

AN ACT concerning health care.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The Illinois Occupational Therapy Practice Act is amended by changing Sections 3.1 and 19 as follows:

(225 ILCS 75/3.1)

(Section scheduled to be repealed on January 1, 2014)

Sec. 3.1. Referrals. A licensed occupational therapist or licensed occupational therapy assistant may consult with, educate, evaluate, and monitor services for clients concerning non-medical occupational therapy needs. Implementation of direct occupational therapy to individuals for their specific health care conditions shall be based upon a referral from a licensed physician, dentist, podiatrist, advanced practice nurse who has a written collaborative agreement with a collaborating physician to provide or accept referrals from licensed occupational therapists, physician assistant who has been delegated authority to provide or accept referrals from or to licensed occupational therapists, or optometrist.

An occupational therapist shall refer to a licensed physician, dentist, optometrist, advanced practice nurse, physician assistant, or podiatrist any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the occupational therapist.

(Source: P.A. 92-297, eff. 1-1-02; 93-461, eff. 8-8-03.)

(225 ILCS 75/19) (from Ch. 111, par. 3719)

(Section scheduled to be repealed on January 1, 2014)

Sec. 19. (a) The Department may refuse to issue or renew, or may revoke, suspend, place on probation, reprimand or take other disciplinary action as the Department may deem proper,

including fines not to exceed \$2,500 for each violation, with regard to any license for any one or combination of the following:

(1) Material misstatement in furnishing information to the Department;

(2) Wilfully violating this Act, or of the rules promulgated thereunder;

(3) Conviction of any crime under the laws of the United States or any state or territory thereof which is a felony or which is a misdemeanor, an essential element of which is dishonesty, or of any crime which is directly related to the practice of occupational therapy;

(4) Making any misrepresentation for the purpose of obtaining certification, or violating any provision of this Act or the rules promulgated thereunder pertaining to advertising;

(5) Having demonstrated unworthiness, or incompetency to act as an occupational therapist or occupational therapy assistant in such manner as to safeguard the interest of the public;

(6) Wilfully aiding or assisting another person, firm, partnership or corporation in violating any provision of this Act or rules;

(7) Failing, within 60 days, to provide information in response to a written request made by the Department;

(8) Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public;

(9) Habitual intoxication or addiction to the use of drugs;

(10) Discipline by another state, the District of Columbia, a territory, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth herein;

(11) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership or association

any fee, commission, rebate or other form of compensation for professional services not actually or personally rendered;

(12) A finding by the Department that the license holder, after having his license disciplined, has violated the terms of the discipline;

(13) Wilfully making or filing false records or reports in the practice of occupational therapy, including but not limited to false records filed with the State agencies or departments;

(14) Physical illness, including but not limited to, deterioration through the aging process, or loss of motor skill which results in the inability to practice the profession with reasonable judgment, skill or safety;

(15) Solicitation of professional services other than by permitted advertising;

(16) Wilfully exceeding the scope of practice customarily undertaken by persons licensed under this Act, which conduct results in, or may result in, harm to the public;

(17) Holding one's self out to practice occupational therapy under any name other than his own or impersonation of any other occupational therapy licensee;

(18) Gross negligence;

(19) Malpractice;

(20) Obtaining a fee in money or gift in kind of any other items of value or in the form of financial profit or benefit as personal compensation, or as compensation, or charge, profit or gain for an employer or for any other person or persons, on the fraudulent misrepresentation that a manifestly incurable condition of sickness, disease or injury to any person can be cured;

(21) Accepting commissions or rebates or other forms of remuneration for referring persons to other professionals;

(22) Failure to file a return, or to pay the tax, penalty or interest shown in a filed return, or to pay any

final assessment of tax, penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied;

(23) Violating the Health Care Worker Self-Referral Act; and

(24) Having treated patients other than by the practice of occupational therapy as defined in this Act, or having treated patients as a licensed occupational therapist independent of a referral from a physician, advanced practice nurse or physician assistant in accordance with Section 3.1, dentist, podiatrist, or optometrist, or having failed to notify the physician, advanced practice nurse, physician assistant, dentist, podiatrist, or optometrist who established a diagnosis that the patient is receiving occupational therapy pursuant to that diagnosis.

(b) The determination by a circuit court that a license holder is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code, as now or hereafter amended, operates as an automatic suspension. Such suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission, an order by the court so finding and discharging the patient, and the recommendation of the Board to the Director that the license holder be allowed to resume his practice.

(c) The Department may refuse to issue or take disciplinary action concerning the license of any person who fails to file a return, to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest as required by any tax Act administered by the Department of Revenue, until such time as the requirements of any such tax Act are satisfied as determined by the Department of Revenue.

(d) In enforcing this Section, the Board, upon a showing of a possible violation, may compel a licensee or applicant to

submit to a mental or physical examination, or both, as required by and at the expense of the Department. The examining physicians or clinical psychologists shall be those specifically designated by the Board. The Board or the Department may order (i) the examining physician to present testimony concerning the mental or physical examination of a licensee or applicant or (ii) the examining clinical psychologist to present testimony concerning the mental examination of a licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between a licensee or applicant and the examining physician or clinical psychologist. An individual to be examined may have, at his or her own expense, another physician or clinical psychologist of his or her choice present during all aspects of the examination. Failure of an individual to submit to a mental or physical examination, when directed, is grounds for suspension of his or her license. The license must remain suspended until the person submits to the examination or the Board finds, after notice and hearing, that the refusal to submit to the examination was with reasonable cause.

If the Board finds an individual unable to practice because of the reasons set forth in this Section, the Board must require the individual to submit to care, counseling, or treatment by a physician or clinical psychologist approved by the Board, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice. In lieu of care, counseling, or treatment, the Board may recommend that the Department file a complaint to immediately suspend or revoke the license of the individual or otherwise discipline the licensee.

Any individual whose license was granted, continued, reinstated, or renewed subject to conditions, terms, or restrictions, as provided for in this Section, or any individual who was disciplined or placed on supervision pursuant to this Section must be referred to the Director for a

determination as to whether the person shall have his or her license suspended immediately, pending a hearing by the Board.

(Source: P.A. 93-461, eff. 8-8-03.)

Section 15. The Sexual Assault Survivors Emergency Treatment Act is amended by changing Sections 2.2, 5, and 6.4 as follows:

(410 ILCS 70/2.2)

Sec. 2.2. Emergency contraception.

(a) The General Assembly finds:

(1) Crimes of sexual violence cause significant physical, emotional, and psychological trauma to the victims. This trauma is compounded by a victim's fear of becoming pregnant and bearing a child as a result of the sexual assault.

(2) Each year over 32,000 women become pregnant in the United States as the result of rape and approximately 50% of these pregnancies end in abortion.

(3) As approved for use by the Federal Food and Drug Administration (FDA), emergency contraception can significantly reduce the risk of pregnancy if taken within 72 hours after the sexual assault.

(4) By providing emergency contraception to rape victims in a timely manner, the trauma of rape can be significantly reduced.

(b) Within 120 days after the effective date of this amendatory Act of the 92nd General Assembly, every hospital providing services to alleged sexual assault survivors in accordance with a plan approved under Section 2 must develop a protocol that ensures that each survivor of sexual assault will receive medically and factually accurate and written and oral information about emergency contraception; the indications and counter-indications and risks associated with the use of emergency contraception; and a description of how and when victims may be provided emergency contraception upon the

written order of a physician licensed to practice medicine in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes prescription of emergency contraception, or a physician assistant who has been delegated authority to prescribe emergency contraception. The Department shall approve the protocol if it finds that the implementation of the protocol would provide sufficient protection for survivors of an alleged sexual assault.

The hospital shall implement the protocol upon approval by the Department. The Department shall adopt rules and regulations establishing one or more safe harbor protocols and setting minimum acceptable protocol standards that hospitals may develop and implement. The Department shall approve any protocol that meets those standards. The Department may provide a sample acceptable protocol upon request.

(Source: P.A. 92-156, eff. 1-1-02.)

(410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

Sec. 5. Minimum requirements for hospitals providing emergency service to sexual assault survivors.

(a) Every hospital providing emergency hospital services to an alleged sexual assault survivor under this Act shall, as minimum requirements for such services, provide, with the consent of the alleged sexual assault survivor, and as ordered by the attending physician, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes provision of emergency services, or a physician assistant who has been delegated authority to provide emergency services, the following:

(1) appropriate medical examinations and laboratory tests required to ensure the health, safety, and welfare of an alleged sexual assault survivor or which may be used as evidence in a criminal proceeding against a person accused of the sexual assault, or both; and records of the results of such examinations and tests shall be maintained by the

hospital and made available to law enforcement officials upon the request of the alleged sexual assault survivor;

(2) appropriate oral and written information concerning the possibility of infection, sexually transmitted disease and pregnancy resulting from sexual assault;

(3) appropriate oral and written information concerning accepted medical procedures, medication, and possible contraindications of such medication available for the prevention or treatment of infection or disease resulting from sexual assault;

(4) such medication as deemed appropriate by the attending physician, an advanced practice nurse, or a physician assistant;

(5) a blood test to determine the presence or absence of sexually transmitted disease;

(6) written and oral instructions indicating the need for a second blood test 6 weeks after the sexual assault to determine the presence or absence of sexually transmitted disease; and

(7) appropriate counseling as determined by the hospital, by trained personnel designated by the hospital.

(b) Any minor who is an alleged survivor of sexual assault who seeks emergency services under this Act shall be provided such services without the consent of the parent, guardian or custodian of the minor.

(Source: P.A. 91-888, eff. 7-6-00.)

(410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

Sec. 6.4. Sexual assault evidence collection program.

(a) There is created a statewide sexual assault evidence collection program to facilitate the prosecution of persons accused of sexual assault. This program shall be administered by the Illinois State Police. The program shall consist of the following: (1) distribution of sexual assault evidence collection kits which have been approved by the Illinois State

Police to hospitals that request them, or arranging for such distribution by the manufacturer of the kits, (2) collection of the kits from hospitals after the kits have been used to collect evidence, (3) analysis of the collected evidence and conducting of laboratory tests, and (4) maintaining the chain of custody and safekeeping of the evidence for use in a legal proceeding. The standardized evidence collection kit for the State of Illinois shall be the State Police Evidence Collection Kit, also known as "S.P.E.C.K.". A sexual assault evidence collection kit may not be released by a hospital without the written consent of the sexual assault survivor. In the case of a survivor who is a minor 13 years of age or older, evidence and information concerning the alleged sexual assault may be released at the written request of the minor. If the survivor is a minor who is under 13 years of age, evidence and information concerning the alleged sexual assault may be released at the written request of the parent, guardian, investigating law enforcement officer, or Department of Children and Family Services. Any health care professional, including any physician, advanced practice nurse, physician assistant, or nurse, sexual assault nurse examiner, and any health care institution, including any hospital, who provides evidence or information to a law enforcement officer pursuant to a written request as specified in this Section is immune from any civil or professional liability that might arise from those actions, with the exception of willful or wanton misconduct. The immunity provision applies only if all of the requirements of this Section are met.

(b) The Illinois State Police shall administer a program to train hospitals and hospital personnel participating in the sexual assault evidence collection program, in the correct use and application of the sexual assault evidence collection kits. A sexual assault nurse examiner may conduct examinations using the sexual assault evidence collection kits, without the presence or participation of a physician. The Department of Public Health shall cooperate with the Illinois State Police in

this program as it pertains to medical aspects of the evidence collection.

(c) In this Section, "sexual assault nurse examiner" means a registered nurse who has completed a sexual assault nurse examiner (SANE) training program that meets the Forensic Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses.

(Source: P.A. 91-888, eff. 7-6-00; 92-514, eff. 1-1-02.)

Section 20. The Prenatal and Newborn Care Act is amended by changing Sections 2 and 6 as follows:

(410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

Sec. 2. Definitions. As used in this Act, unless the context otherwise requires:

"Advanced practice nurse" or "APN" means an advanced practice nurse licensed under the Nursing and Advanced Practice Nursing Act who has a written collaborative agreement with a collaborating physician that authorizes the provision of prenatal and newborn care.

~~(a)~~ "Department" means the Illinois Department of Human Services.

~~(b)~~ "Early and Periodic Screening, Diagnosis and Treatment (EPSDT)" means the provision of preventative health care under 42 C.F.R. 441.50 et seq., including medical and dental services, needed to assess growth and development and detect and treat health problems.

~~(c)~~ "Hospital" means a hospital as defined under the Hospital Licensing Act.

~~(d)~~ "Local health authority" means the full-time official health department or board of health, as recognized by the Illinois Department of Public Health, having jurisdiction over a particular area.

~~(e)~~ "Nurse" means a nurse licensed under the Nursing and Advanced Practice Nursing Act.

~~(f)~~ "Physician" means a physician licensed to practice

medicine in all of its branches.

"Physician assistant" means a physician assistant licensed under the Physician Assistant Practice Act of 1987 who has been delegated authority to provide prenatal and newborn care.

~~(g)~~ "Postnatal visit" means a visit occurring after birth, with reference to the newborn.

~~(h)~~ "Prenatal visit" means a visit occurring before birth.

~~(i)~~ "Program" means the Prenatal and Newborn Care Program established pursuant to this Act.

(Source: P.A. 89-507, eff. 7-1-97; 90-742, eff. 8-13-98.)

(410 ILCS 225/6) (from Ch. 111 1/2, par. 7026)

Sec. 6. Covered services.

(a) Covered services under the program may include, but are not necessarily limited to, the following:

(1) Laboratory services related to a recipient's pregnancy, performed or ordered by a physician, advanced practice nurse, or physician assistant.

(2) Screening and treatment for sexually transmitted disease.

(3) Prenatal visits to a physician in the physician's office, an advanced practice nurse in the advanced practice nurse's office, a physician assistant in the physician assistant's office, or to a hospital outpatient prenatal clinic, local health department maternity clinic, or community health center.

(4) Radiology services which are directly related to the pregnancy, are determined to be medically necessary and are ordered by a physician, an advanced practice nurse, or a physician assistant.

(5) Pharmacy services related to the pregnancy.

(6) Other medical consultations related to the pregnancy.

(7) Physician, advanced practice nurse, physician assistant, or nurse services associated with delivery.

(8) One postnatal office visit within 60 days after

delivery.

(9) Two EPSDT-equivalent screenings for the infant within 90 days after birth.

(10) Social and support services.

(11) Nutrition services.

(12) Case management services.

(b) The following services shall not be covered under the program:

(1) Services determined by the Department not to be medically necessary.

(2) Services not directly related to the pregnancy, except for the 2 covered EPSDT-equivalent screenings.

(3) Hospital inpatient services.

(4) Anesthesiologist and radiologist services during a period of hospital inpatient care.

(5) Physician, advanced practice nurse, and physician assistant hospital visits.

(6) Services considered investigational or experimental.

(Source: P.A. 89-187, eff. 7-19-95.)

Section 30. The Illinois Sexually Transmissible Disease Control Act is amended by changing Sections 4 and 5.5 as follows:

(410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

Sec. 4. Reporting required.

(a) A physician licensed under the provisions of the Medical Practice Act of 1987, an advanced practice nurse licensed under the provisions of the Nursing and Advanced Practice Nursing Act who has a written collaborative agreement with a collaborating physician that authorizes the provision of services for a sexually transmissible disease, or a physician assistant licensed under the provisions of the Physician Assistant Practice Act of 1987 who has been delegated authority to provide services for a sexually transmissible disease who

makes a diagnosis of or treats a person with a sexually transmissible disease and each laboratory that performs a test for a sexually transmissible disease which concludes with a positive result shall report such facts as may be required by the Department by rule, within such time period as the Department may require by rule, but in no case to exceed 2 weeks.

(b) The Department shall adopt rules specifying the information required in reporting a sexually transmissible disease, the method of reporting and specifying a minimum time period for reporting. In adopting such rules, the Department shall consider the need for information, protections for the privacy and confidentiality of the patient, and the practical abilities of persons and laboratories to report in a reasonable fashion.

(c) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually transmissible disease under this Section is guilty of a Class A misdemeanor.

(d) Any person who violates the provisions of this Section or the rules adopted hereunder may be fined by the Department up to \$500 for each violation. The Department shall report each violation of this Section to the regulatory agency responsible for licensing a health care professional or a laboratory to which these provisions apply.

(Source: P.A. 90-14, eff. 7-1-97.)

(410 ILCS 325/5.5) (from Ch. 111 1/2, par. 7405.5)

Sec. 5.5. Risk assessment.

(a) Whenever the Department receives a report of HIV infection or AIDS pursuant to this Act and the Department determines that the subject of the report may present or may have presented a possible risk of HIV transmission, the Department shall, when medically appropriate, investigate the subject of the report and that person's contacts as defined in subsection (c), to assess the potential risks of transmission.

Any investigation and action shall be conducted in a timely fashion. All contacts other than those defined in subsection (c) shall be investigated in accordance with Section 5 of this Act.

(b) If the Department determines that there is or may have been potential risks of HIV transmission from the subject of the report to other persons, the Department shall afford the subject the opportunity to submit any information and comment on proposed actions the Department intends to take with respect to the subject's contacts who are at potential risk of transmission of HIV prior to notification of the subject's contacts. The Department shall also afford the subject of the report the opportunity to notify the subject's contacts in a timely fashion who are at potential risk of transmission of HIV prior to the Department taking any steps to notify such contacts. If the subject declines to notify such contacts or if the Department determines the notices to be inadequate or incomplete, the Department shall endeavor to notify such other persons of the potential risk, and offer testing and counseling services to these individuals. When the contacts are notified, they shall be informed of the disclosure provisions of the AIDS Confidentiality Act and the penalties therein and this Section.

(c) Contacts investigated under this Section shall in the case of HIV infection include (i) individuals who have undergone invasive procedures performed by an HIV infected health care provider and (ii) health care providers who have performed invasive procedures for persons infected with HIV, provided the Department has determined that there is or may have been potential risk of HIV transmission from the health care provider to those individuals or from infected persons to health care providers. The Department shall have access to the subject's records to review for the identity of contacts. The subject's records shall not be copied or seized by the Department.

For purposes of this subsection, the term "invasive procedures" means those procedures termed invasive by the

Centers for Disease Control in current guidelines or recommendations for the prevention of HIV transmission in health care settings, and the term "health care provider" means any physician, dentist, podiatrist, advanced practice nurse, physician assistant, nurse, or other person providing health care services of any kind.

(d) All information and records held by the Department and local health authorities pertaining to activities conducted pursuant to this Section shall be strictly confidential and exempt from copying and inspection under the Freedom of Information Act. Such information and records shall not be released or made public by the Department or local health authorities, and shall not be admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency or person and shall be treated in the same manner as the information and those records subject to the provisions of Part 21 of the Code of Civil Procedure except under the following circumstances:

(1) When made with the written consent of all persons to whom this information pertains;

(2) When authorized under Section 8 to be released under court order or subpoena pursuant to Section 12-16.2 of the Criminal Code of 1961; or

(3) When made by the Department for the purpose of seeking a warrant authorized by Sections 6 and 7 of this Act. Such disclosure shall conform to the requirements of subsection (a) of Section 8 of this Act.

(e) Any person who knowingly or maliciously disseminates any information or report concerning the existence of any disease under this Section is guilty of a Class A misdemeanor.

(Source: P.A. 87-763.)

Section 35. The Consent by Minors to Medical Procedures Act is amended by changing Sections 1, 2, 3, and 5 as follows:

(410 ILCS 210/1) (from Ch. 111, par. 4501)

Sec. 1. Consent by minor. The consent to the performance of a medical or surgical procedure by a physician licensed to practice medicine and surgery, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes provision of services for minors, or a physician assistant who has been delegated authority to provide services for minors executed by a married person who is a minor, by a parent who is a minor, by a pregnant woman who is a minor, or by any person 18 years of age or older, is not voidable because of such minority, and, for such purpose, a married person who is a minor, a parent who is a minor, a pregnant woman who is a minor, or any person 18 years of age or older, is deemed to have the same legal capacity to act and has the same powers and obligations as has a person of legal age.

(Source: P.A. 89-187, eff. 7-19-95.)

(410 ILCS 210/2) (from Ch. 111, par. 4502)

Sec. 2. Any parent, including a parent who is a minor, may consent to the performance upon his or her child of a medical or surgical procedure by a physician licensed to practice medicine and surgery, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes provision of services for minors, or a physician assistant who has been delegated authority to provide services for minors or a dental procedure by a licensed dentist. The consent of a parent who is a minor shall not be voidable because of such minority, but, for such purpose, a parent who is a minor shall be deemed to have the same legal capacity to act and shall have the same powers and obligations as has a person of legal age.

(Source: P.A. 77-1661.)

(410 ILCS 210/3) (from Ch. 111, par. 4503)

Sec. 3. (a) Where a hospital, ~~or~~ a physician, licensed to practice medicine or surgery, an advanced practice nurse who has a written collaborative agreement with a collaborating

physician that authorizes provision of services for minors, or a physician assistant who has been delegated authority to provide services for minors renders emergency treatment or first aid or a licensed dentist renders emergency dental treatment to a minor, consent of the minor's parent or legal guardian need not be obtained if, in the sole opinion of the physician, advanced practice nurse, physician assistant, dentist, or hospital, the obtaining of consent is not reasonably feasible under the circumstances without adversely affecting the condition of such minor's health.

(b) Where a minor is the victim of a predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse or criminal sexual abuse, as provided in Sections 12-13 through 12-16 of the Criminal Code of 1961, as now or hereafter amended, the consent of the minor's parent or legal guardian need not be obtained to authorize a hospital, physician, advanced practice nurse, physician assistant, or other medical personnel to furnish medical care or counseling related to the diagnosis or treatment of any disease or injury arising from such offense. The minor may consent to such counseling, diagnosis or treatment as if the minor had reached his or her age of majority. Such consent shall not be voidable, nor subject to later disaffirmance, because of minority.

(Source: P.A. 89-428, eff. 12-13-95; 89-462, eff. 5-29-96.)

(410 ILCS 210/5) (from Ch. 111, par. 4505)

Sec. 5. Counseling; informing parent or guardian. Any physician, advanced practice nurse, or physician assistant, who provides diagnosis or treatment or any licensed clinical psychologist or professionally trained social worker with a master's degree or any qualified person employed (i) by an organization licensed or funded by the Department of Human Services, (ii) by units of local government, or (iii) by agencies or organizations operating drug abuse programs funded or licensed by the Federal Government or the State of Illinois

or any qualified person employed by or associated with any public or private alcoholism or drug abuse program licensed by the State of Illinois who provides counseling to a minor patient who has come into contact with any sexually transmitted disease referred to in Section 4 of this Act may, but shall not be obligated to, inform the parent, parents, or guardian of the minor as to the treatment given or needed. Any person described in this Section who provides counseling to a minor who abuses drugs or alcohol or has a family member who abuses drugs or alcohol shall not inform the parent, parents, guardian, or other responsible adult of the minor's condition or treatment without the minor's consent unless that action is, in the person's judgment, necessary to protect the safety of the minor, a family member, or another individual.

Any such person shall, upon the minor's consent, make reasonable efforts to involve the family of the minor in his or her treatment, if the person furnishing the treatment believes that the involvement of the family will not be detrimental to the progress and care of the minor. Reasonable effort shall be extended to assist the minor in accepting the involvement of his or her family in the care and treatment being given.

(Source: P.A. 89-187, eff. 7-19-95; 89-507, eff. 7-1-97.)

Section 99. Effective date. This Act takes effect upon becoming law.