth or to have an  
4 abortion, and to make autonomous decisions about how to  
5 exercise that right.

6 (c) A fertilized egg, embryo, or fetus does not have  
7 independent rights under the laws of this State.

8 Section 1-20. Prohibited State actions; causes of action.

9 (a) The State shall not:

10 (1) deny, restrict, interfere with, or discriminate  
11 against an individual's exercise of the fundamental rights  
12 set forth in this Act, including individuals under State  
13 custody, control, or supervision; or

14 (2) prosecute, punish, or otherwise deprive any  
15 individual of the individual's rights for any act or  
16 failure to act during the individual's own pregnancy, if  
17 the predominant basis for such prosecution, punishment, or  
18 deprivation of rights is the potential, actual, or  
19 perceived impact on the pregnancy or its outcomes or on the  
20 pregnant individual's own health.

21 (b) Any party aggrieved by conduct or regulation in  
22 violation of this Act may bring a civil lawsuit, in a federal  
23 district court or State circuit court, against the offending  
24 unit of government. Any State claim brought in federal district  
25 court shall be a supplemental claim to a federal claim.

1           (c) Upon motion, a court shall award reasonable attorney's  
2 fees and costs, including expert witness fees and other  
3 litigation expenses, to a plaintiff who is a prevailing party  
4 in any action brought pursuant to this Section. In awarding  
5 reasonable attorney's fees, the court shall consider the degree  
6 to which the relief obtained relates to the relief sought.

7           Section 1-25. Reporting of abortions performed by health  
8 care professionals.

9           (a) A health care professional may provide abortion care in  
10 accordance with the health care professional's professional  
11 judgment and training and based on accepted standards of  
12 clinical practice consistent with the scope of his or her  
13 practice under the Medical Practice Act of 1987, the Nurse  
14 Practice Act, or the Physician Assistant Practice Act of 1987.  
15 If the health care professional determines that there is fetal  
16 viability, the health care professional may provide abortion  
17 care only if, in the professional judgment of the health care  
18 professional, the abortion is necessary to protect the life or  
19 health of the patient.

20           (b) A report of each abortion performed by a health care  
21 professional shall be made to the Department on forms  
22 prescribed by it. Such reports shall be transmitted to the  
23 Department not later than 10 days following the end of the  
24 month in which the abortion is performed.

25           (c) The abortion reporting forms prescribed by the

1 Department shall not request or require information that  
2 identifies a patient by name or any other identifying  
3 information, and the Department shall secure anonymity of all  
4 patients and health care professionals.

5 (d) All reports received by the Department pursuant to this  
6 Section shall be treated as confidential and exempt from the  
7 Freedom of Information Act. Access to such reports shall be  
8 limited to authorized Department staff who shall use the  
9 reports for statistical purposes only. Such reports must be  
10 destroyed within 2 years after date of receipt.

11 Section 1-30. Application.

12 (a) This Act applies to all State laws, ordinances,  
13 policies, procedures, practices, and governmental actions and  
14 their implementation, whether statutory or otherwise and  
15 whether adopted before or after the effective date of this Act.

16 (b) Nothing in this Act shall be construed to authorize the  
17 State to burden any individual's fundamental rights relating to  
18 reproductive health care.

19 Section 1-35. Home rule powers limitation. A unit of local  
20 government may enact ordinances, standards, rules, or  
21 regulations that protect an individual's ability to freely  
22 exercise the fundamental rights set forth in this Act in a  
23 manner or to an extent equal to or greater than the protection  
24 provided in this Act. A unit of local government may not

1 regulate an individual's ability to freely exercise the  
2 fundamental rights set forth in this Act in a manner more  
3 restrictive than that set forth in this Act. This Section is a  
4 limitation under subsection (i) of Section 6 of Article VII of  
5 the Illinois Constitution on the concurrent exercise by home  
6 rule units of powers and functions exercised by the State.

7 Section 1-97. Severability. The provisions of this Act are  
8 severable under Section 1.31 of the Statute on Statutes.

9 Article 905. REPEALS

10 (210 ILCS 5/6.1 rep.)

11 Section 905-5. The Ambulatory Surgical Treatment Center  
12 Act is amended by repealing Section 6.1.

13 (410 ILCS 70/9 rep.)

14 Section 905-10. The Sexual Assault Survivors Emergency  
15 Treatment Act is amended by repealing Section 9.

16 (720 ILCS 510/Act rep.)

17 Section 905-15. The Illinois Abortion Law of 1975 is  
18 repealed.

19 (720 ILCS 513/Act rep.)

20 Section 905-20. The Partial-birth Abortion Ban Act is



1 repealed.

2 (735 ILCS 5/11-107.1 rep.)

3 Section 905-25. The Code of Civil Procedure is amended by  
4 repealing Section 11-107.1.

5 (745 ILCS 30/Act rep.)

6 Section 905-30. The Abortion Performance Refusal Act is  
7 repealed.

8 Article 910. AMENDMENTS

9 Section 910-5. The State Employees Group Insurance Act of  
10 1971 is amended by changing Section 6.11 as follows:

11 (5 ILCS 375/6.11)

12 (Text of Section before amendment by P.A. 100-1170)

13 Sec. 6.11. Required health benefits; Illinois Insurance  
14 Code requirements. The program of health benefits shall provide  
15 the post-mastectomy care benefits required to be covered by a  
16 policy of accident and health insurance under Section 356t of  
17 the Illinois Insurance Code. The program of health benefits  
18 shall provide the coverage required under Sections 356g,  
19 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,  
20 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
21 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, ~~and~~

1 356z.26, ~~and~~ 356z.29, and 356z.32 of the Illinois Insurance  
2 Code. The program of health benefits must comply with Sections  
3 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 of the  
4 Illinois Insurance Code. The Department of Insurance shall  
5 enforce the requirements of this Section.

6 Rulemaking authority to implement Public Act 95-1045, if  
7 any, is conditioned on the rules being adopted in accordance  
8 with all provisions of the Illinois Administrative Procedure  
9 Act and all rules and procedures of the Joint Committee on  
10 Administrative Rules; any purported rule not so adopted, for  
11 whatever reason, is unauthorized.

12 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;  
13 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.  
14 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised  
15 1-8-19.)

16 (Text of Section after amendment by P.A. 100-1170)

17 Sec. 6.11. Required health benefits; Illinois Insurance  
18 Code requirements. The program of health benefits shall provide  
19 the post-mastectomy care benefits required to be covered by a  
20 policy of accident and health insurance under Section 356t of  
21 the Illinois Insurance Code. The program of health benefits  
22 shall provide the coverage required under Sections 356g,  
23 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,  
24 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
25 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26,

1 356z.29, and 356z.32 of the Illinois Insurance Code. The  
2 program of health benefits must comply with Sections 155.22a,  
3 155.37, 355b, 356z.19, 370c, and 370c.1 of the Illinois  
4 Insurance Code. The Department of Insurance shall enforce the  
5 requirements of this Section with respect to Sections 370c and  
6 370c.1 of the Illinois Insurance Code; all other requirements  
7 of this Section shall be enforced by the Department of Central  
8 Management Services.

9 Rulemaking authority to implement Public Act 95-1045, if  
10 any, is conditioned on the rules being adopted in accordance  
11 with all provisions of the Illinois Administrative Procedure  
12 Act and all rules and procedures of the Joint Committee on  
13 Administrative Rules; any purported rule not so adopted, for  
14 whatever reason, is unauthorized.

15 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;  
16 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.  
17 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19;  
18 100-1170, eff. 6-1-19.)

19 Section 910-10. The Children and Family Services Act is  
20 amended by changing Section 5 as follows:

21 (20 ILCS 505/5) (from Ch. 23, par. 5005)

22 Sec. 5. Direct child welfare services; Department of  
23 Children and Family Services. To provide direct child welfare  
24 services when not available through other public or private

1 child care or program facilities.

2 (a) For purposes of this Section:

3 (1) "Children" means persons found within the State who  
4 are under the age of 18 years. The term also includes  
5 persons under age 21 who:

6 (A) were committed to the Department pursuant to  
7 the Juvenile Court Act or the Juvenile Court Act of  
8 1987, as amended, prior to the age of 18 and who  
9 continue under the jurisdiction of the court; or

10 (B) were accepted for care, service and training by  
11 the Department prior to the age of 18 and whose best  
12 interest in the discretion of the Department would be  
13 served by continuing that care, service and training  
14 because of severe emotional disturbances, physical  
15 disability, social adjustment or any combination  
16 thereof, or because of the need to complete an  
17 educational or vocational training program.

18 (2) "Homeless youth" means persons found within the  
19 State who are under the age of 19, are not in a safe and  
20 stable living situation and cannot be reunited with their  
21 families.

22 (3) "Child welfare services" means public social  
23 services which are directed toward the accomplishment of  
24 the following purposes:

25 (A) protecting and promoting the health, safety  
26 and welfare of children, including homeless, dependent

1 or neglected children;

2 (B) remedying, or assisting in the solution of  
3 problems which may result in, the neglect, abuse,  
4 exploitation or delinquency of children;

5 (C) preventing the unnecessary separation of  
6 children from their families by identifying family  
7 problems, assisting families in resolving their  
8 problems, and preventing the breakup of the family  
9 where the prevention of child removal is desirable and  
10 possible when the child can be cared for at home  
11 without endangering the child's health and safety;

12 (D) restoring to their families children who have  
13 been removed, by the provision of services to the child  
14 and the families when the child can be cared for at  
15 home without endangering the child's health and  
16 safety;

17 (E) placing children in suitable adoptive homes,  
18 in cases where restoration to the biological family is  
19 not safe, possible or appropriate;

20 (F) assuring safe and adequate care of children  
21 away from their homes, in cases where the child cannot  
22 be returned home or cannot be placed for adoption. At  
23 the time of placement, the Department shall consider  
24 concurrent planning, as described in subsection (1-1)  
25 of this Section so that permanency may occur at the  
26 earliest opportunity. Consideration should be given so

1           that if reunification fails or is delayed, the  
2           placement made is the best available placement to  
3           provide permanency for the child;

4           (G) (blank);

5           (H) (blank); and

6           (I) placing and maintaining children in facilities  
7           that provide separate living quarters for children  
8           under the age of 18 and for children 18 years of age  
9           and older, unless a child 18 years of age is in the  
10          last year of high school education or vocational  
11          training, in an approved individual or group treatment  
12          program, in a licensed shelter facility, or secure  
13          child care facility. The Department is not required to  
14          place or maintain children:

15               (i) who are in a foster home, or

16               (ii) who are persons with a developmental  
17               disability, as defined in the Mental Health and  
18               Developmental Disabilities Code, or

19               (iii) who are female children who are  
20               pregnant, pregnant and parenting or parenting, or

21               (iv) who are siblings, in facilities that  
22               provide separate living quarters for children 18  
23               years of age and older and for children under 18  
24               years of age.

25           (b) (Blank). ~~Nothing in this Section shall be construed to~~  
26           ~~authorize the expenditure of public funds for the purpose of~~

1 ~~performing abortions.~~

2 (c) The Department shall establish and maintain  
3 tax-supported child welfare services and extend and seek to  
4 improve voluntary services throughout the State, to the end  
5 that services and care shall be available on an equal basis  
6 throughout the State to children requiring such services.

7 (d) The Director may authorize advance disbursements for  
8 any new program initiative to any agency contracting with the  
9 Department. As a prerequisite for an advance disbursement, the  
10 contractor must post a surety bond in the amount of the advance  
11 disbursement and have a purchase of service contract approved  
12 by the Department. The Department may pay up to 2 months  
13 operational expenses in advance. The amount of the advance  
14 disbursement shall be prorated over the life of the contract or  
15 the remaining months of the fiscal year, whichever is less, and  
16 the installment amount shall then be deducted from future  
17 bills. Advance disbursement authorizations for new initiatives  
18 shall not be made to any agency after that agency has operated  
19 during 2 consecutive fiscal years. The requirements of this  
20 Section concerning advance disbursements shall not apply with  
21 respect to the following: payments to local public agencies for  
22 child day care services as authorized by Section 5a of this  
23 Act; and youth service programs receiving grant funds under  
24 Section 17a-4.

25 (e) (Blank).

26 (f) (Blank).

1 (g) The Department shall establish rules and regulations  
2 concerning its operation of programs designed to meet the goals  
3 of child safety and protection, family preservation, family  
4 reunification, and adoption, including but not limited to:

5 (1) adoption;

6 (2) foster care;

7 (3) family counseling;

8 (4) protective services;

9 (5) (blank);

10 (6) homemaker service;

11 (7) return of runaway children;

12 (8) (blank);

13 (9) placement under Section 5-7 of the Juvenile Court  
14 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile  
15 Court Act of 1987 in accordance with the federal Adoption  
16 Assistance and Child Welfare Act of 1980; and

17 (10) interstate services.

18 Rules and regulations established by the Department shall  
19 include provisions for training Department staff and the staff  
20 of Department grantees, through contracts with other agencies  
21 or resources, in screening techniques to identify substance use  
22 disorders, as defined in the Substance Use Disorder Act,  
23 approved by the Department of Human Services, as a successor to  
24 the Department of Alcoholism and Substance Abuse, for the  
25 purpose of identifying children and adults who should be  
26 referred for an assessment at an organization appropriately



1 licensed by the Department of Human Services for substance use  
2 disorder treatment.

3 (h) If the Department finds that there is no appropriate  
4 program or facility within or available to the Department for a  
5 youth in care and that no licensed private facility has an  
6 adequate and appropriate program or none agrees to accept the  
7 youth in care, the Department shall create an appropriate  
8 individualized, program-oriented plan for such youth in care.  
9 The plan may be developed within the Department or through  
10 purchase of services by the Department to the extent that it is  
11 within its statutory authority to do.

12 (i) Service programs shall be available throughout the  
13 State and shall include but not be limited to the following  
14 services:

- 15 (1) case management;
- 16 (2) homemakers;
- 17 (3) counseling;
- 18 (4) parent education;
- 19 (5) day care; and
- 20 (6) emergency assistance and advocacy.

21 In addition, the following services may be made available  
22 to assess and meet the needs of children and families:

- 23 (1) comprehensive family-based services;
- 24 (2) assessments;
- 25 (3) respite care; and
- 26 (4) in-home health services.

1           The Department shall provide transportation for any of the  
2 services it makes available to children or families or for  
3 which it refers children or families.

4           (j) The Department may provide categories of financial  
5 assistance and education assistance grants, and shall  
6 establish rules and regulations concerning the assistance and  
7 grants, to persons who adopt children with physical or mental  
8 disabilities, children who are older, or other hard-to-place  
9 children who (i) immediately prior to their adoption were youth  
10 in care or (ii) were determined eligible for financial  
11 assistance with respect to a prior adoption and who become  
12 available for adoption because the prior adoption has been  
13 dissolved and the parental rights of the adoptive parents have  
14 been terminated or because the child's adoptive parents have  
15 died. The Department may continue to provide financial  
16 assistance and education assistance grants for a child who was  
17 determined eligible for financial assistance under this  
18 subsection (j) in the interim period beginning when the child's  
19 adoptive parents died and ending with the finalization of the  
20 new adoption of the child by another adoptive parent or  
21 parents. The Department may also provide categories of  
22 financial assistance and education assistance grants, and  
23 shall establish rules and regulations for the assistance and  
24 grants, to persons appointed guardian of the person under  
25 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,  
26 4-25, or 5-740 of the Juvenile Court Act of 1987 for children

1 who were youth in care for 12 months immediately prior to the  
2 appointment of the guardian.

3 The amount of assistance may vary, depending upon the needs  
4 of the child and the adoptive parents, as set forth in the  
5 annual assistance agreement. Special purpose grants are  
6 allowed where the child requires special service but such costs  
7 may not exceed the amounts which similar services would cost  
8 the Department if it were to provide or secure them as guardian  
9 of the child.

10 Any financial assistance provided under this subsection is  
11 inalienable by assignment, sale, execution, attachment,  
12 garnishment, or any other remedy for recovery or collection of  
13 a judgment or debt.

14 (j-5) The Department shall not deny or delay the placement  
15 of a child for adoption if an approved family is available  
16 either outside of the Department region handling the case, or  
17 outside of the State of Illinois.

18 (k) The Department shall accept for care and training any  
19 child who has been adjudicated neglected or abused, or  
20 dependent committed to it pursuant to the Juvenile Court Act or  
21 the Juvenile Court Act of 1987.

22 (l) The Department shall offer family preservation  
23 services, as defined in Section 8.2 of the Abused and Neglected  
24 Child Reporting Act, to help families, including adoptive and  
25 extended families. Family preservation services shall be  
26 offered (i) to prevent the placement of children in substitute

1 care when the children can be cared for at home or in the  
2 custody of the person responsible for the children's welfare,  
3 (ii) to reunite children with their families, or (iii) to  
4 maintain an adoptive placement. Family preservation services  
5 shall only be offered when doing so will not endanger the  
6 children's health or safety. With respect to children who are  
7 in substitute care pursuant to the Juvenile Court Act of 1987,  
8 family preservation services shall not be offered if a goal  
9 other than those of subdivisions (A), (B), or (B-1) of  
10 subsection (2) of Section 2-28 of that Act has been set, except  
11 that reunification services may be offered as provided in  
12 paragraph (F) of subsection (2) of Section 2-28 of that Act.  
13 Nothing in this paragraph shall be construed to create a  
14 private right of action or claim on the part of any individual  
15 or child welfare agency, except that when a child is the  
16 subject of an action under Article II of the Juvenile Court Act  
17 of 1987 and the child's service plan calls for services to  
18 facilitate achievement of the permanency goal, the court  
19 hearing the action under Article II of the Juvenile Court Act  
20 of 1987 may order the Department to provide the services set  
21 out in the plan, if those services are not provided with  
22 reasonable promptness and if those services are available.

23 The Department shall notify the child and his family of the  
24 Department's responsibility to offer and provide family  
25 preservation services as identified in the service plan. The  
26 child and his family shall be eligible for services as soon as

1 the report is determined to be "indicated". The Department may  
2 offer services to any child or family with respect to whom a  
3 report of suspected child abuse or neglect has been filed,  
4 prior to concluding its investigation under Section 7.12 of the  
5 Abused and Neglected Child Reporting Act. However, the child's  
6 or family's willingness to accept services shall not be  
7 considered in the investigation. The Department may also  
8 provide services to any child or family who is the subject of  
9 any report of suspected child abuse or neglect or may refer  
10 such child or family to services available from other agencies  
11 in the community, even if the report is determined to be  
12 unfounded, if the conditions in the child's or family's home  
13 are reasonably likely to subject the child or family to future  
14 reports of suspected child abuse or neglect. Acceptance of such  
15 services shall be voluntary. The Department may also provide  
16 services to any child or family after completion of a family  
17 assessment, as an alternative to an investigation, as provided  
18 under the "differential response program" provided for in  
19 subsection (a-5) of Section 7.4 of the Abused and Neglected  
20 Child Reporting Act.

21 The Department may, at its discretion except for those  
22 children also adjudicated neglected or dependent, accept for  
23 care and training any child who has been adjudicated addicted,  
24 as a truant minor in need of supervision or as a minor  
25 requiring authoritative intervention, under the Juvenile Court  
26 Act or the Juvenile Court Act of 1987, but no such child shall

1 be committed to the Department by any court without the  
2 approval of the Department. On and after January 1, 2015 (the  
3 effective date of Public Act 98-803) and before January 1,  
4 2017, a minor charged with a criminal offense under the  
5 Criminal Code of 1961 or the Criminal Code of 2012 or  
6 adjudicated delinquent shall not be placed in the custody of or  
7 committed to the Department by any court, except (i) a minor  
8 less than 16 years of age committed to the Department under  
9 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor  
10 for whom an independent basis of abuse, neglect, or dependency  
11 exists, which must be defined by departmental rule, or (iii) a  
12 minor for whom the court has granted a supplemental petition to  
13 reinstate wardship pursuant to subsection (2) of Section 2-33  
14 of the Juvenile Court Act of 1987. On and after January 1,  
15 2017, a minor charged with a criminal offense under the  
16 Criminal Code of 1961 or the Criminal Code of 2012 or  
17 adjudicated delinquent shall not be placed in the custody of or  
18 committed to the Department by any court, except (i) a minor  
19 less than 15 years of age committed to the Department under  
20 Section 5-710 of the Juvenile Court Act of 1987, ii) a minor  
21 for whom an independent basis of abuse, neglect, or dependency  
22 exists, which must be defined by departmental rule, or (iii) a  
23 minor for whom the court has granted a supplemental petition to  
24 reinstate wardship pursuant to subsection (2) of Section 2-33  
25 of the Juvenile Court Act of 1987. An independent basis exists  
26 when the allegations or adjudication of abuse, neglect, or

1 dependency do not arise from the same facts, incident, or  
2 circumstances which give rise to a charge or adjudication of  
3 delinquency. The Department shall assign a caseworker to attend  
4 any hearing involving a youth in the care and custody of the  
5 Department who is placed on aftercare release, including  
6 hearings involving sanctions for violation of aftercare  
7 release conditions and aftercare release revocation hearings.

8 As soon as is possible after August 7, 2009 (the effective  
9 date of Public Act 96-134), the Department shall develop and  
10 implement a special program of family preservation services to  
11 support intact, foster, and adoptive families who are  
12 experiencing extreme hardships due to the difficulty and stress  
13 of caring for a child who has been diagnosed with a pervasive  
14 developmental disorder if the Department determines that those  
15 services are necessary to ensure the health and safety of the  
16 child. The Department may offer services to any family whether  
17 or not a report has been filed under the Abused and Neglected  
18 Child Reporting Act. The Department may refer the child or  
19 family to services available from other agencies in the  
20 community if the conditions in the child's or family's home are  
21 reasonably likely to subject the child or family to future  
22 reports of suspected child abuse or neglect. Acceptance of  
23 these services shall be voluntary. The Department shall develop  
24 and implement a public information campaign to alert health and  
25 social service providers and the general public about these  
26 special family preservation services. The nature and scope of

1 the services offered and the number of families served under  
2 the special program implemented under this paragraph shall be  
3 determined by the level of funding that the Department annually  
4 allocates for this purpose. The term "pervasive developmental  
5 disorder" under this paragraph means a neurological condition,  
6 including but not limited to, Asperger's Syndrome and autism,  
7 as defined in the most recent edition of the Diagnostic and  
8 Statistical Manual of Mental Disorders of the American  
9 Psychiatric Association.

10 (1-1) The legislature recognizes that the best interests of  
11 the child require that the child be placed in the most  
12 permanent living arrangement as soon as is practically  
13 possible. To achieve this goal, the legislature directs the  
14 Department of Children and Family Services to conduct  
15 concurrent planning so that permanency may occur at the  
16 earliest opportunity. Permanent living arrangements may  
17 include prevention of placement of a child outside the home of  
18 the family when the child can be cared for at home without  
19 endangering the child's health or safety; reunification with  
20 the family, when safe and appropriate, if temporary placement  
21 is necessary; or movement of the child toward the most  
22 permanent living arrangement and permanent legal status.

23 When determining reasonable efforts to be made with respect  
24 to a child, as described in this subsection, and in making such  
25 reasonable efforts, the child's health and safety shall be the  
26 paramount concern.



1           When a child is placed in foster care, the Department shall  
2 ensure and document that reasonable efforts were made to  
3 prevent or eliminate the need to remove the child from the  
4 child's home. The Department must make reasonable efforts to  
5 reunify the family when temporary placement of the child occurs  
6 unless otherwise required, pursuant to the Juvenile Court Act  
7 of 1987. At any time after the dispositional hearing where the  
8 Department believes that further reunification services would  
9 be ineffective, it may request a finding from the court that  
10 reasonable efforts are no longer appropriate. The Department is  
11 not required to provide further reunification services after  
12 such a finding.

13           A decision to place a child in substitute care shall be  
14 made with considerations of the child's health, safety, and  
15 best interests. At the time of placement, consideration should  
16 also be given so that if reunification fails or is delayed, the  
17 placement made is the best available placement to provide  
18 permanency for the child.

19           The Department shall adopt rules addressing concurrent  
20 planning for reunification and permanency. The Department  
21 shall consider the following factors when determining  
22 appropriateness of concurrent planning:

23                   (1) the likelihood of prompt reunification;

24                   (2) the past history of the family;

25                   (3) the barriers to reunification being addressed by  
26 the family;

1 (4) the level of cooperation of the family;

2 (5) the foster parents' willingness to work with the  
3 family to reunite;

4 (6) the willingness and ability of the foster family to  
5 provide an adoptive home or long-term placement;

6 (7) the age of the child;

7 (8) placement of siblings.

8 (m) The Department may assume temporary custody of any  
9 child if:

10 (1) it has received a written consent to such temporary  
11 custody signed by the parents of the child or by the parent  
12 having custody of the child if the parents are not living  
13 together or by the guardian or custodian of the child if  
14 the child is not in the custody of either parent, or

15 (2) the child is found in the State and neither a  
16 parent, guardian nor custodian of the child can be located.

17 If the child is found in his or her residence without a parent,  
18 guardian, custodian or responsible caretaker, the Department  
19 may, instead of removing the child and assuming temporary  
20 custody, place an authorized representative of the Department  
21 in that residence until such time as a parent, guardian or  
22 custodian enters the home and expresses a willingness and  
23 apparent ability to ensure the child's health and safety and  
24 resume permanent charge of the child, or until a relative  
25 enters the home and is willing and able to ensure the child's  
26 health and safety and assume charge of the child until a

1 parent, guardian or custodian enters the home and expresses  
2 such willingness and ability to ensure the child's safety and  
3 resume permanent charge. After a caretaker has remained in the  
4 home for a period not to exceed 12 hours, the Department must  
5 follow those procedures outlined in Section 2-9, 3-11, 4-8, or  
6 5-415 of the Juvenile Court Act of 1987.

7 The Department shall have the authority, responsibilities  
8 and duties that a legal custodian of the child would have  
9 pursuant to subsection (9) of Section 1-3 of the Juvenile Court  
10 Act of 1987. Whenever a child is taken into temporary custody  
11 pursuant to an investigation under the Abused and Neglected  
12 Child Reporting Act, or pursuant to a referral and acceptance  
13 under the Juvenile Court Act of 1987 of a minor in limited  
14 custody, the Department, during the period of temporary custody  
15 and before the child is brought before a judicial officer as  
16 required by Section 2-9, 3-11, 4-8, or 5-415 of the Juvenile  
17 Court Act of 1987, shall have the authority, responsibilities  
18 and duties that a legal custodian of the child would have under  
19 subsection (9) of Section 1-3 of the Juvenile Court Act of  
20 1987.

21 The Department shall ensure that any child taken into  
22 custody is scheduled for an appointment for a medical  
23 examination.

24 A parent, guardian or custodian of a child in the temporary  
25 custody of the Department who would have custody of the child  
26 if he were not in the temporary custody of the Department may

1 deliver to the Department a signed request that the Department  
2 surrender the temporary custody of the child. The Department  
3 may retain temporary custody of the child for 10 days after the  
4 receipt of the request, during which period the Department may  
5 cause to be filed a petition pursuant to the Juvenile Court Act  
6 of 1987. If a petition is so filed, the Department shall retain  
7 temporary custody of the child until the court orders  
8 otherwise. If a petition is not filed within the 10-day period,  
9 the child shall be surrendered to the custody of the requesting  
10 parent, guardian or custodian not later than the expiration of  
11 the 10-day period, at which time the authority and duties of  
12 the Department with respect to the temporary custody of the  
13 child shall terminate.

14 (m-1) The Department may place children under 18 years of  
15 age in a secure child care facility licensed by the Department  
16 that cares for children who are in need of secure living  
17 arrangements for their health, safety, and well-being after a  
18 determination is made by the facility director and the Director  
19 or the Director's designate prior to admission to the facility  
20 subject to Section 2-27.1 of the Juvenile Court Act of 1987.  
21 This subsection (m-1) does not apply to a child who is subject  
22 to placement in a correctional facility operated pursuant to  
23 Section 3-15-2 of the Unified Code of Corrections, unless the  
24 child is a youth in care who was placed in the care of the  
25 Department before being subject to placement in a correctional  
26 facility and a court of competent jurisdiction has ordered

1 placement of the child in a secure care facility.

2 (n) The Department may place children under 18 years of age  
3 in licensed child care facilities when in the opinion of the  
4 Department, appropriate services aimed at family preservation  
5 have been unsuccessful and cannot ensure the child's health and  
6 safety or are unavailable and such placement would be for their  
7 best interest. Payment for board, clothing, care, training and  
8 supervision of any child placed in a licensed child care  
9 facility may be made by the Department, by the parents or  
10 guardians of the estates of those children, or by both the  
11 Department and the parents or guardians, except that no  
12 payments shall be made by the Department for any child placed  
13 in a licensed child care facility for board, clothing, care,  
14 training and supervision of such a child that exceed the  
15 average per capita cost of maintaining and of caring for a  
16 child in institutions for dependent or neglected children  
17 operated by the Department. However, such restriction on  
18 payments does not apply in cases where children require  
19 specialized care and treatment for problems of severe emotional  
20 disturbance, physical disability, social adjustment, or any  
21 combination thereof and suitable facilities for the placement  
22 of such children are not available at payment rates within the  
23 limitations set forth in this Section. All reimbursements for  
24 services delivered shall be absolutely inalienable by  
25 assignment, sale, attachment, garnishment or otherwise.

26 (n-1) The Department shall provide or authorize child

1 welfare services, aimed at assisting minors to achieve  
2 sustainable self-sufficiency as independent adults, for any  
3 minor eligible for the reinstatement of wardship pursuant to  
4 subsection (2) of Section 2-33 of the Juvenile Court Act of  
5 1987, whether or not such reinstatement is sought or allowed,  
6 provided that the minor consents to such services and has not  
7 yet attained the age of 21. The Department shall have  
8 responsibility for the development and delivery of services  
9 under this Section. An eligible youth may access services under  
10 this Section through the Department of Children and Family  
11 Services or by referral from the Department of Human Services.  
12 Youth participating in services under this Section shall  
13 cooperate with the assigned case manager in developing an  
14 agreement identifying the services to be provided and how the  
15 youth will increase skills to achieve self-sufficiency. A  
16 homeless shelter is not considered appropriate housing for any  
17 youth receiving child welfare services under this Section. The  
18 Department shall continue child welfare services under this  
19 Section to any eligible minor until the minor becomes 21 years  
20 of age, no longer consents to participate, or achieves  
21 self-sufficiency as identified in the minor's service plan. The  
22 Department of Children and Family Services shall create clear,  
23 readable notice of the rights of former foster youth to child  
24 welfare services under this Section and how such services may  
25 be obtained. The Department of Children and Family Services and  
26 the Department of Human Services shall disseminate this

1 information statewide. The Department shall adopt regulations  
2 describing services intended to assist minors in achieving  
3 sustainable self-sufficiency as independent adults.

4 (o) The Department shall establish an administrative  
5 review and appeal process for children and families who request  
6 or receive child welfare services from the Department. Youth in  
7 care who are placed by private child welfare agencies, and  
8 foster families with whom those youth are placed, shall be  
9 afforded the same procedural and appeal rights as children and  
10 families in the case of placement by the Department, including  
11 the right to an initial review of a private agency decision by  
12 that agency. The Department shall ensure that any private child  
13 welfare agency, which accepts youth in care for placement,  
14 affords those rights to children and foster families. The  
15 Department shall accept for administrative review and an appeal  
16 hearing a complaint made by (i) a child or foster family  
17 concerning a decision following an initial review by a private  
18 child welfare agency or (ii) a prospective adoptive parent who  
19 alleges a violation of subsection (j-5) of this Section. An  
20 appeal of a decision concerning a change in the placement of a  
21 child shall be conducted in an expedited manner. A court  
22 determination that a current foster home placement is necessary  
23 and appropriate under Section 2-28 of the Juvenile Court Act of  
24 1987 does not constitute a judicial determination on the merits  
25 of an administrative appeal, filed by a former foster parent,  
26 involving a change of placement decision.

1 (p) (Blank).

2 (q) The Department may receive and use, in their entirety,  
3 for the benefit of children any gift, donation or bequest of  
4 money or other property which is received on behalf of such  
5 children, or any financial benefits to which such children are  
6 or may become entitled while under the jurisdiction or care of  
7 the Department.

8 The Department shall set up and administer no-cost,  
9 interest-bearing accounts in appropriate financial  
10 institutions for children for whom the Department is legally  
11 responsible and who have been determined eligible for Veterans'  
12 Benefits, Social Security benefits, assistance allotments from  
13 the armed forces, court ordered payments, parental voluntary  
14 payments, Supplemental Security Income, Railroad Retirement  
15 payments, Black Lung benefits, or other miscellaneous  
16 payments. Interest earned by each account shall be credited to  
17 the account, unless disbursed in accordance with this  
18 subsection.

19 In disbursing funds from children's accounts, the  
20 Department shall:

21 (1) Establish standards in accordance with State and  
22 federal laws for disbursing money from children's  
23 accounts. In all circumstances, the Department's  
24 "Guardianship Administrator" or his or her designee must  
25 approve disbursements from children's accounts. The  
26 Department shall be responsible for keeping complete



1 records of all disbursements for each account for any  
2 purpose.

3 (2) Calculate on a monthly basis the amounts paid from  
4 State funds for the child's board and care, medical care  
5 not covered under Medicaid, and social services; and  
6 utilize funds from the child's account, as covered by  
7 regulation, to reimburse those costs. Monthly,  
8 disbursements from all children's accounts, up to 1/12 of  
9 \$13,000,000, shall be deposited by the Department into the  
10 General Revenue Fund and the balance over 1/12 of  
11 \$13,000,000 into the DCFS Children's Services Fund.

12 (3) Maintain any balance remaining after reimbursing  
13 for the child's costs of care, as specified in item (2).  
14 The balance shall accumulate in accordance with relevant  
15 State and federal laws and shall be disbursed to the child  
16 or his or her guardian, or to the issuing agency.

17 (r) The Department shall promulgate regulations  
18 encouraging all adoption agencies to voluntarily forward to the  
19 Department or its agent names and addresses of all persons who  
20 have applied for and have been approved for adoption of a  
21 hard-to-place child or child with a disability and the names of  
22 such children who have not been placed for adoption. A list of  
23 such names and addresses shall be maintained by the Department  
24 or its agent, and coded lists which maintain the  
25 confidentiality of the person seeking to adopt the child and of  
26 the child shall be made available, without charge, to every

1 adoption agency in the State to assist the agencies in placing  
2 such children for adoption. The Department may delegate to an  
3 agent its duty to maintain and make available such lists. The  
4 Department shall ensure that such agent maintains the  
5 confidentiality of the person seeking to adopt the child and of  
6 the child.

7 (s) The Department of Children and Family Services may  
8 establish and implement a program to reimburse Department and  
9 private child welfare agency foster parents licensed by the  
10 Department of Children and Family Services for damages  
11 sustained by the foster parents as a result of the malicious or  
12 negligent acts of foster children, as well as providing third  
13 party coverage for such foster parents with regard to actions  
14 of foster children to other individuals. Such coverage will be  
15 secondary to the foster parent liability insurance policy, if  
16 applicable. The program shall be funded through appropriations  
17 from the General Revenue Fund, specifically designated for such  
18 purposes.

19 (t) The Department shall perform home studies and  
20 investigations and shall exercise supervision over visitation  
21 as ordered by a court pursuant to the Illinois Marriage and  
22 Dissolution of Marriage Act or the Adoption Act only if:

23 (1) an order entered by an Illinois court specifically  
24 directs the Department to perform such services; and

25 (2) the court has ordered one or both of the parties to  
26 the proceeding to reimburse the Department for its

1 reasonable costs for providing such services in accordance  
2 with Department rules, or has determined that neither party  
3 is financially able to pay.

4 The Department shall provide written notification to the  
5 court of the specific arrangements for supervised visitation  
6 and projected monthly costs within 60 days of the court order.  
7 The Department shall send to the court information related to  
8 the costs incurred except in cases where the court has  
9 determined the parties are financially unable to pay. The court  
10 may order additional periodic reports as appropriate.

11 (u) In addition to other information that must be provided,  
12 whenever the Department places a child with a prospective  
13 adoptive parent or parents or in a licensed foster home, group  
14 home, child care institution, or in a relative home, the  
15 Department shall provide to the prospective adoptive parent or  
16 parents or other caretaker:

17 (1) available detailed information concerning the  
18 child's educational and health history, copies of  
19 immunization records (including insurance and medical card  
20 information), a history of the child's previous  
21 placements, if any, and reasons for placement changes  
22 excluding any information that identifies or reveals the  
23 location of any previous caretaker;

24 (2) a copy of the child's portion of the client service  
25 plan, including any visitation arrangement, and all  
26 amendments or revisions to it as related to the child; and

1           (3) information containing details of the child's  
2           individualized educational plan when the child is  
3           receiving special education services.

4           The caretaker shall be informed of any known social or  
5           behavioral information (including, but not limited to,  
6           criminal background, fire setting, perpetuation of sexual  
7           abuse, destructive behavior, and substance abuse) necessary to  
8           care for and safeguard the children to be placed or currently  
9           in the home. The Department may prepare a written summary of  
10          the information required by this paragraph, which may be  
11          provided to the foster or prospective adoptive parent in  
12          advance of a placement. The foster or prospective adoptive  
13          parent may review the supporting documents in the child's file  
14          in the presence of casework staff. In the case of an emergency  
15          placement, casework staff shall at least provide known  
16          information verbally, if necessary, and must subsequently  
17          provide the information in writing as required by this  
18          subsection.

19          The information described in this subsection shall be  
20          provided in writing. In the case of emergency placements when  
21          time does not allow prior review, preparation, and collection  
22          of written information, the Department shall provide such  
23          information as it becomes available. Within 10 business days  
24          after placement, the Department shall obtain from the  
25          prospective adoptive parent or parents or other caretaker a  
26          signed verification of receipt of the information provided.

1 Within 10 business days after placement, the Department shall  
2 provide to the child's guardian ad litem a copy of the  
3 information provided to the prospective adoptive parent or  
4 parents or other caretaker. The information provided to the  
5 prospective adoptive parent or parents or other caretaker shall  
6 be reviewed and approved regarding accuracy at the supervisory  
7 level.

8 (u-5) Effective July 1, 1995, only foster care placements  
9 licensed as foster family homes pursuant to the Child Care Act  
10 of 1969 shall be eligible to receive foster care payments from  
11 the Department. Relative caregivers who, as of July 1, 1995,  
12 were approved pursuant to approved relative placement rules  
13 previously promulgated by the Department at 89 Ill. Adm. Code  
14 335 and had submitted an application for licensure as a foster  
15 family home may continue to receive foster care payments only  
16 until the Department determines that they may be licensed as a  
17 foster family home or that their application for licensure is  
18 denied or until September 30, 1995, whichever occurs first.

19 (v) The Department shall access criminal history record  
20 information as defined in the Illinois Uniform Conviction  
21 Information Act and information maintained in the adjudicatory  
22 and dispositional record system as defined in Section 2605-355  
23 of the Department of State Police Law (20 ILCS 2605/2605-355)  
24 if the Department determines the information is necessary to  
25 perform its duties under the Abused and Neglected Child  
26 Reporting Act, the Child Care Act of 1969, and the Children and

1 Family Services Act. The Department shall provide for  
2 interactive computerized communication and processing  
3 equipment that permits direct on-line communication with the  
4 Department of State Police's central criminal history data  
5 repository. The Department shall comply with all certification  
6 requirements and provide certified operators who have been  
7 trained by personnel from the Department of State Police. In  
8 addition, one Office of the Inspector General investigator  
9 shall have training in the use of the criminal history  
10 information access system and have access to the terminal. The  
11 Department of Children and Family Services and its employees  
12 shall abide by rules and regulations established by the  
13 Department of State Police relating to the access and  
14 dissemination of this information.

15 (v-1) Prior to final approval for placement of a child, the  
16 Department shall conduct a criminal records background check of  
17 the prospective foster or adoptive parent, including  
18 fingerprint-based checks of national crime information  
19 databases. Final approval for placement shall not be granted if  
20 the record check reveals a felony conviction for child abuse or  
21 neglect, for spousal abuse, for a crime against children, or  
22 for a crime involving violence, including rape, sexual assault,  
23 or homicide, but not including other physical assault or  
24 battery, or if there is a felony conviction for physical  
25 assault, battery, or a drug-related offense committed within  
26 the past 5 years.

1           (v-2) Prior to final approval for placement of a child, the  
2 Department shall check its child abuse and neglect registry for  
3 information concerning prospective foster and adoptive  
4 parents, and any adult living in the home. If any prospective  
5 foster or adoptive parent or other adult living in the home has  
6 resided in another state in the preceding 5 years, the  
7 Department shall request a check of that other state's child  
8 abuse and neglect registry.

9           (w) Within 120 days of August 20, 1995 (the effective date  
10 of Public Act 89-392), the Department shall prepare and submit  
11 to the Governor and the General Assembly, a written plan for  
12 the development of in-state licensed secure child care  
13 facilities that care for children who are in need of secure  
14 living arrangements for their health, safety, and well-being.  
15 For purposes of this subsection, secure care facility shall  
16 mean a facility that is designed and operated to ensure that  
17 all entrances and exits from the facility, a building or a  
18 distinct part of the building, are under the exclusive control  
19 of the staff of the facility, whether or not the child has the  
20 freedom of movement within the perimeter of the facility,  
21 building, or distinct part of the building. The plan shall  
22 include descriptions of the types of facilities that are needed  
23 in Illinois; the cost of developing these secure care  
24 facilities; the estimated number of placements; the potential  
25 cost savings resulting from the movement of children currently  
26 out-of-state who are projected to be returned to Illinois; the

1 necessary geographic distribution of these facilities in  
2 Illinois; and a proposed timetable for development of such  
3 facilities.

4 (x) The Department shall conduct annual credit history  
5 checks to determine the financial history of children placed  
6 under its guardianship pursuant to the Juvenile Court Act of  
7 1987. The Department shall conduct such credit checks starting  
8 when a youth in care turns 12 years old and each year  
9 thereafter for the duration of the guardianship as terminated  
10 pursuant to the Juvenile Court Act of 1987. The Department  
11 shall determine if financial exploitation of the child's  
12 personal information has occurred. If financial exploitation  
13 appears to have taken place or is presently ongoing, the  
14 Department shall notify the proper law enforcement agency, the  
15 proper State's Attorney, or the Attorney General.

16 (y) Beginning on July 22, 2010 (the effective date of  
17 Public Act 96-1189), a child with a disability who receives  
18 residential and educational services from the Department shall  
19 be eligible to receive transition services in accordance with  
20 Article 14 of the School Code from the age of 14.5 through age  
21 21, inclusive, notwithstanding the child's residential  
22 services arrangement. For purposes of this subsection, "child  
23 with a disability" means a child with a disability as defined  
24 by the federal Individuals with Disabilities Education  
25 Improvement Act of 2004.

26 (z) The Department shall access criminal history record



1 information as defined as "background information" in this  
2 subsection and criminal history record information as defined  
3 in the Illinois Uniform Conviction Information Act for each  
4 Department employee or Department applicant. Each Department  
5 employee or Department applicant shall submit his or her  
6 fingerprints to the Department of State Police in the form and  
7 manner prescribed by the Department of State Police. These  
8 fingerprints shall be checked against the fingerprint records  
9 now and hereafter filed in the Department of State Police and  
10 the Federal Bureau of Investigation criminal history records  
11 databases. The Department of State Police shall charge a fee  
12 for conducting the criminal history record check, which shall  
13 be deposited into the State Police Services Fund and shall not  
14 exceed the actual cost of the record check. The Department of  
15 State Police shall furnish, pursuant to positive  
16 identification, all Illinois conviction information to the  
17 Department of Children and Family Services.

18 For purposes of this subsection:

19 "Background information" means all of the following:

20 (i) Upon the request of the Department of Children and  
21 Family Services, conviction information obtained from the  
22 Department of State Police as a result of a  
23 fingerprint-based criminal history records check of the  
24 Illinois criminal history records database and the Federal  
25 Bureau of Investigation criminal history records database  
26 concerning a Department employee or Department applicant.

1           (ii) Information obtained by the Department of  
2 Children and Family Services after performing a check of  
3 the Department of State Police's Sex Offender Database, as  
4 authorized by Section 120 of the Sex Offender Community  
5 Notification Law, concerning a Department employee or  
6 Department applicant.

7           (iii) Information obtained by the Department of  
8 Children and Family Services after performing a check of  
9 the Child Abuse and Neglect Tracking System (CANTS)  
10 operated and maintained by the Department.

11       "Department employee" means a full-time or temporary  
12 employee coded or certified within the State of Illinois  
13 Personnel System.

14       "Department applicant" means an individual who has  
15 conditional Department full-time or part-time work, a  
16 contractor, an individual used to replace or supplement staff,  
17 an academic intern, a volunteer in Department offices or on  
18 Department contracts, a work-study student, an individual or  
19 entity licensed by the Department, or an unlicensed service  
20 provider who works as a condition of a contract or an agreement  
21 and whose work may bring the unlicensed service provider into  
22 contact with Department clients or client records.

23       (Source: P.A. 99-143, eff. 7-27-15; 99-933, eff. 1-27-17;  
24 100-159, eff. 8-18-17; 100-522, eff. 9-22-17; 100-759, eff.  
25 1-1-19; 100-863, eff. 8-14-18; 100-978, eff. 8-19-18; revised  
26 10-3-18.)

1           Section 910-15. The Freedom of Information Act is amended  
2 by changing Section 7.5 as follows:

3           (5 ILCS 140/7.5)

4           Sec. 7.5. Statutory exemptions. To the extent provided for  
5 by the statutes referenced below, the following shall be exempt  
6 from inspection and copying:

7           (a) All information determined to be confidential  
8 under Section 4002 of the Technology Advancement and  
9 Development Act.

10           (b) Library circulation and order records identifying  
11 library users with specific materials under the Library  
12 Records Confidentiality Act.

13           (c) Applications, related documents, and medical  
14 records received by the Experimental Organ Transplantation  
15 Procedures Board and any and all documents or other records  
16 prepared by the Experimental Organ Transplantation  
17 Procedures Board or its staff relating to applications it  
18 has received.

19           (d) Information and records held by the Department of  
20 Public Health and its authorized representatives relating  
21 to known or suspected cases of sexually transmissible  
22 disease or any information the disclosure of which is  
23 restricted under the Illinois Sexually Transmissible  
24 Disease Control Act.

1           (e) Information the disclosure of which is exempted  
2 under Section 30 of the Radon Industry Licensing Act.

3           (f) Firm performance evaluations under Section 55 of  
4 the Architectural, Engineering, and Land Surveying  
5 Qualifications Based Selection Act.

6           (g) Information the disclosure of which is restricted  
7 and exempted under Section 50 of the Illinois Prepaid  
8 Tuition Act.

9           (h) Information the disclosure of which is exempted  
10 under the State Officials and Employees Ethics Act, and  
11 records of any lawfully created State or local inspector  
12 general's office that would be exempt if created or  
13 obtained by an Executive Inspector General's office under  
14 that Act.

15           (i) Information contained in a local emergency energy  
16 plan submitted to a municipality in accordance with a local  
17 emergency energy plan ordinance that is adopted under  
18 Section 11-21.5-5 of the Illinois Municipal Code.

19           (j) Information and data concerning the distribution  
20 of surcharge moneys collected and remitted by carriers  
21 under the Emergency Telephone System Act.

22           (k) Law enforcement officer identification information  
23 or driver identification information compiled by a law  
24 enforcement agency or the Department of Transportation  
25 under Section 11-212 of the Illinois Vehicle Code.

26           (l) Records and information provided to a residential

1 health care facility resident sexual assault and death  
2 review team or the Executive Council under the Abuse  
3 Prevention Review Team Act.

4 (m) Information provided to the predatory lending  
5 database created pursuant to Article 3 of the Residential  
6 Real Property Disclosure Act, except to the extent  
7 authorized under that Article.

8 (n) Defense budgets and petitions for certification of  
9 compensation and expenses for court appointed trial  
10 counsel as provided under Sections 10 and 15 of the Capital  
11 Crimes Litigation Act. This subsection (n) shall apply  
12 until the conclusion of the trial of the case, even if the  
13 prosecution chooses not to pursue the death penalty prior  
14 to trial or sentencing.

15 (o) Information that is prohibited from being  
16 disclosed under Section 4 of the Illinois Health and  
17 Hazardous Substances Registry Act.

18 (p) Security portions of system safety program plans,  
19 investigation reports, surveys, schedules, lists, data, or  
20 information compiled, collected, or prepared by or for the  
21 Regional Transportation Authority under Section 2.11 of  
22 the Regional Transportation Authority Act or the St. Clair  
23 County Transit District under the Bi-State Transit Safety  
24 Act.

25 (q) Information prohibited from being disclosed by the  
26 Personnel ~~Record~~ Records Review Act.

1           (r) Information prohibited from being disclosed by the  
2 Illinois School Student Records Act.

3           (s) Information the disclosure of which is restricted  
4 under Section 5-108 of the Public Utilities Act.

5           (t) All identified or deidentified health information  
6 in the form of health data or medical records contained in,  
7 stored in, submitted to, transferred by, or released from  
8 the Illinois Health Information Exchange, and identified  
9 or deidentified health information in the form of health  
10 data and medical records of the Illinois Health Information  
11 Exchange in the possession of the Illinois Health  
12 Information Exchange Authority due to its administration  
13 of the Illinois Health Information Exchange. The terms  
14 "identified" and "deidentified" shall be given the same  
15 meaning as in the Health Insurance Portability and  
16 Accountability Act of 1996, Public Law 104-191, or any  
17 subsequent amendments thereto, and any regulations  
18 promulgated thereunder.

19           (u) Records and information provided to an independent  
20 team of experts under the Developmental Disability and  
21 Mental Health Safety Act (also known as Brian's Law).

22           (v) Names and information of people who have applied  
23 for or received Firearm Owner's Identification Cards under  
24 the Firearm Owners Identification Card Act or applied for  
25 or received a concealed carry license under the Firearm  
26 Concealed Carry Act, unless otherwise authorized by the

1 Firearm Concealed Carry Act; and databases under the  
2 Firearm Concealed Carry Act, records of the Concealed Carry  
3 Licensing Review Board under the Firearm Concealed Carry  
4 Act, and law enforcement agency objections under the  
5 Firearm Concealed Carry Act.

6 (w) Personally identifiable information which is  
7 exempted from disclosure under subsection (g) of Section  
8 19.1 of the Toll Highway Act.

9 (x) Information which is exempted from disclosure  
10 under Section 5-1014.3 of the Counties Code or Section  
11 8-11-21 of the Illinois Municipal Code.

12 (y) Confidential information under the Adult  
13 Protective Services Act and its predecessor enabling  
14 statute, the Elder Abuse and Neglect Act, including  
15 information about the identity and administrative finding  
16 against any caregiver of a verified and substantiated  
17 decision of abuse, neglect, or financial exploitation of an  
18 eligible adult maintained in the Registry established  
19 under Section 7.5 of the Adult Protective Services Act.

20 (z) Records and information provided to a fatality  
21 review team or the Illinois Fatality Review Team Advisory  
22 Council under Section 15 of the Adult Protective Services  
23 Act.

24 (aa) Information which is exempted from disclosure  
25 under Section 2.37 of the Wildlife Code.

26 (bb) Information which is or was prohibited from

1 disclosure by the Juvenile Court Act of 1987.

2 (cc) Recordings made under the Law Enforcement  
3 Officer-Worn Body Camera Act, except to the extent  
4 authorized under that Act.

5 (dd) Information that is prohibited from being  
6 disclosed under Section 45 of the Condominium and Common  
7 Interest Community Ombudsperson Act.

8 (ee) Information that is exempted from disclosure  
9 under Section 30.1 of the Pharmacy Practice Act.

10 (ff) Information that is exempted from disclosure  
11 under the Revised Uniform Unclaimed Property Act.

12 (gg) Information that is prohibited from being  
13 disclosed under Section 7-603.5 of the Illinois Vehicle  
14 Code.

15 (hh) Records that are exempt from disclosure under  
16 Section 1A-16.7 of the Election Code.

17 (ii) Information which is exempted from disclosure  
18 under Section 2505-800 of the Department of Revenue Law of  
19 the Civil Administrative Code of Illinois.

20 (jj) Information and reports that are required to be  
21 submitted to the Department of Labor by registering day and  
22 temporary labor service agencies but are exempt from  
23 disclosure under subsection (a-1) of Section 45 of the Day  
24 and Temporary Labor Services Act.

25 (kk) Information prohibited from disclosure under the  
26 Seizure and Forfeiture Reporting Act.



1            (ll) Information the disclosure of which is restricted  
2            and exempted under Section 5-30.8 of the Illinois Public  
3            Aid Code.

4            (mm) ~~(ll)~~ Records that are exempt from disclosure under  
5            Section 4.2 of the Crime Victims Compensation Act.

6            (nn) ~~(ll)~~ Information that is exempt from disclosure  
7            under Section 70 of the Higher Education Student Assistance  
8            Act.

9            (oo) Information and records held by the Department of  
10           Public Health and its authorized representatives collected  
11           under the Reproductive Health Act.

12           (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,  
13           eff. 1-1-16; 99-642, eff. 7-28-16; 99-776, eff. 8-12-16;  
14           99-863, eff. 8-19-16; 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;  
15           100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.  
16           8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517,  
17           eff. 6-1-18; 100-646, eff. 7-27-18; 100-690, eff. 1-1-19;  
18           100-863, eff. 8-14-18; 100-887, eff. 8-14-18; revised  
19           10-12-18.)

20           Section 910-20. The Counties Code is amended by changing  
21           Section 3-3013 as follows:

22           (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

23           Sec. 3-3013. Preliminary investigations; blood and urine  
24           analysis; summoning jury; reports. Every coroner, whenever, as

1 soon as he knows or is informed that the dead body of any  
2 person is found, or lying within his county, whose death is  
3 suspected of being:

4 (a) A sudden or violent death, whether apparently  
5 suicidal, homicidal or accidental, including but not  
6 limited to deaths apparently caused or contributed to by  
7 thermal, traumatic, chemical, electrical or radiational  
8 injury, or a complication of any of them, or by drowning or  
9 suffocation, or as a result of domestic violence as defined  
10 in the Illinois Domestic Violence Act of 1986;

11 (b) ~~A maternal or fetal death due to abortion, or any~~  
12 ~~death due to a sex crime or a crime against nature;~~

13 (c) A death where the circumstances are suspicious,  
14 obscure, mysterious or otherwise unexplained or where, in  
15 the written opinion of the attending physician, the cause  
16 of death is not determined;

17 (d) A death where addiction to alcohol or to any drug  
18 may have been a contributory cause; or

19 (e) A death where the decedent was not attended by a  
20 licensed physician;

21 shall go to the place where the dead body is, and take charge  
22 of the same and shall make a preliminary investigation into the  
23 circumstances of the death. In the case of death without  
24 attendance by a licensed physician the body may be moved with  
25 the coroner's consent from the place of death to a mortuary in  
26 the same county. Coroners in their discretion shall notify such

1 physician as is designated in accordance with Section 3-3014 to  
2 attempt to ascertain the cause of death, either by autopsy or  
3 otherwise.

4 In cases of accidental death involving a motor vehicle in  
5 which the decedent was (1) the operator or a suspected operator  
6 of a motor vehicle, or (2) a pedestrian 16 years of age or  
7 older, the coroner shall require that a blood specimen of at  
8 least 30 cc., and if medically possible a urine specimen of at  
9 least 30 cc. or as much as possible up to 30 cc., be withdrawn  
10 from the body of the decedent in a timely fashion after the  
11 accident causing his death, by such physician as has been  
12 designated in accordance with Section 3-3014, or by the coroner  
13 or deputy coroner or a qualified person designated by such  
14 physician, coroner, or deputy coroner. If the county does not  
15 maintain laboratory facilities for making such analysis, the  
16 blood and urine so drawn shall be sent to the Department of  
17 State Police or any other accredited or State-certified  
18 laboratory for analysis of the alcohol, carbon monoxide, and  
19 dangerous or narcotic drug content of such blood and urine  
20 specimens. Each specimen submitted shall be accompanied by  
21 pertinent information concerning the decedent upon a form  
22 prescribed by such laboratory. Any person drawing blood and  
23 urine and any person making any examination of the blood and  
24 urine under the terms of this Division shall be immune from all  
25 liability, civil or criminal, that might otherwise be incurred  
26 or imposed.

1           In all other cases coming within the jurisdiction of the  
2 coroner and referred to in subparagraphs (a) through (e) above,  
3 blood, and whenever possible, urine samples shall be analyzed  
4 for the presence of alcohol and other drugs. When the coroner  
5 suspects that drugs may have been involved in the death, either  
6 directly or indirectly, a toxicological examination shall be  
7 performed which may include analyses of blood, urine, bile,  
8 gastric contents and other tissues. When the coroner suspects a  
9 death is due to toxic substances, other than drugs, the coroner  
10 shall consult with the toxicologist prior to collection of  
11 samples. Information submitted to the toxicologist shall  
12 include information as to height, weight, age, sex and race of  
13 the decedent as well as medical history, medications used by  
14 and the manner of death of decedent.

15           When the coroner or medical examiner finds that the cause  
16 of death is due to homicidal means, the coroner or medical  
17 examiner shall cause blood and buccal specimens (tissue may be  
18 submitted if no uncontaminated blood or buccal specimen can be  
19 obtained), whenever possible, to be withdrawn from the body of  
20 the decedent in a timely fashion. For proper preservation of  
21 the specimens, collected blood and buccal specimens shall be  
22 dried and tissue specimens shall be frozen if available  
23 equipment exists. As soon as possible, but no later than 30  
24 days after the collection of the specimens, the coroner or  
25 medical examiner shall release those specimens to the police  
26 agency responsible for investigating the death. As soon as

1 possible, but no later than 30 days after the receipt from the  
2 coroner or medical examiner, the police agency shall submit the  
3 specimens using the agency case number to a National DNA Index  
4 System (NDIS) participating laboratory within this State, such  
5 as the Illinois Department of State Police, Division of  
6 Forensic Services, for analysis and categorizing into genetic  
7 marker groupings. The results of the analysis and categorizing  
8 into genetic marker groupings shall be provided to the Illinois  
9 Department of State Police and shall be maintained by the  
10 Illinois Department of State Police in the State central  
11 repository in the same manner, and subject to the same  
12 conditions, as provided in Section 5-4-3 of the Unified Code of  
13 Corrections. The requirements of this paragraph are in addition  
14 to any other findings, specimens, or information that the  
15 coroner or medical examiner is required to provide during the  
16 conduct of a criminal investigation.

17 In all counties, in cases of apparent suicide, homicide, or  
18 accidental death or in other cases, within the discretion of  
19 the coroner, the coroner may summon 8 persons of lawful age  
20 from those persons drawn for petit jurors in the county. The  
21 summons shall command these persons to present themselves  
22 personally at such a place and time as the coroner shall  
23 determine, and may be in any form which the coroner shall  
24 determine and may incorporate any reasonable form of request  
25 for acknowledgement which the coroner deems practical and  
26 provides a reliable proof of service. The summons may be served

1 by first class mail. From the 8 persons so summoned, the  
2 coroner shall select 6 to serve as the jury for the inquest.  
3 Inquests may be continued from time to time, as the coroner may  
4 deem necessary. The 6 jurors selected in a given case may view  
5 the body of the deceased. If at any continuation of an inquest  
6 one or more of the original jurors shall be unable to continue  
7 to serve, the coroner shall fill the vacancy or vacancies. A  
8 juror serving pursuant to this paragraph shall receive  
9 compensation from the county at the same rate as the rate of  
10 compensation that is paid to petit or grand jurors in the  
11 county. The coroner shall furnish to each juror without fee at  
12 the time of his discharge a certificate of the number of days  
13 in attendance at an inquest, and, upon being presented with  
14 such certificate, the county treasurer shall pay to the juror  
15 the sum provided for his services.

16 In counties which have a jury commission, in cases of  
17 apparent suicide or homicide or of accidental death, the  
18 coroner may conduct an inquest. The jury commission shall  
19 provide at least 8 jurors to the coroner, from whom the coroner  
20 shall select any 6 to serve as the jury for the inquest.  
21 Inquests may be continued from time to time as the coroner may  
22 deem necessary. The 6 jurors originally chosen in a given case  
23 may view the body of the deceased. If at any continuation of an  
24 inquest one or more of the 6 jurors originally chosen shall be  
25 unable to continue to serve, the coroner shall fill the vacancy  
26 or vacancies. At the coroner's discretion, additional jurors to

1 fill such vacancies shall be supplied by the jury commission. A  
2 juror serving pursuant to this paragraph in such county shall  
3 receive compensation from the county at the same rate as the  
4 rate of compensation that is paid to petit or grand jurors in  
5 the county.

6 In every case in which a fire is determined to be a  
7 contributing factor in a death, the coroner shall report the  
8 death to the Office of the State Fire Marshal. The coroner  
9 shall provide a copy of the death certificate (i) within 30  
10 days after filing the permanent death certificate and (ii) in a  
11 manner that is agreed upon by the coroner and the State Fire  
12 Marshal.

13 In every case in which a drug overdose is determined to be  
14 the cause or a contributing factor in the death, the coroner or  
15 medical examiner shall report the death to the Department of  
16 Public Health. The Department of Public Health shall adopt  
17 rules regarding specific information that must be reported in  
18 the event of such a death. If possible, the coroner shall  
19 report the cause of the overdose. As used in this Section,  
20 "overdose" has the same meaning as it does in Section 414 of  
21 the Illinois Controlled Substances Act. The Department of  
22 Public Health shall issue a semiannual report to the General  
23 Assembly summarizing the reports received. The Department  
24 shall also provide on its website a monthly report of overdose  
25 death figures organized by location, age, and any other  
26 factors, the Department deems appropriate.

1           In addition, in every case in which domestic violence is  
2 determined to be a contributing factor in a death, the coroner  
3 shall report the death to the Department of State Police.

4           All deaths in State institutions and all deaths of wards of  
5 the State or youth in care as defined in Section 4d of the  
6 Children and Family Services Act in private care facilities or  
7 in programs funded by the Department of Human Services under  
8 its powers relating to mental health and developmental  
9 disabilities or alcoholism and substance abuse or funded by the  
10 Department of Children and Family Services shall be reported to  
11 the coroner of the county in which the facility is located. If  
12 the coroner has reason to believe that an investigation is  
13 needed to determine whether the death was caused by  
14 maltreatment or negligent care of the ward of the State or  
15 youth in care as defined in Section 4d of the Children and  
16 Family Services Act, the coroner may conduct a preliminary  
17 investigation of the circumstances of such death as in cases of  
18 death under circumstances set forth in paragraphs (a) through  
19 (e) of this Section.

20           (Source: P.A. 99-354, eff. 1-1-16; 99-480, eff. 9-9-15; 99-642,  
21 eff. 7-28-16; 100-159, eff. 8-18-17.)

22           Section 910-25. The Ambulatory Surgical Treatment Center  
23 Act is amended by changing Section 2, and 3 as follows:

24           (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)



1           Sec. 2. It is declared to be the public policy that the  
2 State has a legitimate interest in assuring that all medical  
3 procedures, ~~including abortions,~~ are performed under  
4 circumstances that insure maximum safety. Therefore, the  
5 purpose of this Act is to provide for the better protection of  
6 the public health through the development, establishment, and  
7 enforcement of standards (1) for the care of individuals in  
8 ambulatory surgical treatment centers, and (2) for the  
9 construction, maintenance and operation of ambulatory surgical  
10 treatment centers, which, in light of advancing knowledge, will  
11 promote safe and adequate treatment of such individuals in  
12 ambulatory surgical treatment centers.

13           (Source: P.A. 78-227.)

14           (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

15           Sec. 3. As used in this Act, unless the context otherwise  
16 requires, the following words and phrases shall have the  
17 meanings ascribed to them:

18           (A) "Ambulatory surgical treatment center" means any  
19 institution, place or building devoted primarily to the  
20 maintenance and operation of facilities for the performance of  
21 surgical procedures. "Ambulatory surgical treatment center"  
22 includes any place that meets and complies with the definition  
23 of an ambulatory surgical treatment center under the rules  
24 adopted by the Department ~~or any facility in which a medical or~~  
25 ~~surgical procedure is utilized to terminate a pregnancy,~~

1 ~~irrespective of whether the facility is devoted primarily to~~  
2 ~~this purpose.~~ Such facility shall not provide beds or other  
3 accommodations for the overnight stay of patients; however,  
4 facilities devoted exclusively to the treatment of children may  
5 provide accommodations and beds for their patients for up to 23  
6 hours following admission. Individual patients shall be  
7 discharged in an ambulatory condition without danger to the  
8 continued well being of the patients or shall be transferred to  
9 a hospital.

10 The term "ambulatory surgical treatment center" does not  
11 include any of the following:

12 (1) Any institution, place, building or agency  
13 required to be licensed pursuant to the "Hospital Licensing  
14 Act", approved July 1, 1953, as amended.

15 (2) Any person or institution required to be licensed  
16 pursuant to the Nursing Home Care Act, the Specialized  
17 Mental Health Rehabilitation Act of 2013, the ID/DD  
18 Community Care Act, or the MC/DD Act.

19 (3) Hospitals or ambulatory surgical treatment centers  
20 maintained by the State or any department or agency  
21 thereof, where such department or agency has authority  
22 under law to establish and enforce standards for the  
23 hospitals or ambulatory surgical treatment centers under  
24 its management and control.

25 (4) Hospitals or ambulatory surgical treatment centers  
26 maintained by the Federal Government or agencies thereof.

1           (5) Any place, agency, clinic, or practice, public or  
2 private, whether organized for profit or not, devoted  
3 exclusively to the performance of dental or oral surgical  
4 procedures.

5           (6) Any facility in which the performance of abortion  
6 procedures, including procedures to terminate a pregnancy  
7 or to manage pregnancy loss, is limited to those performed  
8 without general, epidural, or spinal anesthesia, and which  
9 is not otherwise required to be an ambulatory surgical  
10 treatment center. For purposes of this paragraph,  
11 "general, epidural, or spinal anesthesia" does not include  
12 local anesthesia or intravenous sedation. Nothing in this  
13 paragraph shall be construed to limit any such facility  
14 from voluntarily electing to apply for licensure as an  
15 ambulatory surgical treatment center.

16           (B) "Person" means any individual, firm, partnership,  
17 corporation, company, association, or joint stock association,  
18 or the legal successor thereof.

19           (C) "Department" means the Department of Public Health of  
20 the State of Illinois.

21           (D) "Director" means the Director of the Department of  
22 Public Health of the State of Illinois.

23           (E) "Physician" means a person licensed to practice  
24 medicine in all of its branches in the State of Illinois.

25           (F) "Dentist" means a person licensed to practice dentistry  
26 under the Illinois Dental Practice Act.

1 (G) "Podiatric physician" means a person licensed to  
2 practice podiatry under the Podiatric Medical Practice Act of  
3 1987.

4 (Source: P.A. 98-214, eff. 8-9-13; 98-1123, eff. 1-1-15;  
5 99-180, eff. 7-29-15.)

6 Section 910-30. The Illinois Insurance Code is amended by  
7 changing Section 356z.4 and adding 356z.4a as follows:

8 (215 ILCS 5/356z.4)

9 Sec. 356z.4. Coverage for contraceptives.

10 (a)(1) The General Assembly hereby finds and declares all  
11 of the following:

12 (A) Illinois has a long history of expanding timely  
13 access to birth control to prevent unintended pregnancy.

14 (B) The federal Patient Protection and Affordable Care  
15 Act includes a contraceptive coverage guarantee as part of  
16 a broader requirement for health insurance to cover key  
17 preventive care services without out-of-pocket costs for  
18 patients.

19 (C) The General Assembly intends to build on existing  
20 State and federal law to promote gender equity and women's  
21 health and to ensure greater contraceptive coverage equity  
22 and timely access to all federal Food and Drug  
23 Administration approved methods of birth control for all  
24 individuals covered by an individual or group health

1 insurance policy in Illinois.

2 (D) Medical management techniques such as denials,  
3 step therapy, or prior authorization in public and private  
4 health care coverage can impede access to the most  
5 effective contraceptive methods.

6 (2) As used in this subsection (a):

7 "Contraceptive services" includes consultations,  
8 examinations, procedures, and medical services related to the  
9 use of contraceptive methods (including natural family  
10 planning) to prevent an unintended pregnancy.

11 "Medical necessity", for the purposes of this subsection  
12 (a), includes, but is not limited to, considerations such as  
13 severity of side effects, differences in permanence and  
14 reversibility of contraceptive, and ability to adhere to the  
15 appropriate use of the item or service, as determined by the  
16 attending provider.

17 "Therapeutic equivalent version" means drugs, devices, or  
18 products that can be expected to have the same clinical effect  
19 and safety profile when administered to patients under the  
20 conditions specified in the labeling and satisfy the following  
21 general criteria:

22 (i) they are approved as safe and effective;

23 (ii) they are pharmaceutical equivalents in that they

24 (A) contain identical amounts of the same active drug  
25 ingredient in the same dosage form and route of  
26 administration and (B) meet compendial or other applicable

1 standards of strength, quality, purity, and identity;

2 (iii) they are bioequivalent in that (A) they do not  
3 present a known or potential bioequivalence problem and  
4 they meet an acceptable in vitro standard or (B) if they do  
5 present such a known or potential problem, they are shown  
6 to meet an appropriate bioequivalence standard;

7 (iv) they are adequately labeled; and

8 (v) they are manufactured in compliance with Current  
9 Good Manufacturing Practice regulations.

10 (3) An individual or group policy of accident and health  
11 insurance amended, delivered, issued, or renewed in this State  
12 after the effective date of this amendatory Act of the 99th  
13 General Assembly shall provide coverage for all of the  
14 following services and contraceptive methods:

15 (A) All contraceptive drugs, devices, and other  
16 products approved by the United States Food and Drug  
17 Administration. This includes all over-the-counter  
18 contraceptive drugs, devices, and products approved by the  
19 United States Food and Drug Administration, excluding male  
20 condoms. The following apply:

21 (i) If the United States Food and Drug  
22 Administration has approved one or more therapeutic  
23 equivalent versions of a contraceptive drug, device,  
24 or product, a policy is not required to include all  
25 such therapeutic equivalent versions in its formulary,  
26 so long as at least one is included and covered without

1 cost-sharing and in accordance with this Section.

2 (ii) If an individual's attending provider  
3 recommends a particular service or item approved by the  
4 United States Food and Drug Administration based on a  
5 determination of medical necessity with respect to  
6 that individual, the plan or issuer must cover that  
7 service or item without cost sharing. The plan or  
8 issuer must defer to the determination of the attending  
9 provider.

10 (iii) If a drug, device, or product is not covered,  
11 plans and issuers must have an easily accessible,  
12 transparent, and sufficiently expedient process that  
13 is not unduly burdensome on the individual or a  
14 provider or other individual acting as a patient's  
15 authorized representative to ensure coverage without  
16 cost sharing.

17 (iv) This coverage must provide for the dispensing  
18 of 12 months' worth of contraception at one time.

19 (B) Voluntary sterilization procedures.

20 (C) Contraceptive services, patient education, and  
21 counseling on contraception.

22 (D) Follow-up services related to the drugs, devices,  
23 products, and procedures covered under this Section,  
24 including, but not limited to, management of side effects,  
25 counseling for continued adherence, and device insertion  
26 and removal.

1           (4) Except as otherwise provided in this subsection (a), a  
2 policy subject to this subsection (a) shall not impose a  
3 deductible, coinsurance, copayment, or any other cost-sharing  
4 requirement on the coverage provided. The provisions of this  
5 paragraph do not apply to coverage of voluntary male  
6 sterilization procedures to the extent such coverage would  
7 disqualify a high-deductible health plan from eligibility for a  
8 health savings account pursuant to the federal Internal Revenue  
9 Code, 26 U.S.C. 223.

10           (5) Except as otherwise authorized under this subsection  
11 (a), a policy shall not impose any restrictions or delays on  
12 the coverage required under this subsection (a).

13           (6) If, at any time, the Secretary of the United States  
14 Department of Health and Human Services, or its successor  
15 agency, promulgates rules or regulations to be published in the  
16 Federal Register or publishes a comment in the Federal Register  
17 or issues an opinion, guidance, or other action that would  
18 require the State, pursuant to any provision of the Patient  
19 Protection and Affordable Care Act (Public Law 111-148),  
20 including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any  
21 successor provision, to defray the cost of any coverage  
22 outlined in this subsection (a), then this subsection (a) is  
23 inoperative with respect to all coverage outlined in this  
24 subsection (a) other than that authorized under Section 1902 of  
25 the Social Security Act, 42 U.S.C. 1396a, and the State shall  
26 not assume any obligation for the cost of the coverage set



1 forth in this subsection (a).

2 (b) This subsection (b) shall become operative if and only  
3 if subsection (a) becomes inoperative.

4 An individual or group policy of accident and health  
5 insurance amended, delivered, issued, or renewed in this State  
6 after the date this subsection (b) becomes operative that  
7 provides coverage for outpatient services and outpatient  
8 prescription drugs or devices must provide coverage for the  
9 insured and any dependent of the insured covered by the policy  
10 for all outpatient contraceptive services and all outpatient  
11 contraceptive drugs and devices approved by the Food and Drug  
12 Administration. Coverage required under this Section may not  
13 impose any deductible, coinsurance, waiting period, or other  
14 cost-sharing or limitation that is greater than that required  
15 for any outpatient service or outpatient prescription drug or  
16 device otherwise covered by the policy.

17 Nothing in this subsection (b) shall be construed to  
18 require an insurance company to cover services related to  
19 permanent sterilization that requires a surgical procedure.

20 As used in this subsection (b), "outpatient contraceptive  
21 service" means consultations, examinations, procedures, and  
22 medical services, provided on an outpatient basis and related  
23 to the use of contraceptive methods (including natural family  
24 planning) to prevent an unintended pregnancy.

25 (c) (Blank). ~~Nothing in this Section shall be construed to~~  
26 ~~require an insurance company to cover services related to an~~

1 ~~abortion as the term "abortion" is defined in the Illinois~~  
2 ~~Abortion Law of 1975.~~

3 (d) If a plan or issuer utilizes a network of providers,  
4 nothing in this Section shall be construed to require coverage  
5 or to prohibit the plan or issuer from imposing cost-sharing  
6 for items or services described in this Section that are  
7 provided or delivered by an out-of-network provider, unless the  
8 plan or issuer does not have in its network a provider who is  
9 able to or is willing to provide the applicable items or  
10 services.

11 (Source: P.A. 99-672, eff. 1-1-17; 100-1102, eff. 1-1-19.)

12 (215 ILCS 5/356z.4a new)

13 Sec. 356z.4a. Coverage for abortion.

14 (a) Except as otherwise provided in this Section, no  
15 individual or group policy of accident and health insurance  
16 that provides pregnancy-related benefits may be issued,  
17 amended, delivered, or renewed in this State after the  
18 effective date of this amendatory Act of the 101st General  
19 Assembly unless the policy provides a covered person with  
20 coverage for abortion care.

21 (b) Coverage for abortion care may not impose any  
22 deductible, coinsurance, waiting period, or other cost-sharing  
23 limitation that is greater than that required for other  
24 pregnancy-related benefits covered by the policy.

25 (c) Except as otherwise authorized under this Section, a

1 policy shall not impose any restrictions or delays on the  
2 coverage required under this Section.

3 (d) This Section does not, pursuant to 42 U.S.C.  
4 18054(a)(6), apply to a multistate plan that does not provide  
5 coverage for abortion.

6 (e) If the Department concludes that enforcement of this  
7 Section may adversely affect the allocation of federal funds to  
8 this State, the Department may grant an exemption to the  
9 requirements, but only to the minimum extent necessary to  
10 ensure the continued receipt of federal funds.

11 Section 910-35. The Health Maintenance Organization Act is  
12 amended by changing Section 5-3 as follows:

13 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

14 Sec. 5-3. Insurance Code provisions.

15 (a) Health Maintenance Organizations shall be subject to  
16 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
17 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
18 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,  
19 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,  
20 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,  
21 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19,  
22 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,  
23 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d,  
24 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2,

1 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of  
2 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,  
3 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

4 (b) For purposes of the Illinois Insurance Code, except for  
5 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health  
6 Maintenance Organizations in the following categories are  
7 deemed to be "domestic companies":

8 (1) a corporation authorized under the Dental Service  
9 Plan Act or the Voluntary Health Services Plans Act;

10 (2) a corporation organized under the laws of this  
11 State; or

12 (3) a corporation organized under the laws of another  
13 state, 30% or more of the enrollees of which are residents  
14 of this State, except a corporation subject to  
15 substantially the same requirements in its state of  
16 organization as is a "domestic company" under Article VIII  
17 1/2 of the Illinois Insurance Code.

18 (c) In considering the merger, consolidation, or other  
19 acquisition of control of a Health Maintenance Organization  
20 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

21 (1) the Director shall give primary consideration to  
22 the continuation of benefits to enrollees and the financial  
23 conditions of the acquired Health Maintenance Organization  
24 after the merger, consolidation, or other acquisition of  
25 control takes effect;

26 (2) (i) the criteria specified in subsection (1) (b) of

1 Section 131.8 of the Illinois Insurance Code shall not  
2 apply and (ii) the Director, in making his determination  
3 with respect to the merger, consolidation, or other  
4 acquisition of control, need not take into account the  
5 effect on competition of the merger, consolidation, or  
6 other acquisition of control;

7 (3) the Director shall have the power to require the  
8 following information:

9 (A) certification by an independent actuary of the  
10 adequacy of the reserves of the Health Maintenance  
11 Organization sought to be acquired;

12 (B) pro forma financial statements reflecting the  
13 combined balance sheets of the acquiring company and  
14 the Health Maintenance Organization sought to be  
15 acquired as of the end of the preceding year and as of  
16 a date 90 days prior to the acquisition, as well as pro  
17 forma financial statements reflecting projected  
18 combined operation for a period of 2 years;

19 (C) a pro forma business plan detailing an  
20 acquiring party's plans with respect to the operation  
21 of the Health Maintenance Organization sought to be  
22 acquired for a period of not less than 3 years; and

23 (D) such other information as the Director shall  
24 require.

25 (d) The provisions of Article VIII 1/2 of the Illinois  
26 Insurance Code and this Section 5-3 shall apply to the sale by

1 any health maintenance organization of greater than 10% of its  
2 enrollee population (including without limitation the health  
3 maintenance organization's right, title, and interest in and to  
4 its health care certificates).

5 (e) In considering any management contract or service  
6 agreement subject to Section 141.1 of the Illinois Insurance  
7 Code, the Director (i) shall, in addition to the criteria  
8 specified in Section 141.2 of the Illinois Insurance Code, take  
9 into account the effect of the management contract or service  
10 agreement on the continuation of benefits to enrollees and the  
11 financial condition of the health maintenance organization to  
12 be managed or serviced, and (ii) need not take into account the  
13 effect of the management contract or service agreement on  
14 competition.

15 (f) Except for small employer groups as defined in the  
16 Small Employer Rating, Renewability and Portability Health  
17 Insurance Act and except for medicare supplement policies as  
18 defined in Section 363 of the Illinois Insurance Code, a Health  
19 Maintenance Organization may by contract agree with a group or  
20 other enrollment unit to effect refunds or charge additional  
21 premiums under the following terms and conditions:

22 (i) the amount of, and other terms and conditions with  
23 respect to, the refund or additional premium are set forth  
24 in the group or enrollment unit contract agreed in advance  
25 of the period for which a refund is to be paid or  
26 additional premium is to be charged (which period shall not

1 be less than one year); and

2 (ii) the amount of the refund or additional premium  
3 shall not exceed 20% of the Health Maintenance  
4 Organization's profitable or unprofitable experience with  
5 respect to the group or other enrollment unit for the  
6 period (and, for purposes of a refund or additional  
7 premium, the profitable or unprofitable experience shall  
8 be calculated taking into account a pro rata share of the  
9 Health Maintenance Organization's administrative and  
10 marketing expenses, but shall not include any refund to be  
11 made or additional premium to be paid pursuant to this  
12 subsection (f)). The Health Maintenance Organization and  
13 the group or enrollment unit may agree that the profitable  
14 or unprofitable experience may be calculated taking into  
15 account the refund period and the immediately preceding 2  
16 plan years.

17 The Health Maintenance Organization shall include a  
18 statement in the evidence of coverage issued to each enrollee  
19 describing the possibility of a refund or additional premium,  
20 and upon request of any group or enrollment unit, provide to  
21 the group or enrollment unit a description of the method used  
22 to calculate (1) the Health Maintenance Organization's  
23 profitable experience with respect to the group or enrollment  
24 unit and the resulting refund to the group or enrollment unit  
25 or (2) the Health Maintenance Organization's unprofitable  
26 experience with respect to the group or enrollment unit and the

1 resulting additional premium to be paid by the group or  
2 enrollment unit.

3 In no event shall the Illinois Health Maintenance  
4 Organization Guaranty Association be liable to pay any  
5 contractual obligation of an insolvent organization to pay any  
6 refund authorized under this Section.

7 (g) Rulemaking authority to implement Public Act 95-1045,  
8 if any, is conditioned on the rules being adopted in accordance  
9 with all provisions of the Illinois Administrative Procedure  
10 Act and all rules and procedures of the Joint Committee on  
11 Administrative Rules; any purported rule not so adopted, for  
12 whatever reason, is unauthorized.

13 (Source: P.A. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;  
14 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1026, eff.  
15 8-22-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised  
16 10-4-18.)

17 Section 910-40. The Voluntary Health Services Plans Act is  
18 amended by changing Section 10 as follows:

19 (215 ILCS 165/10) (from Ch. 32, par. 604)

20 Sec. 10. Application of Insurance Code provisions. Health  
21 services plan corporations and all persons interested therein  
22 or dealing therewith shall be subject to the provisions of  
23 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
24 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,



1 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,  
2 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,  
3 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
4 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
5 356z.30, 356z.32, 364.01, 367.2, 368a, 401, 401.1, 402, 403,  
6 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of  
7 Section 367 of the Illinois Insurance Code.

8 Rulemaking authority to implement Public Act 95-1045, if  
9 any, is conditioned on the rules being adopted in accordance  
10 with all provisions of the Illinois Administrative Procedure  
11 Act and all rules and procedures of the Joint Committee on  
12 Administrative Rules; any purported rule not so adopted, for  
13 whatever reason, is unauthorized.

14 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
15 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
16 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

17 Section 910-45. The Medical Practice Act of 1987 is amended  
18 by changing Section 22 and 36 as follows:

19 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

20 (Section scheduled to be repealed on December 31, 2019)

21 Sec. 22. Disciplinary action.

22 (A) The Department may revoke, suspend, place on probation,  
23 reprimand, refuse to issue or renew, or take any other  
24 disciplinary or non-disciplinary action as the Department may

1 deem proper with regard to the license or permit of any person  
2 issued under this Act, including imposing fines not to exceed  
3 \$10,000 for each violation, upon any of the following grounds:

4 (1) (Blank). ~~Performance of an elective abortion in any~~  
5 ~~place, locale, facility, or institution other than:~~

6 ~~(a) a facility licensed pursuant to the Ambulatory~~  
7 ~~Surgical Treatment Center Act;~~

8 ~~(b) an institution licensed under the Hospital~~  
9 ~~Licensing Act;~~

10 ~~(c) an ambulatory surgical treatment center or~~  
11 ~~hospitalization or care facility maintained by the~~  
12 ~~State or any agency thereof, where such department or~~  
13 ~~agency has authority under law to establish and enforce~~  
14 ~~standards for the ambulatory surgical treatment~~  
15 ~~centers, hospitalization, or care facilities under its~~  
16 ~~management and control;~~

17 ~~(d) ambulatory surgical treatment centers,~~  
18 ~~hospitalization or care facilities maintained by the~~  
19 ~~Federal Government; or~~

20 ~~(e) ambulatory surgical treatment centers,~~  
21 ~~hospitalization or care facilities maintained by any~~  
22 ~~university or college established under the laws of~~  
23 ~~this State and supported principally by public funds~~  
24 ~~raised by taxation.~~

25 (2) (Blank). ~~Performance of an abortion procedure in a~~  
26 ~~willful and wanton manner on a woman who was not pregnant~~

1 ~~at the time the abortion procedure was performed.~~

2 (3) A plea of guilty or nolo contendere, finding of  
3 guilt, jury verdict, or entry of judgment or sentencing,  
4 including, but not limited to, convictions, preceding  
5 sentences of supervision, conditional discharge, or first  
6 offender probation, under the laws of any jurisdiction of  
7 the United States of any crime that is a felony.

8 (4) Gross negligence in practice under this Act.

9 (5) Engaging in dishonorable, unethical or  
10 unprofessional conduct of a character likely to deceive,  
11 defraud or harm the public.

12 (6) Obtaining any fee by fraud, deceit, or  
13 misrepresentation.

14 (7) Habitual or excessive use or abuse of drugs defined  
15 in law as controlled substances, of alcohol, or of any  
16 other substances which results in the inability to practice  
17 with reasonable judgment, skill or safety.

18 (8) Practicing under a false or, except as provided by  
19 law, an assumed name.

20 (9) Fraud or misrepresentation in applying for, or  
21 procuring, a license under this Act or in connection with  
22 applying for renewal of a license under this Act.

23 (10) Making a false or misleading statement regarding  
24 their skill or the efficacy or value of the medicine,  
25 treatment, or remedy prescribed by them at their direction  
26 in the treatment of any disease or other condition of the

1 body or mind.

2 (11) Allowing another person or organization to use  
3 their license, procured under this Act, to practice.

4 (12) Adverse action taken by another state or  
5 jurisdiction against a license or other authorization to  
6 practice as a medical doctor, doctor of osteopathy, doctor  
7 of osteopathic medicine or doctor of chiropractic, a  
8 certified copy of the record of the action taken by the  
9 other state or jurisdiction being prima facie evidence  
10 thereof. This includes any adverse action taken by a State  
11 or federal agency that prohibits a medical doctor, doctor  
12 of osteopathy, doctor of osteopathic medicine, or doctor of  
13 chiropractic from providing services to the agency's  
14 participants.

15 (13) Violation of any provision of this Act or of the  
16 Medical Practice Act prior to the repeal of that Act, or  
17 violation of the rules, or a final administrative action of  
18 the Secretary, after consideration of the recommendation  
19 of the Disciplinary Board.

20 (14) Violation of the prohibition against fee  
21 splitting in Section 22.2 of this Act.

22 (15) A finding by the Disciplinary Board that the  
23 registrant after having his or her license placed on  
24 probationary status or subjected to conditions or  
25 restrictions violated the terms of the probation or failed  
26 to comply with such terms or conditions.

1 (16) Abandonment of a patient.

2 (17) Prescribing, selling, administering,  
3 distributing, giving or self-administering any drug  
4 classified as a controlled substance (designated product)  
5 or narcotic for other than medically accepted therapeutic  
6 purposes.

7 (18) Promotion of the sale of drugs, devices,  
8 appliances or goods provided for a patient in such manner  
9 as to exploit the patient for financial gain of the  
10 physician.

11 (19) Offering, undertaking or agreeing to cure or treat  
12 disease by a secret method, procedure, treatment or  
13 medicine, or the treating, operating or prescribing for any  
14 human condition by a method, means or procedure which the  
15 licensee refuses to divulge upon demand of the Department.

16 (20) Immoral conduct in the commission of any act  
17 including, but not limited to, commission of an act of  
18 sexual misconduct related to the licensee's practice.

19 (21) Willfully making or filing false records or  
20 reports in his or her practice as a physician, including,  
21 but not limited to, false records to support claims against  
22 the medical assistance program of the Department of  
23 Healthcare and Family Services (formerly Department of  
24 Public Aid) under the Illinois Public Aid Code.

25 (22) Willful omission to file or record, or willfully  
26 impeding the filing or recording, or inducing another

1 person to omit to file or record, medical reports as  
2 required by law, or willfully failing to report an instance  
3 of suspected abuse or neglect as required by law.

4 (23) Being named as a perpetrator in an indicated  
5 report by the Department of Children and Family Services  
6 under the Abused and Neglected Child Reporting Act, and  
7 upon proof by clear and convincing evidence that the  
8 licensee has caused a child to be an abused child or  
9 neglected child as defined in the Abused and Neglected  
10 Child Reporting Act.

11 (24) Solicitation of professional patronage by any  
12 corporation, agents or persons, or profiting from those  
13 representing themselves to be agents of the licensee.

14 (25) Gross and willful and continued overcharging for  
15 professional services, including filing false statements  
16 for collection of fees for which services are not rendered,  
17 including, but not limited to, filing such false statements  
18 for collection of monies for services not rendered from the  
19 medical assistance program of the Department of Healthcare  
20 and Family Services (formerly Department of Public Aid)  
21 under the Illinois Public Aid Code.

22 (26) A pattern of practice or other behavior which  
23 demonstrates incapacity or incompetence to practice under  
24 this Act.

25 (27) Mental illness or disability which results in the  
26 inability to practice under this Act with reasonable

1 judgment, skill or safety.

2 (28) Physical illness, including, but not limited to,  
3 deterioration through the aging process, or loss of motor  
4 skill which results in a physician's inability to practice  
5 under this Act with reasonable judgment, skill or safety.

6 (29) Cheating on or attempt to subvert the licensing  
7 examinations administered under this Act.

8 (30) Willfully or negligently violating the  
9 confidentiality between physician and patient except as  
10 required by law.

11 (31) The use of any false, fraudulent, or deceptive  
12 statement in any document connected with practice under  
13 this Act.

14 (32) Aiding and abetting an individual not licensed  
15 under this Act in the practice of a profession licensed  
16 under this Act.

17 (33) Violating state or federal laws or regulations  
18 relating to controlled substances, legend drugs, or  
19 ephedra as defined in the Ephedra Prohibition Act.

20 (34) Failure to report to the Department any adverse  
21 final action taken against them by another licensing  
22 jurisdiction (any other state or any territory of the  
23 United States or any foreign state or country), by any peer  
24 review body, by any health care institution, by any  
25 professional society or association related to practice  
26 under this Act, by any governmental agency, by any law

1 enforcement agency, or by any court for acts or conduct  
2 similar to acts or conduct which would constitute grounds  
3 for action as defined in this Section.

4 (35) Failure to report to the Department surrender of a  
5 license or authorization to practice as a medical doctor, a  
6 doctor of osteopathy, a doctor of osteopathic medicine, or  
7 doctor of chiropractic in another state or jurisdiction, or  
8 surrender of membership on any medical staff or in any  
9 medical or professional association or society, while  
10 under disciplinary investigation by any of those  
11 authorities or bodies, for acts or conduct similar to acts  
12 or conduct which would constitute grounds for action as  
13 defined in this Section.

14 (36) Failure to report to the Department any adverse  
15 judgment, settlement, or award arising from a liability  
16 claim related to acts or conduct similar to acts or conduct  
17 which would constitute grounds for action as defined in  
18 this Section.

19 (37) Failure to provide copies of medical records as  
20 required by law.

21 (38) Failure to furnish the Department, its  
22 investigators or representatives, relevant information,  
23 legally requested by the Department after consultation  
24 with the Chief Medical Coordinator or the Deputy Medical  
25 Coordinator.

26 (39) Violating the Health Care Worker Self-Referral



1 Act.

2 (40) Willful failure to provide notice when notice is  
3 required under the Parental Notice of Abortion Act of 1995.

4 (41) Failure to establish and maintain records of  
5 patient care and treatment as required by this law.

6 (42) Entering into an excessive number of written  
7 collaborative agreements with licensed advanced practice  
8 registered nurses resulting in an inability to adequately  
9 collaborate.

10 (43) Repeated failure to adequately collaborate with a  
11 licensed advanced practice registered nurse.

12 (44) Violating the Compassionate Use of Medical  
13 Cannabis Pilot Program Act.

14 (45) Entering into an excessive number of written  
15 collaborative agreements with licensed prescribing  
16 psychologists resulting in an inability to adequately  
17 collaborate.

18 (46) Repeated failure to adequately collaborate with a  
19 licensed prescribing psychologist.

20 (47) Willfully failing to report an instance of  
21 suspected abuse, neglect, financial exploitation, or  
22 self-neglect of an eligible adult as defined in and  
23 required by the Adult Protective Services Act.

24 (48) Being named as an abuser in a verified report by  
25 the Department on Aging under the Adult Protective Services  
26 Act, and upon proof by clear and convincing evidence that

1 the licensee abused, neglected, or financially exploited  
2 an eligible adult as defined in the Adult Protective  
3 Services Act.

4 (49) Entering into an excessive number of written  
5 collaborative agreements with licensed physician  
6 assistants resulting in an inability to adequately  
7 collaborate.

8 (50) Repeated failure to adequately collaborate with a  
9 physician assistant.

10 Except for actions involving the ground numbered (26), all  
11 proceedings to suspend, revoke, place on probationary status,  
12 or take any other disciplinary action as the Department may  
13 deem proper, with regard to a license on any of the foregoing  
14 grounds, must be commenced within 5 years next after receipt by  
15 the Department of a complaint alleging the commission of or  
16 notice of the conviction order for any of the acts described  
17 herein. Except for the grounds numbered (8), (9), (26), and  
18 (29), no action shall be commenced more than 10 years after the  
19 date of the incident or act alleged to have violated this  
20 Section. For actions involving the ground numbered (26), a  
21 pattern of practice or other behavior includes all incidents  
22 alleged to be part of the pattern of practice or other behavior  
23 that occurred, or a report pursuant to Section 23 of this Act  
24 received, within the 10-year period preceding the filing of the  
25 complaint. In the event of the settlement of any claim or cause  
26 of action in favor of the claimant or the reduction to final

1 judgment of any civil action in favor of the plaintiff, such  
2 claim, cause of action or civil action being grounded on the  
3 allegation that a person licensed under this Act was negligent  
4 in providing care, the Department shall have an additional  
5 period of 2 years from the date of notification to the  
6 Department under Section 23 of this Act of such settlement or  
7 final judgment in which to investigate and commence formal  
8 disciplinary proceedings under Section 36 of this Act, except  
9 as otherwise provided by law. The time during which the holder  
10 of the license was outside the State of Illinois shall not be  
11 included within any period of time limiting the commencement of  
12 disciplinary action by the Department.

13 The entry of an order or judgment by any circuit court  
14 establishing that any person holding a license under this Act  
15 is a person in need of mental treatment operates as a  
16 suspension of that license. That person may resume their  
17 practice only upon the entry of a Departmental order based upon  
18 a finding by the Disciplinary Board that they have been  
19 determined to be recovered from mental illness by the court and  
20 upon the Disciplinary Board's recommendation that they be  
21 permitted to resume their practice.

22 The Department may refuse to issue or take disciplinary  
23 action concerning the license of any person who fails to file a  
24 return, or to pay the tax, penalty or interest shown in a filed  
25 return, or to pay any final assessment of tax, penalty or  
26 interest, as required by any tax Act administered by the

1 Illinois Department of Revenue, until such time as the  
2 requirements of any such tax Act are satisfied as determined by  
3 the Illinois Department of Revenue.

4 The Department, upon the recommendation of the  
5 Disciplinary Board, shall adopt rules which set forth standards  
6 to be used in determining:

7 (a) when a person will be deemed sufficiently  
8 rehabilitated to warrant the public trust;

9 (b) what constitutes dishonorable, unethical or  
10 unprofessional conduct of a character likely to deceive,  
11 defraud, or harm the public;

12 (c) what constitutes immoral conduct in the commission  
13 of any act, including, but not limited to, commission of an  
14 act of sexual misconduct related to the licensee's  
15 practice; and

16 (d) what constitutes gross negligence in the practice  
17 of medicine.

18 However, no such rule shall be admissible into evidence in  
19 any civil action except for review of a licensing or other  
20 disciplinary action under this Act.

21 In enforcing this Section, the Disciplinary Board or the  
22 Licensing Board, upon a showing of a possible violation, may  
23 compel, in the case of the Disciplinary Board, any individual  
24 who is licensed to practice under this Act or holds a permit to  
25 practice under this Act, or, in the case of the Licensing  
26 Board, any individual who has applied for licensure or a permit

1 pursuant to this Act, to submit to a mental or physical  
2 examination and evaluation, or both, which may include a  
3 substance abuse or sexual offender evaluation, as required by  
4 the Licensing Board or Disciplinary Board and at the expense of  
5 the Department. The Disciplinary Board or Licensing Board shall  
6 specifically designate the examining physician licensed to  
7 practice medicine in all of its branches or, if applicable, the  
8 multidisciplinary team involved in providing the mental or  
9 physical examination and evaluation, or both. The  
10 multidisciplinary team shall be led by a physician licensed to  
11 practice medicine in all of its branches and may consist of one  
12 or more or a combination of physicians licensed to practice  
13 medicine in all of its branches, licensed chiropractic  
14 physicians, licensed clinical psychologists, licensed clinical  
15 social workers, licensed clinical professional counselors, and  
16 other professional and administrative staff. Any examining  
17 physician or member of the multidisciplinary team may require  
18 any person ordered to submit to an examination and evaluation  
19 pursuant to this Section to submit to any additional  
20 supplemental testing deemed necessary to complete any  
21 examination or evaluation process, including, but not limited  
22 to, blood testing, urinalysis, psychological testing, or  
23 neuropsychological testing. The Disciplinary Board, the  
24 Licensing Board, or the Department may order the examining  
25 physician or any member of the multidisciplinary team to  
26 provide to the Department, the Disciplinary Board, or the

1 Licensing Board any and all records, including business  
2 records, that relate to the examination and evaluation,  
3 including any supplemental testing performed. The Disciplinary  
4 Board, the Licensing Board, or the Department may order the  
5 examining physician or any member of the multidisciplinary team  
6 to present testimony concerning this examination and  
7 evaluation of the licensee, permit holder, or applicant,  
8 including testimony concerning any supplemental testing or  
9 documents relating to the examination and evaluation. No  
10 information, report, record, or other documents in any way  
11 related to the examination and evaluation shall be excluded by  
12 reason of any common law or statutory privilege relating to  
13 communication between the licensee, permit holder, or  
14 applicant and the examining physician or any member of the  
15 multidisciplinary team. No authorization is necessary from the  
16 licensee, permit holder, or applicant ordered to undergo an  
17 evaluation and examination for the examining physician or any  
18 member of the multidisciplinary team to provide information,  
19 reports, records, or other documents or to provide any  
20 testimony regarding the examination and evaluation. The  
21 individual to be examined may have, at his or her own expense,  
22 another physician of his or her choice present during all  
23 aspects of the examination. Failure of any individual to submit  
24 to mental or physical examination and evaluation, or both, when  
25 directed, shall result in an automatic suspension, without  
26 hearing, until such time as the individual submits to the

1 examination. If the Disciplinary Board or Licensing Board finds  
2 a physician unable to practice following an examination and  
3 evaluation because of the reasons set forth in this Section,  
4 the Disciplinary Board or Licensing Board shall require such  
5 physician to submit to care, counseling, or treatment by  
6 physicians, or other health care professionals, approved or  
7 designated by the Disciplinary Board, as a condition for  
8 issued, continued, reinstated, or renewed licensure to  
9 practice. Any physician, whose license was granted pursuant to  
10 Sections 9, 17, or 19 of this Act, or, continued, reinstated,  
11 renewed, disciplined or supervised, subject to such terms,  
12 conditions or restrictions who shall fail to comply with such  
13 terms, conditions or restrictions, or to complete a required  
14 program of care, counseling, or treatment, as determined by the  
15 Chief Medical Coordinator or Deputy Medical Coordinators,  
16 shall be referred to the Secretary for a determination as to  
17 whether the licensee shall have their license suspended  
18 immediately, pending a hearing by the Disciplinary Board. In  
19 instances in which the Secretary immediately suspends a license  
20 under this Section, a hearing upon such person's license must  
21 be convened by the Disciplinary Board within 15 days after such  
22 suspension and completed without appreciable delay. The  
23 Disciplinary Board shall have the authority to review the  
24 subject physician's record of treatment and counseling  
25 regarding the impairment, to the extent permitted by applicable  
26 federal statutes and regulations safeguarding the

1 confidentiality of medical records.

2 An individual licensed under this Act, affected under this  
3 Section, shall be afforded an opportunity to demonstrate to the  
4 Disciplinary Board that they can resume practice in compliance  
5 with acceptable and prevailing standards under the provisions  
6 of their license.

7 The Department may promulgate rules for the imposition of  
8 fines in disciplinary cases, not to exceed \$10,000 for each  
9 violation of this Act. Fines may be imposed in conjunction with  
10 other forms of disciplinary action, but shall not be the  
11 exclusive disposition of any disciplinary action arising out of  
12 conduct resulting in death or injury to a patient. Any funds  
13 collected from such fines shall be deposited in the Illinois  
14 State Medical Disciplinary Fund.

15 All fines imposed under this Section shall be paid within  
16 60 days after the effective date of the order imposing the fine  
17 or in accordance with the terms set forth in the order imposing  
18 the fine.

19 (B) The Department shall revoke the license or permit  
20 issued under this Act to practice medicine or a chiropractic  
21 physician who has been convicted a second time of committing  
22 any felony under the Illinois Controlled Substances Act or the  
23 Methamphetamine Control and Community Protection Act, or who  
24 has been convicted a second time of committing a Class 1 felony  
25 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A  
26 person whose license or permit is revoked under this subsection



1 B shall be prohibited from practicing medicine or treating  
2 human ailments without the use of drugs and without operative  
3 surgery.

4 (C) The Department shall not revoke, suspend, place on  
5 probation, reprimand, refuse to issue or renew, or take any  
6 other disciplinary or non-disciplinary action against the  
7 license or permit issued under this Act to practice medicine to  
8 a physician:

9 (1) based solely upon the recommendation of the  
10 physician to an eligible patient regarding, or  
11 prescription for, or treatment with, an investigational  
12 drug, biological product, or device; or

13 (2) for experimental treatment for Lyme disease or  
14 other tick-borne diseases, including, but not limited to,  
15 the prescription of or treatment with long-term  
16 antibiotics.

17 (D) The Disciplinary Board shall recommend to the  
18 Department civil penalties and any other appropriate  
19 discipline in disciplinary cases when the Board finds that a  
20 physician willfully performed an abortion with actual  
21 knowledge that the person upon whom the abortion has been  
22 performed is a minor or an incompetent person without notice as  
23 required under the Parental Notice of Abortion Act of 1995.  
24 Upon the Board's recommendation, the Department shall impose,  
25 for the first violation, a civil penalty of \$1,000 and for a  
26 second or subsequent violation, a civil penalty of \$5,000.

1 (Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17;  
2 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; 100-605, eff.  
3 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff. 1-1-19; revised  
4 12-19-18.)

5 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

6 (Section scheduled to be repealed on December 31, 2019)

7 Sec. 36. Investigation; notice.

8 (a) Upon the motion of either the Department or the  
9 Disciplinary Board or upon the verified complaint in writing of  
10 any person setting forth facts which, if proven, would  
11 constitute grounds for suspension or revocation under Section  
12 22 of this Act, the Department shall investigate the actions of  
13 any person, so accused, who holds or represents that they hold  
14 a license. Such person is hereinafter called the accused.

15 (b) The Department shall, before suspending, revoking,  
16 placing on probationary status, or taking any other  
17 disciplinary action as the Department may deem proper with  
18 regard to any license at least 30 days prior to the date set  
19 for the hearing, notify the accused in writing of any charges  
20 made and the time and place for a hearing of the charges before  
21 the Disciplinary Board, direct them to file their written  
22 answer thereto to the Disciplinary Board under oath within 20  
23 days after the service on them of such notice and inform them  
24 that if they fail to file such answer default will be taken  
25 against them and their license may be suspended, revoked,

1 placed on probationary status, or have other disciplinary  
2 action, including limiting the scope, nature or extent of their  
3 practice, as the Department may deem proper taken with regard  
4 thereto. The Department shall, at least 14 days prior to the  
5 date set for the hearing, notify in writing any person who  
6 filed a complaint against the accused of the time and place for  
7 the hearing of the charges against the accused before the  
8 Disciplinary Board and inform such person whether he or she may  
9 provide testimony at the hearing.

10 (c) (Blank). ~~Where a physician has been found, upon~~  
11 ~~complaint and investigation of the Department, and after~~  
12 ~~hearing, to have performed an abortion procedure in a wilful~~  
13 ~~and wanton manner upon a woman who was not pregnant at the time~~  
14 ~~such abortion procedure was performed, the Department shall~~  
15 ~~automatically revoke the license of such physician to practice~~  
16 ~~medicine in Illinois.~~

17 (d) Such written notice and any notice in such proceedings  
18 thereafter may be served by delivery of the same, personally,  
19 to the accused person, or by mailing the same by registered or  
20 certified mail to the accused person's address of record.

21 (e) All information gathered by the Department during its  
22 investigation including information subpoenaed under Section  
23 23 or 38 of this Act and the investigative file shall be kept  
24 for the confidential use of the Secretary, Disciplinary Board,  
25 the Medical Coordinators, persons employed by contract to  
26 advise the Medical Coordinator or the Department, the

1 Disciplinary Board's attorneys, the medical investigative  
2 staff, and authorized clerical staff, as provided in this Act  
3 and shall be afforded the same status as is provided  
4 information concerning medical studies in Part 21 of Article  
5 VIII of the Code of Civil Procedure, except that the Department  
6 may disclose information and documents to a federal, State, or  
7 local law enforcement agency pursuant to a subpoena in an  
8 ongoing criminal investigation to a health care licensing body  
9 of this State or another state or jurisdiction pursuant to an  
10 official request made by that licensing body. Furthermore,  
11 information and documents disclosed to a federal, State, or  
12 local law enforcement agency may be used by that agency only  
13 for the investigation and prosecution of a criminal offense or,  
14 in the case of disclosure to a health care licensing body, only  
15 for investigations and disciplinary action proceedings with  
16 regard to a license issued by that licensing body.

17 (Source: P.A. 97-449, eff. 1-1-12; 97-622, eff. 11-23-11;  
18 98-1140, eff. 12-30-14.)

19 Section 910-50. The Nurse Practice Act is amended by  
20 changing Section 65-35 and 65-43 as follows:

21 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

22 (Section scheduled to be repealed on January 1, 2028)

23 Sec. 65-35. Written collaborative agreements.

24 (a) A written collaborative agreement is required for all

1 advanced practice registered nurses engaged in clinical  
2 practice prior to meeting the requirements of Section 65-43,  
3 except for advanced practice registered nurses who are  
4 privileged to practice in a hospital, hospital affiliate, or  
5 ambulatory surgical treatment center.

6 (a-5) If an advanced practice registered nurse engages in  
7 clinical practice outside of a hospital, hospital affiliate, or  
8 ambulatory surgical treatment center in which he or she is  
9 privileged to practice, the advanced practice registered nurse  
10 must have a written collaborative agreement, except as set  
11 forth in Section 65-43.

12 (b) A written collaborative agreement shall describe the  
13 relationship of the advanced practice registered nurse with the  
14 collaborating physician and shall describe the categories of  
15 care, treatment, or procedures to be provided by the advanced  
16 practice registered nurse. A collaborative agreement with a  
17 podiatric physician must be in accordance with subsection (c-5)  
18 or (c-15) of this Section. A collaborative agreement with a  
19 dentist must be in accordance with subsection (c-10) of this  
20 Section. A collaborative agreement with a podiatric physician  
21 must be in accordance with subsection (c-5) of this Section.  
22 Collaboration does not require an employment relationship  
23 between the collaborating physician and the advanced practice  
24 registered nurse.

25 The collaborative relationship under an agreement shall  
26 not be construed to require the personal presence of a

1 collaborating physician at the place where services are  
2 rendered. Methods of communication shall be available for  
3 consultation with the collaborating physician in person or by  
4 telecommunications or electronic communications as set forth  
5 in the written agreement.

6 (b-5) Absent an employment relationship, a written  
7 collaborative agreement may not (1) restrict the categories of  
8 patients of an advanced practice registered nurse within the  
9 scope of the advanced practice registered nurses training and  
10 experience, (2) limit third party payors or government health  
11 programs, such as the medical assistance program or Medicare  
12 with which the advanced practice registered nurse contracts, or  
13 (3) limit the geographic area or practice location of the  
14 advanced practice registered nurse in this State.

15 (c) In the case of anesthesia services provided by a  
16 certified registered nurse anesthetist, an anesthesiologist, a  
17 physician, a dentist, or a podiatric physician must participate  
18 through discussion of and agreement with the anesthesia plan  
19 and remain physically present and available on the premises  
20 during the delivery of anesthesia services for diagnosis,  
21 consultation, and treatment of emergency medical conditions.

22 (c-5) A certified registered nurse anesthetist, who  
23 provides anesthesia services outside of a hospital or  
24 ambulatory surgical treatment center shall enter into a written  
25 collaborative agreement with an anesthesiologist or the  
26 physician licensed to practice medicine in all its branches or

1 the podiatric physician performing the procedure. Outside of a  
2 hospital or ambulatory surgical treatment center, the  
3 certified registered nurse anesthetist may provide only those  
4 services that the collaborating podiatric physician is  
5 authorized to provide pursuant to the Podiatric Medical  
6 Practice Act of 1987 and rules adopted thereunder. A certified  
7 registered nurse anesthetist may select, order, and administer  
8 medication, including controlled substances, and apply  
9 appropriate medical devices for delivery of anesthesia  
10 services under the anesthesia plan agreed with by the  
11 anesthesiologist or the operating physician or operating  
12 podiatric physician.

13 (c-10) A certified registered nurse anesthetist who  
14 provides anesthesia services in a dental office shall enter  
15 into a written collaborative agreement with an  
16 anesthesiologist or the physician licensed to practice  
17 medicine in all its branches or the operating dentist  
18 performing the procedure. The agreement shall describe the  
19 working relationship of the certified registered nurse  
20 anesthetist and dentist and shall authorize the categories of  
21 care, treatment, or procedures to be performed by the certified  
22 registered nurse anesthetist. In a collaborating dentist's  
23 office, the certified registered nurse anesthetist may only  
24 provide those services that the operating dentist with the  
25 appropriate permit is authorized to provide pursuant to the  
26 Illinois Dental Practice Act and rules adopted thereunder. For

1 anesthesia services, an anesthesiologist, physician, or  
2 operating dentist shall participate through discussion of and  
3 agreement with the anesthesia plan and shall remain physically  
4 present and be available on the premises during the delivery of  
5 anesthesia services for diagnosis, consultation, and treatment  
6 of emergency medical conditions. A certified registered nurse  
7 anesthetist may select, order, and administer medication,  
8 including controlled substances, and apply appropriate medical  
9 devices for delivery of anesthesia services under the  
10 anesthesia plan agreed with by the operating dentist.

11 (c-15) An advanced practice registered nurse who had a  
12 written collaborative agreement with a podiatric physician  
13 immediately before the effective date of Public Act 100-513 may  
14 continue in that collaborative relationship or enter into a new  
15 written collaborative relationship with a podiatric physician  
16 under the requirements of this Section and Section 65-40, as  
17 those Sections existed immediately before the amendment of  
18 those Sections by Public Act 100-513 with regard to a written  
19 collaborative agreement between an advanced practice  
20 registered nurse and a podiatric physician.

21 (d) A copy of the signed, written collaborative agreement  
22 must be available to the Department upon request from both the  
23 advanced practice registered nurse and the collaborating  
24 physician, dentist, or podiatric physician.

25 (e) Nothing in this Act shall be construed to limit the  
26 delegation of tasks or duties by a physician to a licensed



1 practical nurse, a registered professional nurse, or other  
2 persons in accordance with Section 54.2 of the Medical Practice  
3 Act of 1987. Nothing in this Act shall be construed to limit  
4 the method of delegation that may be authorized by any means,  
5 including, but not limited to, oral, written, electronic,  
6 standing orders, protocols, guidelines, or verbal orders.

7 (e-5) Nothing in this Act shall be construed to authorize  
8 an advanced practice registered nurse to provide health care  
9 services required by law or rule to be performed by a  
10 physician. The scope of practice of an advanced practice  
11 registered nurse does not include operative surgery. Nothing in  
12 this Section shall be construed to preclude an advanced  
13 practice registered nurse from assisting in surgery, including  
14 ~~those acts to be performed by a physician in Section 3.1 of the~~  
15 ~~Illinois Abortion Law of 1975.~~

16 (f) An advanced practice registered nurse shall inform each  
17 collaborating physician, dentist, or podiatric physician of  
18 all collaborative agreements he or she has signed and provide a  
19 copy of these to any collaborating physician, dentist, or  
20 podiatric physician upon request.

21 (g) (Blank).

22 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18;  
23 100-577, eff. 1-26-18; 100-1096, eff. 8-26-18.)

24 (225 ILCS 65/65-43)

25 (Section scheduled to be repealed on January 1, 2028)

1           Sec. 65-43. Full practice authority.

2           (a) An Illinois-licensed advanced practice registered  
3 nurse certified as a nurse practitioner, nurse midwife, or  
4 clinical nurse specialist shall be deemed by law to possess the  
5 ability to practice without a written collaborative agreement  
6 as set forth in this Section.

7           (b) An advanced practice registered nurse certified as a  
8 nurse midwife, clinical nurse specialist, or nurse  
9 practitioner who files with the Department a notarized  
10 attestation of completion of at least 250 hours of continuing  
11 education or training and at least 4,000 hours of clinical  
12 experience after first attaining national certification shall  
13 not require a written collaborative agreement, except as  
14 specified in subsection (c). Documentation of successful  
15 completion shall be provided to the Department upon request.

16           Continuing education or training hours required by  
17 subsection (b) shall be in the advanced practice registered  
18 nurse's area of certification as set forth by Department rule.

19           The clinical experience must be in the advanced practice  
20 registered nurse's area of certification. The clinical  
21 experience shall be in collaboration with a physician or  
22 physicians. Completion of the clinical experience must be  
23 attested to by the collaborating physician or physicians and  
24 the advanced practice registered nurse.

25           (c) The scope of practice of an advanced practice  
26 registered nurse with full practice authority includes:

1           (1) all matters included in subsection (c) of Section  
2           65-30 of this Act;

3           (2) practicing without a written collaborative  
4           agreement in all practice settings consistent with  
5           national certification;

6           (3) authority to prescribe both legend drugs and  
7           Schedule II through V controlled substances; this  
8           authority includes prescription of, selection of, orders  
9           for, administration of, storage of, acceptance of samples  
10          of, and dispensing over the counter medications, legend  
11          drugs, and controlled substances categorized as any  
12          Schedule II through V controlled substances, as defined in  
13          Article II of the Illinois Controlled Substances Act, and  
14          other preparations, including, but not limited to,  
15          botanical and herbal remedies;

16          (4) prescribing benzodiazepines or Schedule II  
17          narcotic drugs, such as opioids, only in a consultation  
18          relationship with a physician; this consultation  
19          relationship shall be recorded in the Prescription  
20          Monitoring Program website, pursuant to Section 316 of the  
21          Illinois Controlled Substances Act, by the physician and  
22          advanced practice registered nurse with full practice  
23          authority and is not required to be filed with the  
24          Department; the specific Schedule II narcotic drug must be  
25          identified by either brand name or generic name; the  
26          specific Schedule II narcotic drug, such as an opioid, may

1 be administered by oral dosage or topical or transdermal  
2 application; delivery by injection or other route of  
3 administration is not permitted; at least monthly, the  
4 advanced practice registered nurse and the physician must  
5 discuss the condition of any patients for whom a  
6 benzodiazepine or opioid is prescribed; nothing in this  
7 subsection shall be construed to require a prescription by  
8 an advanced practice registered nurse with full practice  
9 authority to require a physician name;

10 (5) authority to obtain an Illinois controlled  
11 substance license and a federal Drug Enforcement  
12 Administration number; and

13 (6) use of only local anesthetic.

14 The scope of practice of an advanced practice registered  
15 nurse does not include operative surgery. Nothing in this  
16 Section shall be construed to preclude an advanced practice  
17 registered nurse from assisting in surgery.

18 (d) The Department may adopt rules necessary to administer  
19 this Section, including, but not limited to, requiring the  
20 completion of forms and the payment of fees.

21 (e) Nothing in this Act shall be construed to authorize an  
22 advanced practice registered nurse with full practice  
23 authority to provide health care services required by law or  
24 rule to be performed by a physician, ~~including, but not limited~~  
25 ~~to, those acts to be performed by a physician in Section 3.1 of~~  
26 ~~the Illinois Abortion Law of 1975.~~

1 (Source: P.A. 100-513, eff. 1-1-18.)

2 Section 910-53. The Physician Assistant Practice Act of  
3 1987 is amended by changing Section 7.5 as follows:

4 (225 ILCS 95/7.5)

5 (Section scheduled to be repealed on January 1, 2028)

6 Sec. 7.5. Written collaborative agreements; prescriptive  
7 authority.

8 (a) A written collaborative agreement is required for all  
9 physician assistants to practice in the State, except as  
10 provided in Section 7.7 of this Act.

11 (1) A written collaborative agreement shall describe  
12 the working relationship of the physician assistant with  
13 the collaborating physician and shall describe the  
14 categories of care, treatment, or procedures to be provided  
15 by the physician assistant. The written collaborative  
16 agreement shall promote the exercise of professional  
17 judgment by the physician assistant commensurate with his  
18 or her education and experience. The services to be  
19 provided by the physician assistant shall be services that  
20 the collaborating physician is authorized to and generally  
21 provides to his or her patients in the normal course of his  
22 or her clinical medical practice. The written  
23 collaborative agreement need not describe the exact steps  
24 that a physician assistant must take with respect to each

1 specific condition, disease, or symptom but must specify  
2 which authorized procedures require the presence of the  
3 collaborating physician as the procedures are being  
4 performed. The relationship under a written collaborative  
5 agreement shall not be construed to require the personal  
6 presence of a physician at the place where services are  
7 rendered. Methods of communication shall be available for  
8 consultation with the collaborating physician in person or  
9 by telecommunications or electronic communications as set  
10 forth in the written collaborative agreement. For the  
11 purposes of this Act, "generally provides to his or her  
12 patients in the normal course of his or her clinical  
13 medical practice" means services, not specific tasks or  
14 duties, the collaborating physician routinely provides  
15 individually or through delegation to other persons so that  
16 the physician has the experience and ability to collaborate  
17 and provide consultation.

18 (2) The written collaborative agreement shall be  
19 adequate if a physician does each of the following:

20 (A) Participates in the joint formulation and  
21 joint approval of orders or guidelines with the  
22 physician assistant and he or she periodically reviews  
23 such orders and the services provided patients under  
24 such orders in accordance with accepted standards of  
25 medical practice and physician assistant practice.

26 (B) Provides consultation at least once a month.

1           (3) A copy of the signed, written collaborative  
2 agreement must be available to the Department upon request  
3 from both the physician assistant and the collaborating  
4 physician.

5           (4) A physician assistant shall inform each  
6 collaborating physician of all written collaborative  
7 agreements he or she has signed and provide a copy of these  
8 to any collaborating physician upon request.

9           (b) A collaborating physician may, but is not required to,  
10 delegate prescriptive authority to a physician assistant as  
11 part of a written collaborative agreement. This authority may,  
12 but is not required to, include prescription of, selection of,  
13 orders for, administration of, storage of, acceptance of  
14 samples of, and dispensing medical devices, over the counter  
15 medications, legend drugs, medical gases, and controlled  
16 substances categorized as Schedule II through V controlled  
17 substances, as defined in Article II of the Illinois Controlled  
18 Substances Act, and other preparations, including, but not  
19 limited to, botanical and herbal remedies. The collaborating  
20 physician must have a valid, current Illinois controlled  
21 substance license and federal registration with the Drug  
22 Enforcement Agency to delegate the authority to prescribe  
23 controlled substances.

24           (1) To prescribe Schedule II, III, IV, or V controlled  
25 substances under this Section, a physician assistant must  
26 obtain a mid-level practitioner controlled substances

1 license. Medication orders issued by a physician assistant  
2 shall be reviewed periodically by the collaborating  
3 physician.

4 (2) The collaborating physician shall file with the  
5 Department notice of delegation of prescriptive authority  
6 to a physician assistant and termination of delegation,  
7 specifying the authority delegated or terminated. Upon  
8 receipt of this notice delegating authority to prescribe  
9 controlled substances, the physician assistant shall be  
10 eligible to register for a mid-level practitioner  
11 controlled substances license under Section 303.05 of the  
12 Illinois Controlled Substances Act. Nothing in this Act  
13 shall be construed to limit the delegation of tasks or  
14 duties by the collaborating physician to a nurse or other  
15 appropriately trained persons in accordance with Section  
16 54.2 of the Medical Practice Act of 1987.

17 (3) In addition to the requirements of this subsection  
18 (b), a collaborating physician may, but is not required to,  
19 delegate authority to a physician assistant to prescribe  
20 Schedule II controlled substances, if all of the following  
21 conditions apply:

22 (A) Specific Schedule II controlled substances by  
23 oral dosage or topical or transdermal application may  
24 be delegated, provided that the delegated Schedule II  
25 controlled substances are routinely prescribed by the  
26 collaborating physician. This delegation must identify



1 the specific Schedule II controlled substances by  
2 either brand name or generic name. Schedule II  
3 controlled substances to be delivered by injection or  
4 other route of administration may not be delegated.

5 (B) (Blank).

6 (C) Any prescription must be limited to no more  
7 than a 30-day supply, with any continuation authorized  
8 only after prior approval of the collaborating  
9 physician.

10 (D) The physician assistant must discuss the  
11 condition of any patients for whom a controlled  
12 substance is prescribed monthly with the collaborating  
13 physician.

14 (E) The physician assistant meets the education  
15 requirements of Section 303.05 of the Illinois  
16 Controlled Substances Act.

17 (c) Nothing in this Act shall be construed to limit the  
18 delegation of tasks or duties by a physician to a licensed  
19 practical nurse, a registered professional nurse, or other  
20 persons. Nothing in this Act shall be construed to limit the  
21 method of delegation that may be authorized by any means,  
22 including, but not limited to, oral, written, electronic,  
23 standing orders, protocols, guidelines, or verbal orders.  
24 Nothing in this Act shall be construed to authorize a physician  
25 assistant to provide health care services required by law or  
26 rule to be performed by a physician. Nothing in this Act shall

1 be construed to authorize the delegation or performance of  
2 operative surgery. Nothing in this Section shall be construed  
3 to preclude a physician assistant from assisting in surgery.

4 (c-5) Nothing in this Section shall be construed to apply  
5 to any medication authority, including Schedule II controlled  
6 substances of a licensed physician assistant for care provided  
7 in a hospital, hospital affiliate, or ambulatory surgical  
8 treatment center pursuant to Section 7.7 of this Act.

9 (d) (Blank).

10 (e) Nothing in this Section shall be construed to prohibit  
11 generic substitution.

12 (Source: P.A. 100-453, eff. 8-25-17.)

13 Section 910-55. The Vital Records Act is amended by  
14 changing Section 1 as follows:

15 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

16 Sec. 1. As used in this Act, unless the context otherwise  
17 requires:

18 (1) "Vital records" means records of births, deaths, fetal  
19 deaths, marriages, dissolution of marriages, and data related  
20 thereto.

21 (2) "System of vital records" includes the registration,  
22 collection, preservation, amendment, and certification of  
23 vital records, and activities related thereto.

24 (3) "Filing" means the presentation of a certificate,

1 report, or other record provided for in this Act, of a birth,  
2 death, fetal death, adoption, marriage, or dissolution of  
3 marriage, for registration by the Office of Vital Records.

4 (4) "Registration" means the acceptance by the Office of  
5 Vital Records and the incorporation in its official records of  
6 certificates, reports, or other records provided for in this  
7 Act, of births, deaths, fetal deaths, adoptions, marriages, or  
8 dissolution of marriages.

9 (5) "Live birth" means the complete expulsion or extraction  
10 from its mother of a product of human conception, irrespective  
11 of the duration of pregnancy, which after such separation  
12 breathes or shows any other evidence of life such as beating of  
13 the heart, pulsation of the umbilical cord, or definite  
14 movement of voluntary muscles, whether or not the umbilical  
15 cord has been cut or the placenta is attached.

16 (6) "Fetal death" means death prior to the complete  
17 expulsion or extraction from the uterus ~~its mother~~ of a product  
18 of human conception, irrespective of the duration of pregnancy,  
19 and which is not due to an abortion as defined in Section 1-10  
20 of the Reproductive Health Act. † The ~~the~~ death is indicated by  
21 the fact that after such separation the fetus does not breathe  
22 or show any other evidence of life such as beating of the  
23 heart, pulsation of the umbilical cord, or definite movement of  
24 voluntary muscles.

25 (7) "Dead body" means a lifeless human body or parts of  
26 such body or bones thereof from the state of which it may

1 reasonably be concluded that death has occurred.

2 (8) "Final disposition" means the burial, cremation, or  
3 other disposition of a dead human body or fetus or parts  
4 thereof.

5 (9) "Physician" means a person licensed to practice  
6 medicine in Illinois or any other state.

7 (10) "Institution" means any establishment, public or  
8 private, which provides in-patient medical, surgical, or  
9 diagnostic care or treatment, or nursing, custodial, or  
10 domiciliary care to 2 or more unrelated individuals, or to  
11 which persons are committed by law.

12 (11) "Department" means the Department of Public Health of  
13 the State of Illinois.

14 (12) "Director" means the Director of the Illinois  
15 Department of Public Health.

16 (13) "Licensed health care professional" means a person  
17 licensed to practice as a physician, advanced practice  
18 registered nurse, or physician assistant in Illinois or any  
19 other state.

20 (14) "Licensed mental health professional" means a person  
21 who is licensed or registered to provide mental health services  
22 by the Department of Financial and Professional Regulation or a  
23 board of registration duly authorized to register or grant  
24 licenses to persons engaged in the practice of providing mental  
25 health services in Illinois or any other state.

26 (15) "Intersex condition" means a condition in which a

1 person is born with a reproductive or sexual anatomy or  
2 chromosome pattern that does not fit typical definitions of  
3 male or female.

4 (16) "Homeless person" means an individual who meets the  
5 definition of "homeless" under Section 103 of the federal  
6 McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) or an  
7 individual residing in any of the living situations described  
8 in 42 U.S.C. 11434a(2).

9 (Source: P.A. 100-360, eff. 1-1-18; 100-506, eff. 1-1-18;  
10 100-863, eff. 8-14-18.)

11 Section 910-60. The Environmental Protection Act is  
12 amended by changing Section 56.1 as follows:

13 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

14 Sec. 56.1. Acts prohibited.

15 (A) No person shall:

16 (a) Cause or allow the disposal of any potentially  
17 infectious medical waste. Sharps may be disposed in any  
18 landfill permitted by the Agency under Section 21 of this  
19 Act to accept municipal waste for disposal, if both:

20 (1) the infectious potential has been eliminated  
21 from the sharps by treatment; and

22 (2) the sharps are packaged in accordance with  
23 Board regulations.

24 (b) Cause or allow the delivery of any potentially

1 infectious medical waste for transport, storage,  
2 treatment, or transfer except in accordance with Board  
3 regulations.

4 (c) Beginning July 1, 1992, cause or allow the delivery  
5 of any potentially infectious medical waste to a person or  
6 facility for storage, treatment, or transfer that does not  
7 have a permit issued by the agency to receive potentially  
8 infectious medical waste, unless no permit is required  
9 under subsection (g) (1).

10 (d) Beginning July 1, 1992, cause or allow the delivery  
11 or transfer of any potentially infectious medical waste for  
12 transport unless:

13 (1) the transporter has a permit issued by the  
14 Agency to transport potentially infectious medical  
15 waste, or the transporter is exempt from the permit  
16 requirement set forth in subsection (f) (1).

17 (2) a potentially infectious medical waste  
18 manifest is completed for the waste if a manifest is  
19 required under subsection (h).

20 (e) Cause or allow the acceptance of any potentially  
21 infectious medical waste for purposes of transport,  
22 storage, treatment, or transfer except in accordance with  
23 Board regulations.

24 (f) Beginning July 1, 1992, conduct any potentially  
25 infectious medical waste transportation operation:

26 (1) Without a permit issued by the Agency to

1 transport potentially infectious medical waste. No  
2 permit is required under this provision (f) (1) for:

3 (A) a person transporting potentially  
4 infectious medical waste generated solely by that  
5 person's activities;

6 (B) noncommercial transportation of less than  
7 50 pounds of potentially infectious medical waste  
8 at any one time; or

9 (C) the U.S. Postal Service.

10 (2) In violation of any condition of any permit  
11 issued by the Agency under this Act.

12 (3) In violation of any regulation adopted by the  
13 Board.

14 (4) In violation of any order adopted by the Board  
15 under this Act.

16 (g) Beginning July 1, 1992, conduct any potentially  
17 infectious medical waste treatment, storage, or transfer  
18 operation:

19 (1) without a permit issued by the Agency that  
20 specifically authorizes the treatment, storage, or  
21 transfer of potentially infectious medical waste. No  
22 permit is required under this subsection (g) or  
23 subsection (d) (1) of Section 21 for any:

24 (A) Person conducting a potentially infectious  
25 medical waste treatment, storage, or transfer  
26 operation for potentially infectious medical waste

1 generated by the person's own activities that are  
2 treated, stored, or transferred within the site  
3 where the potentially infectious medical waste is  
4 generated.

5 (B) Hospital that treats, stores, or transfers  
6 only potentially infectious medical waste  
7 generated by its own activities or by members of  
8 its medical staff.

9 (C) Sharps collection station that is operated  
10 in accordance with Section 56.7.

11 (2) in violation of any condition of any permit  
12 issued by the Agency under this Act.

13 (3) in violation of any regulation adopted by the  
14 Board.

15 (4) In violation of any order adopted by the Board  
16 under this Act.

17 (h) Transport potentially infectious medical waste  
18 unless the transporter carries a completed potentially  
19 infectious medical waste manifest. No manifest is required  
20 for the transportation of:

21 (1) potentially infectious medical waste being  
22 transported by generators who generated the waste by  
23 their own activities, when the potentially infectious  
24 medical waste is transported within or between sites or  
25 facilities owned, controlled, or operated by that  
26 person;



1           (2) less than 50 pounds of potentially infectious  
2           medical waste at any one time for a noncommercial  
3           transportation activity; or

4           (3) potentially infectious medical waste by the  
5           U.S. Postal Service.

6           (i) Offer for transportation, transport, deliver,  
7           receive or accept potentially infectious medical waste for  
8           which a manifest is required, unless the manifest indicates  
9           that the fee required under Section 56.4 of this Act has  
10          been paid.

11          (j) Beginning January 1, 1994, conduct a potentially  
12          infectious medical waste treatment operation at an  
13          incinerator in existence on the effective date of this  
14          Title in violation of emission standards established for  
15          these incinerators under Section 129 of the Clean Air Act  
16          (42 USC 7429), as amended.

17          (k) Beginning July 1, 2015, knowingly mix household  
18          sharps, including, but not limited to, hypodermic,  
19          intravenous, or other medical needles or syringes or other  
20          medical household waste containing used or unused sharps,  
21          including, but not limited to, hypodermic, intravenous, or  
22          other medical needles or syringes or other sharps, with any  
23          other material intended for collection as a recyclable  
24          material by a residential hauler.

25          (l) Beginning on July 1, 2015, knowingly place  
26          household sharps into a container intended for collection

1 by a residential hauler for processing at a recycling  
2 center.

3 (B) In making its orders and determinations relative to  
4 penalties, if any, to be imposed for violating subdivision  
5 (A)(a) of this Section, the Board, in addition to the factors  
6 in Sections 33(c) and 42(h) of this Act, or the Court shall  
7 take into consideration whether the owner or operator of the  
8 landfill reasonably relied on written statements from the  
9 person generating or treating the waste that the waste is not  
10 potentially infectious medical waste.

11 (C) Notwithstanding subsection (A) or any other provision  
12 of law, including the Vital Records Act, tissue and products  
13 from an abortion, as defined in Section 1-10 of the  
14 Reproductive Health Act, or a miscarriage may be buried,  
15 entombed, or cremated.

16 (Source: P.A. 99-82, eff. 7-20-15.)

17 Section 910-65. The Criminal Code of 2012 is amended by  
18 changing Section 9-1.2, 9-2.1, 9-3.2, and 12-3.1 as follows:

19 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

20 Sec. 9-1.2. Intentional Homicide of an Unborn Child.

21 (a) A person commits the offense of intentional homicide of  
22 an unborn child if, in performing acts which cause the death of  
23 an unborn child, he without lawful justification:

24 (1) either intended to cause the death of or do great

1           bodily harm to the pregnant individual ~~woman~~ or ~~her~~ unborn  
2           child or knew that such acts would cause death or great  
3           bodily harm to the pregnant individual ~~woman~~ or ~~her~~ unborn  
4           child; or

5           (2) knew that his acts created a strong probability of  
6           death or great bodily harm to the pregnant individual ~~woman~~  
7           or ~~her~~ unborn child; and

8           (3) knew that the individual ~~woman~~ was pregnant.

9           (b) For purposes of this Section, (1) "unborn child" shall  
10          mean any individual of the human species from the implantation  
11          of an embryo ~~fertilization~~ until birth, and (2) "person" shall  
12          not include the pregnant woman whose unborn child is killed.

13          (c) This Section shall not apply to acts which cause the  
14          death of an unborn child if those acts were committed during  
15          any abortion, as defined in Section 1-10 of the Reproductive  
16          Health Act, Section 2 of the Illinois Abortion Law of 1975, as  
17          ~~amended~~, to which the pregnant individual ~~woman~~ has consented.  
18          This Section shall not apply to acts which were committed  
19          pursuant to usual and customary standards of medical practice  
20          during diagnostic testing or therapeutic treatment.

21          (d) Penalty. The sentence for intentional homicide of an  
22          unborn child shall be the same as for first degree murder,  
23          except that:

24                 (1) the death penalty may not be imposed;

25                 (2) if the person committed the offense while armed  
26                 with a firearm, 15 years shall be added to the term of

1 imprisonment imposed by the court;

2 (3) if, during the commission of the offense, the  
3 person personally discharged a firearm, 20 years shall be  
4 added to the term of imprisonment imposed by the court;

5 (4) if, during the commission of the offense, the  
6 person personally discharged a firearm that proximately  
7 caused great bodily harm, permanent disability, permanent  
8 disfigurement, or death to another person, 25 years or up  
9 to a term of natural life shall be added to the term of  
10 imprisonment imposed by the court.

11 (e) The provisions of this Act shall not be construed to  
12 prohibit the prosecution of any person under any other  
13 provision of law.

14 (Source: P.A. 96-1000, eff. 7-2-10.)

15 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

16 Sec. 9-2.1. Voluntary Manslaughter of an Unborn Child. (a)  
17 A person who kills an unborn child without lawful justification  
18 commits voluntary manslaughter of an unborn child if at the  
19 time of the killing he is acting under a sudden and intense  
20 passion resulting from serious provocation by another whom the  
21 offender endeavors to kill, but he negligently or accidentally  
22 causes the death of the unborn child.

23 Serious provocation is conduct sufficient to excite an  
24 intense passion in a reasonable person.

25 (b) A person who intentionally or knowingly kills an unborn

1 child commits voluntary manslaughter of an unborn child if at  
2 the time of the killing he believes the circumstances to be  
3 such that, if they existed, would justify or exonerate the  
4 killing under the principles stated in Article 7 of this Code,  
5 but his belief is unreasonable.

6 (c) Sentence. Voluntary Manslaughter of an unborn child is  
7 a Class 1 felony.

8 (d) For purposes of this Section, (1) "unborn child" shall  
9 mean any individual of the human species from the implantation  
10 of an embryo fertilization until birth, and (2) "person" shall  
11 not include the pregnant individual woman whose unborn child is  
12 killed.

13 (e) This Section shall not apply to acts which cause the  
14 death of an unborn child if those acts were committed during  
15 any abortion, as defined in Section 1-10 of the Reproductive  
16 Health Act, Section 2 of the Illinois Abortion Law of 1975, as  
17 amended, to which the pregnant individual woman has consented.  
18 This Section shall not apply to acts which were committed  
19 pursuant to usual and customary standards of medical practice  
20 during diagnostic testing or therapeutic treatment.

21 (Source: P.A. 84-1414.)

22 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

23 Sec. 9-3.2. Involuntary Manslaughter and Reckless Homicide  
24 of an Unborn Child. (a) A person who unintentionally kills an  
25 unborn child without lawful justification commits involuntary

1 manslaughter of an unborn child if his acts whether lawful or  
2 unlawful which cause the death are such as are likely to cause  
3 death or great bodily harm to some individual, and he performs  
4 them recklessly, except in cases in which the cause of death  
5 consists of the driving of a motor vehicle, in which case the  
6 person commits reckless homicide of an unborn child.

7 (b) Sentence.

8 (1) Involuntary manslaughter of an unborn child is a Class  
9 3 felony.

10 (2) Reckless homicide of an unborn child is a Class 3  
11 felony.

12 (c) For purposes of this Section, (1) "unborn child" shall  
13 mean any individual of the human species from the implantation  
14 of an embryo ~~fertilization~~ until birth, and (2) "person" shall  
15 not include the pregnant individual ~~woman~~ whose unborn child is  
16 killed.

17 (d) This Section shall not apply to acts which cause the  
18 death of an unborn child if those acts were committed during  
19 any abortion, as defined in Section 1-10 of the Reproductive  
20 Health Act, Section 2 of the Illinois Abortion Law of 1975, as  
21 ~~amended~~, to which the pregnant individual ~~woman~~ has consented.  
22 This Section shall not apply to acts which were committed  
23 pursuant to usual and customary standards of medical practice  
24 during diagnostic testing or therapeutic treatment.

25 (e) The provisions of this Section shall not be construed  
26 to prohibit the prosecution of any person under any other

1 provision of law, nor shall it be construed to preclude any  
2 civil cause of action.

3 (Source: P.A. 84-1414.)

4 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

5 Sec. 12-3.1. Battery of an unborn child; aggravated battery  
6 of an unborn child.

7 (a) A person commits battery of an unborn child if he or  
8 she knowingly without legal justification and by any means  
9 causes bodily harm to an unborn child.

10 (a-5) A person commits aggravated battery of an unborn  
11 child when, in committing a battery of an unborn child, he or  
12 she knowingly causes great bodily harm or permanent disability  
13 or disfigurement to an unborn child.

14 (b) For purposes of this Section, (1) "unborn child" shall  
15 mean any individual of the human species from the implantation  
16 of an embryo fertilization until birth, and (2) "person" shall  
17 not include the pregnant individual woman whose unborn child is  
18 harmed.

19 (c) Sentence. Battery of an unborn child is a Class A  
20 misdemeanor. Aggravated battery of an unborn child is a Class 2  
21 felony.

22 (d) This Section shall not apply to acts which cause bodily  
23 harm to an unborn child if those acts were committed during any  
24 abortion, as defined in Section 1-10 of the Reproductive Health  
25 Act, Section 2 of the Illinois Abortion Law of 1975, as

1 ~~amended,~~ to which the pregnant individual ~~woman~~ has consented.  
2 This Section shall not apply to acts which were committed  
3 pursuant to usual and customary standards of medical practice  
4 during diagnostic testing or therapeutic treatment.  
5 (Source: P.A. 96-1551, eff. 7-1-11.)

6 Section 910-70. The Code of Civil Procedure is amended by  
7 changing Section 8-802 as follows:

8 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

9 Sec. 8-802. Physician and patient. No physician or surgeon  
10 shall be permitted to disclose any information he or she may  
11 have acquired in attending any patient in a professional  
12 character, necessary to enable him or her professionally to  
13 serve the patient, except only (1) in trials for homicide when  
14 the disclosure relates directly to the fact or immediate  
15 circumstances of the homicide, (2) in actions, civil or  
16 criminal, against the physician for malpractice, (3) with the  
17 expressed consent of the patient, or in case of his or her  
18 death or disability, of his or her personal representative or  
19 other person authorized to sue for personal injury or of the  
20 beneficiary of an insurance policy on his or her life, health,  
21 or physical condition, or as authorized by Section 8-2001.5,  
22 (4) in all actions brought by or against the patient, his or  
23 her personal representative, a beneficiary under a policy of  
24 insurance, or the executor or administrator of his or her



1 estate wherein the patient's physical or mental condition is an  
2 issue, (5) upon an issue as to the validity of a document as a  
3 will of the patient, (6) (blank) ~~in any criminal action where~~  
4 ~~the charge is either first degree murder by abortion, attempted~~  
5 ~~abortion or abortion,~~ (7) in actions, civil or criminal,  
6 arising from the filing of a report in compliance with the  
7 Abused and Neglected Child Reporting Act, (8) to any  
8 department, agency, institution or facility which has custody  
9 of the patient pursuant to State statute or any court order of  
10 commitment, (9) in prosecutions where written results of blood  
11 alcohol tests are admissible pursuant to Section 11-501.4 of  
12 the Illinois Vehicle Code, (10) in prosecutions where written  
13 results of blood alcohol tests are admissible under Section  
14 5-11a of the Boat Registration and Safety Act, (11) in criminal  
15 actions arising from the filing of a report of suspected  
16 terrorist offense in compliance with Section 29D-10(p)(7) of  
17 the Criminal Code of 2012, (12) upon the issuance of a subpoena  
18 pursuant to Section 38 of the Medical Practice Act of 1987; the  
19 issuance of a subpoena pursuant to Section 25.1 of the Illinois  
20 Dental Practice Act; the issuance of a subpoena pursuant to  
21 Section 22 of the Nursing Home Administrators Licensing and  
22 Disciplinary Act; or the issuance of a subpoena pursuant to  
23 Section 25.5 of the Workers' Compensation Act, (13) upon the  
24 issuance of a grand jury subpoena pursuant to Article 112 of  
25 the Code of Criminal Procedure of 1963, or (14) to or through a  
26 health information exchange, as that term is defined in Section

1 2 of the Mental Health and Developmental Disabilities  
2 Confidentiality Act, in accordance with State or federal law.

3 Upon disclosure under item (13) of this Section, in any  
4 criminal action where the charge is domestic battery,  
5 aggravated domestic battery, or an offense under Article 11 of  
6 the Criminal Code of 2012 or where the patient is under the age  
7 of 18 years or upon the request of the patient, the State's  
8 Attorney shall petition the court for a protective order  
9 pursuant to Supreme Court Rule 415.

10 In the event of a conflict between the application of this  
11 Section and the Mental Health and Developmental Disabilities  
12 Confidentiality Act to a specific situation, the provisions of  
13 the Mental Health and Developmental Disabilities  
14 Confidentiality Act shall control.

15 (Source: P.A. 98-954, eff. 1-1-15; 98-1046, eff. 1-1-15; 99-78,  
16 eff. 7-20-15.)

17 Section 910-73. The Health Care Right of Conscience Act is  
18 amended by changing Section 3 as follows:

19 (745 ILCS 70/3) (from Ch. 111 1/2, par. 5303)

20 Sec. 3. Definitions. As used in this Act, unless the  
21 context clearly otherwise requires:

22 (a) "Health care" means any phase of patient care,  
23 including but not limited to, testing; diagnosis;  
24 prognosis; ancillary research; instructions; family

1 planning, counselling, referrals, or any other advice in  
2 connection with the use or procurement of contraceptives  
3 and sterilization or abortion procedures; medication; ~~or~~  
4 surgery or other care or treatment rendered by a physician  
5 or physicians, nurses, paraprofessionals or health care  
6 facility, intended for the physical, emotional, and mental  
7 well-being of persons; or an abortion as defined by the  
8 Reproductive Health Act;

9 (b) "Physician" means any person who is licensed by the  
10 State of Illinois under the Medical Practice Act of 1987;

11 (c) "Health care personnel" means any nurse, nurses'  
12 aide, medical school student, professional,  
13 paraprofessional or any other person who furnishes, or  
14 assists in the furnishing of, health care services;

15 (d) "Health care facility" means any public or private  
16 hospital, clinic, center, medical school, medical training  
17 institution, laboratory or diagnostic facility,  
18 physician's office, infirmary, dispensary, ambulatory  
19 surgical treatment center or other institution or location  
20 wherein health care services are provided to any person,  
21 including physician organizations and associations,  
22 networks, joint ventures, and all other combinations of  
23 those organizations;

24 (e) "Conscience" means a sincerely held set of moral  
25 convictions arising from belief in and relation to God, or  
26 which, though not so derived, arises from a place in the

1 life of its possessor parallel to that filled by God among  
2 adherents to religious faiths;

3 (f) "Health care payer" means a health maintenance  
4 organization, insurance company, management services  
5 organization, or any other entity that pays for or arranges  
6 for the payment of any health care or medical care service,  
7 procedure, or product; and

8 (g) "Undue delay" means unreasonable delay that causes  
9 impairment of the patient's health.

10 The above definitions include not only the traditional  
11 combinations and forms of these persons and organizations but  
12 also all new and emerging forms and combinations of these  
13 persons and organizations.

14 (Source: P.A. 99-690, eff. 1-1-17.)

15 Section 910-75. The Rights of Married Persons Act is  
16 amended by changing Section 15 as follows:

17 (750 ILCS 65/15) (from Ch. 40, par. 1015)

18 Sec. 15. (a)(1) The expenses of the family and of the  
19 education of the children shall be chargeable upon the property  
20 of both husband and wife, or of either of them, in favor of  
21 creditors therefor, and in relation thereto they may be sued  
22 jointly or separately.

23 (2) No creditor, who has a claim against a spouse or former  
24 spouse for an expense incurred by that spouse or former spouse

1 which is not a family expense, shall maintain an action against  
2 the other spouse or former spouse for that expense except:

3 (A) an expense for which the other spouse or former spouse  
4 agreed, in writing, to be liable; or

5 (B) an expense for goods or merchandise purchased by or in  
6 the possession of the other spouse or former spouse, or for  
7 services ordered by the other spouse or former spouse.

8 (3) Any creditor who maintains an action in violation of  
9 this subsection (a) for an expense other than a family expense  
10 against a spouse or former spouse other than the spouse or  
11 former spouse who incurred the expense, shall be liable to the  
12 other spouse or former spouse for his or her costs, expenses  
13 and attorney's fees incurred in defending the action.

14 (4) No creditor shall, with respect to any claim against a  
15 spouse or former spouse for which the creditor is prohibited  
16 under this subsection (a) from maintaining an action against  
17 the other spouse or former spouse, engage in any collection  
18 efforts against the other spouse or former spouse, including,  
19 but not limited to, informal or formal collection attempts,  
20 referral of the claim to a collector or collection agency for  
21 collection from the other spouse or former spouse, or making  
22 any representation to a credit reporting agency that the other  
23 spouse or former spouse is any way liable for payment of the  
24 claim.

25 (b) (Blank). ~~No spouse shall be liable for any expense~~  
26 ~~incurred by the other spouse when an abortion is performed on~~

1 ~~such spouse, without the consent of such other spouse, unless~~  
2 ~~the physician who performed the abortion certifies that such~~  
3 ~~abortion is necessary to preserve the life of the spouse who~~  
4 ~~obtained such abortion.~~

5 (c) (Blank). ~~No parent shall be liable for any expense~~  
6 ~~incurred by his or her minor child when an abortion is~~  
7 ~~performed on such minor child without the consent of both~~  
8 ~~parents of such child, if they both have custody, or the parent~~  
9 ~~having custody, or legal guardian of such child, unless the~~  
10 ~~physician who performed the abortion certifies that such~~  
11 ~~abortion is necessary to preserve the life of the minor child~~  
12 ~~who obtained such abortion.~~

13 (Source: P.A. 86-689.)

14 Section 910-995. No acceleration or delay. Where this Act  
15 makes changes in a statute that is represented in this Act by  
16 text that is not yet or no longer in effect (for example, a  
17 Section represented by multiple versions), the use of that text  
18 does not accelerate or delay the taking effect of (i) the  
19 changes made by this Act or (ii) provisions derived from any  
20 other Public Act.

21 Article 999. EFFECTIVE DATE

22 Section 999-999. Effective date. This Act takes effect upon  
23 becoming law."