

1 AN ACT concerning regulation.

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

4 Section 5. The Regulatory Sunset Act is amended by changing  
5 Section 4.28 and by adding Section 4.38 as follows:

6 (5 ILCS 80/4.28)

7 Sec. 4.28. Acts repealed on January 1, 2018. The following  
8 Acts are repealed on January 1, 2018:

9 The Illinois Petroleum Education and Marketing Act.

10 The Podiatric Medical Practice Act of 1987.

11 The Acupuncture Practice Act.

12 The Illinois Speech-Language Pathology and Audiology  
13 Practice Act.

14 The Interpreter for the Deaf Licensure Act of 2007.

15 ~~The Nurse Practice Act.~~

16 The Clinical Social Work and Social Work Practice Act.

17 The Pharmacy Practice Act.

18 The Home Medical Equipment and Services Provider License  
19 Act.

20 The Marriage and Family Therapy Licensing Act.

21 The Nursing Home Administrators Licensing and Disciplinary  
22 Act.

23 The Physician Assistant Practice Act of 1987.

1 (Source: P.A. 95-187, eff. 8-16-07; 95-235, eff. 8-17-07;  
2 95-450, eff. 8-27-07; 95-465, eff. 8-27-07; 95-617, eff.  
3 9-12-07; 95-639, eff. 10-5-07; 95-687, eff. 10-23-07; 95-689,  
4 eff. 10-29-07; 95-703, eff. 12-31-07; 95-876, eff. 8-21-08;  
5 96-328, eff. 8-11-09.)

6 (5 ILCS 80/4.38 new)

7 Sec. 4.38. Act repealed on January 1, 2028. The following  
8 Act is repealed on January 1, 2028:

9 The Nurse Practice Act.

10 Section 10. The State Employees Group Insurance Act of 1971  
11 is amended by changing Section 6.11A as follows:

12 (5 ILCS 375/6.11A)

13 Sec. 6.11A. Physical therapy and occupational therapy.

14 (a) The program of health benefits provided under this Act  
15 shall provide coverage for medically necessary physical  
16 therapy and occupational therapy when that therapy is ordered  
17 for the treatment of autoimmune diseases or referred for the  
18 same purpose by (i) a physician licensed under the Medical  
19 Practice Act of 1987, (ii) a physician assistant licensed under  
20 the Physician Assistant Practice Act of 1987, or (iii) an  
21 advanced practice registered nurse licensed under the Nurse  
22 Practice Act.

23 (b) For the purpose of this Section, "medically necessary"

1 means any care, treatment, intervention, service, or item that  
2 will or is reasonably expected to:

3 (i) prevent the onset of an illness, condition, injury,  
4 disease, or disability;

5 (ii) reduce or ameliorate the physical, mental, or  
6 developmental effects of an illness, condition, injury,  
7 disease, or disability; or

8 (iii) assist the achievement or maintenance of maximum  
9 functional activity in performing daily activities.

10 (c) The coverage required under this Section shall be  
11 subject to the same deductible, coinsurance, waiting period,  
12 cost sharing limitation, treatment limitation, calendar year  
13 maximum, or other limitations as provided for other physical or  
14 rehabilitative or occupational therapy benefits covered by the  
15 policy.

16 (d) Upon request of the reimbursing insurer, the provider  
17 of the physical therapy or occupational therapy shall furnish  
18 medical records, clinical notes, or other necessary data that  
19 substantiate that initial or continued treatment is medically  
20 necessary. When treatment is anticipated to require continued  
21 services to achieve demonstrable progress, the insurer may  
22 request a treatment plan consisting of the diagnosis, proposed  
23 treatment by type, proposed frequency of treatment,  
24 anticipated duration of treatment, anticipated outcomes stated  
25 as goals, and proposed frequency of updating the treatment  
26 plan.

1           (e) When making a determination of medical necessity for  
2 treatment, an insurer must make the determination in a manner  
3 consistent with the manner in which that determination is made  
4 with respect to other diseases or illnesses covered under the  
5 policy, including an appeals process. During the appeals  
6 process, any challenge to medical necessity may be viewed as  
7 reasonable only if the review includes a licensed health care  
8 professional with the same category of license as the  
9 professional who ordered or referred the service in question  
10 and with expertise in the most current and effective treatment.  
11 (Source: P.A. 99-581, eff. 1-1-17.)

12           Section 15. The Election Code is amended by changing  
13 Sections 19-12.1 and 19-13 as follows:

14           (10 ILCS 5/19-12.1) (from Ch. 46, par. 19-12.1)

15           Sec. 19-12.1. Any qualified elector who has secured an  
16 Illinois Person with a Disability Identification Card in  
17 accordance with the Illinois Identification Card Act,  
18 indicating that the person named thereon has a Class 1A or  
19 Class 2 disability or any qualified voter who has a permanent  
20 physical incapacity of such a nature as to make it improbable  
21 that he will be able to be present at the polls at any future  
22 election, or any voter who is a resident of (i) a federally  
23 operated veterans' home, hospital, or facility located in  
24 Illinois or (ii) a facility licensed or certified pursuant to

1 the Nursing Home Care Act, the Specialized Mental Health  
2 Rehabilitation Act of 2013, the ID/DD Community Care Act, or  
3 the MC/DD Act and has a condition or disability of such a  
4 nature as to make it improbable that he will be able to be  
5 present at the polls at any future election, may secure a  
6 voter's identification card for persons with disabilities or a  
7 nursing home resident's identification card, which will enable  
8 him to vote under this Article as a physically incapacitated or  
9 nursing home voter. For the purposes of this Section,  
10 "federally operated veterans' home, hospital, or facility"  
11 means the long-term care facilities at the Jesse Brown VA  
12 Medical Center, Illiana Health Care System, Edward Hines, Jr.  
13 VA Hospital, Marion VA Medical Center, and Captain James A.  
14 Lovell Federal Health Care Center.

15 Application for a voter's identification card for persons  
16 with disabilities or a nursing home resident's identification  
17 card shall be made either: (a) in writing, with voter's sworn  
18 affidavit, to the county clerk or board of election  
19 commissioners, as the case may be, and shall be accompanied by  
20 the affidavit of the attending physician, advanced practice  
21 registered nurse, or a physician assistant specifically  
22 describing the nature of the physical incapacity or the fact  
23 that the voter is a nursing home resident and is physically  
24 unable to be present at the polls on election days; or (b) by  
25 presenting, in writing or otherwise, to the county clerk or  
26 board of election commissioners, as the case may be, proof that

1 the applicant has secured an Illinois Person with a Disability  
2 Identification Card indicating that the person named thereon  
3 has a Class 1A or Class 2 disability. Upon the receipt of  
4 either the sworn-to application and the physician's, advanced  
5 practice registered nurse's, or a physician assistant's  
6 affidavit or proof that the applicant has secured an Illinois  
7 Person with a Disability Identification Card indicating that  
8 the person named thereon has a Class 1A or Class 2 disability,  
9 the county clerk or board of election commissioners shall issue  
10 a voter's identification card for persons with disabilities or  
11 a nursing home resident's identification card. Such  
12 identification cards shall be issued for a period of 5 years,  
13 upon the expiration of which time the voter may secure a new  
14 card by making application in the same manner as is prescribed  
15 for the issuance of an original card, accompanied by a new  
16 affidavit of the attending physician, advanced practice  
17 registered nurse, or a physician assistant. The date of  
18 expiration of such five-year period shall be made known to any  
19 interested person by the election authority upon the request of  
20 such person. Applications for the renewal of the identification  
21 cards shall be mailed to the voters holding such cards not less  
22 than 3 months prior to the date of expiration of the cards.

23 Each voter's identification card for persons with  
24 disabilities or nursing home resident's identification card  
25 shall bear an identification number, which shall be clearly  
26 noted on the voter's original and duplicate registration record

1 cards. In the event the holder becomes physically capable of  
2 resuming normal voting, he must surrender his voter's  
3 identification card for persons with disabilities or nursing  
4 home resident's identification card to the county clerk or  
5 board of election commissioners before the next election.

6 The holder of a voter's identification card for persons  
7 with disabilities or a nursing home resident's identification  
8 card may make application by mail for an official ballot within  
9 the time prescribed by Section 19-2. Such application shall  
10 contain the same information as is included in the form of  
11 application for ballot by a physically incapacitated elector  
12 prescribed in Section 19-3 except that it shall also include  
13 the applicant's voter's identification card for persons with  
14 disabilities card number and except that it need not be sworn  
15 to. If an examination of the records discloses that the  
16 applicant is lawfully entitled to vote, he shall be mailed a  
17 ballot as provided in Section 19-4. The ballot envelope shall  
18 be the same as that prescribed in Section 19-5 for voters with  
19 physical disabilities, and the manner of voting and returning  
20 the ballot shall be the same as that provided in this Article  
21 for other vote by mail ballots, except that a statement to be  
22 subscribed to by the voter but which need not be sworn to shall  
23 be placed on the ballot envelope in lieu of the affidavit  
24 prescribed by Section 19-5.

25 Any person who knowingly subscribes to a false statement in  
26 connection with voting under this Section shall be guilty of a

1 Class A misdemeanor.

2 For the purposes of this Section, "nursing home resident"  
3 includes a resident of (i) a federally operated veterans' home,  
4 hospital, or facility located in Illinois or (ii) a facility  
5 licensed under the ID/DD Community Care Act, the MC/DD Act, or  
6 the Specialized Mental Health Rehabilitation Act of 2013. For  
7 the purposes of this Section, "federally operated veterans'  
8 home, hospital, or facility" means the long-term care  
9 facilities at the Jesse Brown VA Medical Center, Illiana Health  
10 Care System, Edward Hines, Jr. VA Hospital, Marion VA Medical  
11 Center, and Captain James A. Lovell Federal Health Care Center.  
12 (Source: P.A. 98-104, eff. 7-22-13; 98-1171, eff. 6-1-15;  
13 99-143, eff. 7-27-15; 99-180, eff. 7-29-15; 99-581, eff.  
14 1-1-17; 99-642, eff. 6-28-16.)

15 (10 ILCS 5/19-13) (from Ch. 46, par. 19-13)

16 Sec. 19-13. Any qualified voter who has been admitted to a  
17 hospital, nursing home, or rehabilitation center due to an  
18 illness or physical injury not more than 14 days before an  
19 election shall be entitled to personal delivery of a vote by  
20 mail ballot in the hospital, nursing home, or rehabilitation  
21 center subject to the following conditions:

22 (1) The voter completes the Application for Physically  
23 Incapacitated Elector as provided in Section 19-3, stating as  
24 reasons therein that he is a patient in ..... (name  
25 of hospital/home/center), ..... located at,



1 ..... (address of hospital/home/center),  
 2 ..... (county, city/village), was admitted for  
 3 ..... (nature of illness or physical injury), on  
 4 ..... (date of admission), and does not expect to be  
 5 released from the hospital/home/center on or before the day of  
 6 election or, if released, is expected to be homebound on the  
 7 day of the election and unable to travel to the polling place.

8 (2) The voter's physician, advanced practice registered  
 9 nurse, or physician assistant completes a Certificate of  
 10 Attending Health Care Professional in a form substantially as  
 11 follows:

12 CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL

13 I state that I am a physician, advanced practice registered  
 14 nurse, or physician assistant, duly licensed to practice in the  
 15 State of .....; that ..... is a patient in .....  
 16 (name of hospital/home/center), located at .....  
 17 (address of hospital/home/center), ..... (county,  
 18 city/village); that such individual was admitted for  
 19 ..... (nature of illness or physical injury), on  
 20 ..... (date of admission); and that I have examined such  
 21 individual in the State in which I am licensed to practice and  
 22 do not expect such individual to be released from the  
 23 hospital/home/center on or before the day of election or, if  
 24 released, to be able to travel to the polling place on election  
 25 day.

26 Under penalties as provided by law pursuant to Section

1 29-10 of The Election Code, the undersigned certifies that the  
2 statements set forth in this certification are true and  
3 correct.

4 (Signature) .....

5 (Date licensed) .....

6 (3) Any person who is registered to vote in the same  
7 precinct as the admitted voter or any legal relative of the  
8 admitted voter may present such voter's vote by mail ballot  
9 application, completed as prescribed in paragraph 1,  
10 accompanied by the physician's, advanced practice registered  
11 nurse's, or a physician assistant's certificate, completed as  
12 prescribed in paragraph 2, to the election authority. Such  
13 precinct voter or relative shall execute and sign an affidavit  
14 furnished by the election authority attesting that he is a  
15 registered voter in the same precinct as the admitted voter or  
16 that he is a legal relative of the admitted voter and stating  
17 the nature of the relationship. Such precinct voter or relative  
18 shall further attest that he has been authorized by the  
19 admitted voter to obtain his or her vote by mail ballot from  
20 the election authority and deliver such ballot to him in the  
21 hospital, home, or center.

22 Upon receipt of the admitted voter's application,  
23 physician's, advanced practice registered nurse's, or a  
24 physician assistant's certificate, and the affidavit of the  
25 precinct voter or the relative, the election authority shall  
26 examine the registration records to determine if the applicant

1 is qualified to vote and, if found to be qualified, shall  
2 provide the precinct voter or the relative the vote by mail  
3 ballot for delivery to the applicant.

4 Upon receipt of the vote by mail ballot, the admitted voter  
5 shall mark the ballot in secret and subscribe to the  
6 certifications on the vote by mail ballot return envelope.  
7 After depositing the ballot in the return envelope and securely  
8 sealing the envelope, such voter shall give the envelope to the  
9 precinct voter or the relative who shall deliver it to the  
10 election authority in sufficient time for the ballot to be  
11 delivered by the election authority to the election authority's  
12 central ballot counting location before 7 p.m. on election day.

13 Upon receipt of the admitted voter's vote by mail ballot,  
14 the ballot shall be counted in the manner prescribed in this  
15 Article.

16 (Source: P.A. 98-1171, eff. 6-1-15; 99-581, eff. 1-1-17.)

17 Section 20. The Illinois Identification Card Act is amended  
18 by changing Section 4 as follows:

19 (15 ILCS 335/4) (from Ch. 124, par. 24)

20 (Text of Section before amendment by P.A. 99-907)

21 Sec. 4. Identification card.

22 (a) The Secretary of State shall issue a standard Illinois  
23 Identification Card to any natural person who is a resident of  
24 the State of Illinois who applies for such card, or renewal

1       thereof, or who applies for a standard Illinois Identification  
2       Card upon release as a committed person on parole, mandatory  
3       supervised release, aftercare release, final discharge, or  
4       pardon from the Department of Corrections or Department of  
5       Juvenile Justice by submitting an identification card issued by  
6       the Department of Corrections or Department of Juvenile Justice  
7       under Section 3-14-1 or Section 3-2.5-70 of the Unified Code of  
8       Corrections, together with the prescribed fees. No  
9       identification card shall be issued to any person who holds a  
10      valid foreign state identification card, license, or permit  
11      unless the person first surrenders to the Secretary of State  
12      the valid foreign state identification card, license, or  
13      permit. The card shall be prepared and supplied by the  
14      Secretary of State and shall include a photograph and signature  
15      or mark of the applicant. However, the Secretary of State may  
16      provide by rule for the issuance of Illinois Identification  
17      Cards without photographs if the applicant has a bona fide  
18      religious objection to being photographed or to the display of  
19      his or her photograph. The Illinois Identification Card may be  
20      used for identification purposes in any lawful situation only  
21      by the person to whom it was issued. As used in this Act,  
22      "photograph" means any color photograph or digitally produced  
23      and captured image of an applicant for an identification card.  
24      As used in this Act, "signature" means the name of a person as  
25      written by that person and captured in a manner acceptable to  
26      the Secretary of State.

1 (a-5) If an applicant for an identification card has a  
2 current driver's license or instruction permit issued by the  
3 Secretary of State, the Secretary may require the applicant to  
4 utilize the same residence address and name on the  
5 identification card, driver's license, and instruction permit  
6 records maintained by the Secretary. The Secretary may  
7 promulgate rules to implement this provision.

8 (a-10) If the applicant is a judicial officer as defined in  
9 Section 1-10 of the Judicial Privacy Act or a peace officer,  
10 the applicant may elect to have his or her office or work  
11 address listed on the card instead of the applicant's residence  
12 or mailing address. The Secretary may promulgate rules to  
13 implement this provision. For the purposes of this subsection  
14 (a-10), "peace officer" means any person who by virtue of his  
15 or her office or public employment is vested by law with a duty  
16 to maintain public order or to make arrests for a violation of  
17 any penal statute of this State, whether that duty extends to  
18 all violations or is limited to specific violations.

19 (a-15) The Secretary of State may provide for an expedited  
20 process for the issuance of an Illinois Identification Card.  
21 The Secretary shall charge an additional fee for the expedited  
22 issuance of an Illinois Identification Card, to be set by rule,  
23 not to exceed \$75. All fees collected by the Secretary for  
24 expedited Illinois Identification Card service shall be  
25 deposited into the Secretary of State Special Services Fund.  
26 The Secretary may adopt rules regarding the eligibility,

1 process, and fee for an expedited Illinois Identification Card.  
2 If the Secretary of State determines that the volume of  
3 expedited identification card requests received on a given day  
4 exceeds the ability of the Secretary to process those requests  
5 in an expedited manner, the Secretary may decline to provide  
6 expedited services, and the additional fee for the expedited  
7 service shall be refunded to the applicant.

8 (b) The Secretary of State shall issue a special Illinois  
9 Identification Card, which shall be known as an Illinois Person  
10 with a Disability Identification Card, to any natural person  
11 who is a resident of the State of Illinois, who is a person  
12 with a disability as defined in Section 4A of this Act, who  
13 applies for such card, or renewal thereof. No Illinois Person  
14 with a Disability Identification Card shall be issued to any  
15 person who holds a valid foreign state identification card,  
16 license, or permit unless the person first surrenders to the  
17 Secretary of State the valid foreign state identification card,  
18 license, or permit. The Secretary of State shall charge no fee  
19 to issue such card. The card shall be prepared and supplied by  
20 the Secretary of State, and shall include a photograph and  
21 signature or mark of the applicant, a designation indicating  
22 that the card is an Illinois Person with a Disability  
23 Identification Card, and shall include a comprehensible  
24 designation of the type and classification of the applicant's  
25 disability as set out in Section 4A of this Act. However, the  
26 Secretary of State may provide by rule for the issuance of

1 Illinois Person with a Disability Identification Cards without  
2 photographs if the applicant has a bona fide religious  
3 objection to being photographed or to the display of his or her  
4 photograph. If the applicant so requests, the card shall  
5 include a description of the applicant's disability and any  
6 information about the applicant's disability or medical  
7 history which the Secretary determines would be helpful to the  
8 applicant in securing emergency medical care. If a mark is used  
9 in lieu of a signature, such mark shall be affixed to the card  
10 in the presence of two witnesses who attest to the authenticity  
11 of the mark. The Illinois Person with a Disability  
12 Identification Card may be used for identification purposes in  
13 any lawful situation by the person to whom it was issued.

14 The Illinois Person with a Disability Identification Card  
15 may be used as adequate documentation of disability in lieu of  
16 a physician's determination of disability, a determination of  
17 disability from a physician assistant, a determination of  
18 disability from an advanced practice registered nurse, or any  
19 other documentation of disability whenever any State law  
20 requires that a person with a disability provide such  
21 documentation of disability, however an Illinois Person with a  
22 Disability Identification Card shall not qualify the  
23 cardholder to participate in any program or to receive any  
24 benefit which is not available to all persons with like  
25 disabilities. Notwithstanding any other provisions of law, an  
26 Illinois Person with a Disability Identification Card, or

1 evidence that the Secretary of State has issued an Illinois  
2 Person with a Disability Identification Card, shall not be used  
3 by any person other than the person named on such card to prove  
4 that the person named on such card is a person with a  
5 disability or for any other purpose unless the card is used for  
6 the benefit of the person named on such card, and the person  
7 named on such card consents to such use at the time the card is  
8 so used.

9 An optometrist's determination of a visual disability  
10 under Section 4A of this Act is acceptable as documentation for  
11 the purpose of issuing an Illinois Person with a Disability  
12 Identification Card.

13 When medical information is contained on an Illinois Person  
14 with a Disability Identification Card, the Office of the  
15 Secretary of State shall not be liable for any actions taken  
16 based upon that medical information.

17 (c) The Secretary of State shall provide that each original  
18 or renewal Illinois Identification Card or Illinois Person with  
19 a Disability Identification Card issued to a person under the  
20 age of 21 shall be of a distinct nature from those Illinois  
21 Identification Cards or Illinois Person with a Disability  
22 Identification Cards issued to individuals 21 years of age or  
23 older. The color designated for Illinois Identification Cards  
24 or Illinois Person with a Disability Identification Cards for  
25 persons under the age of 21 shall be at the discretion of the  
26 Secretary of State.



1           (c-1) Each original or renewal Illinois Identification  
2 Card or Illinois Person with a Disability Identification Card  
3 issued to a person under the age of 21 shall display the date  
4 upon which the person becomes 18 years of age and the date upon  
5 which the person becomes 21 years of age.

6           (c-3) The General Assembly recognizes the need to identify  
7 military veterans living in this State for the purpose of  
8 ensuring that they receive all of the services and benefits to  
9 which they are legally entitled, including healthcare,  
10 education assistance, and job placement. To assist the State in  
11 identifying these veterans and delivering these vital services  
12 and benefits, the Secretary of State is authorized to issue  
13 Illinois Identification Cards and Illinois Person with a  
14 Disability Identification Cards with the word "veteran"  
15 appearing on the face of the cards. This authorization is  
16 predicated on the unique status of veterans. The Secretary may  
17 not issue any other identification card which identifies an  
18 occupation, status, affiliation, hobby, or other unique  
19 characteristics of the identification card holder which is  
20 unrelated to the purpose of the identification card.

21           (c-5) Beginning on or before July 1, 2015, the Secretary of  
22 State shall designate a space on each original or renewal  
23 identification card where, at the request of the applicant, the  
24 word "veteran" shall be placed. The veteran designation shall  
25 be available to a person identified as a veteran under  
26 subsection (b) of Section 5 of this Act who was discharged or

1 separated under honorable conditions.

2 (d) The Secretary of State may issue a Senior Citizen  
3 discount card, to any natural person who is a resident of the  
4 State of Illinois who is 60 years of age or older and who  
5 applies for such a card or renewal thereof. The Secretary of  
6 State shall charge no fee to issue such card. The card shall be  
7 issued in every county and applications shall be made available  
8 at, but not limited to, nutrition sites, senior citizen centers  
9 and Area Agencies on Aging. The applicant, upon receipt of such  
10 card and prior to its use for any purpose, shall have affixed  
11 thereon in the space provided therefor his signature or mark.

12 (e) The Secretary of State, in his or her discretion, may  
13 designate on each Illinois Identification Card or Illinois  
14 Person with a Disability Identification Card a space where the  
15 card holder may place a sticker or decal, issued by the  
16 Secretary of State, of uniform size as the Secretary may  
17 specify, that shall indicate in appropriate language that the  
18 card holder has renewed his or her Illinois Identification Card  
19 or Illinois Person with a Disability Identification Card.

20 (Source: P.A. 98-323, eff. 1-1-14; 98-463, eff. 8-16-13;  
21 98-558, eff. 1-1-14; 98-756, eff. 7-16-14; 99-143, eff.  
22 7-27-15; 99-173, eff. 7-29-15; 99-305, eff. 1-1-16; 99-642,  
23 eff. 7-28-16.)

24 (Text of Section after amendment by P.A. 99-907)

25 Sec. 4. Identification Card.

1           (a) The Secretary of State shall issue a standard Illinois  
2 Identification Card to any natural person who is a resident of  
3 the State of Illinois who applies for such card, or renewal  
4 thereof. No identification card shall be issued to any person  
5 who holds a valid foreign state identification card, license,  
6 or permit unless the person first surrenders to the Secretary  
7 of State the valid foreign state identification card, license,  
8 or permit. The card shall be prepared and supplied by the  
9 Secretary of State and shall include a photograph and signature  
10 or mark of the applicant. However, the Secretary of State may  
11 provide by rule for the issuance of Illinois Identification  
12 Cards without photographs if the applicant has a bona fide  
13 religious objection to being photographed or to the display of  
14 his or her photograph. The Illinois Identification Card may be  
15 used for identification purposes in any lawful situation only  
16 by the person to whom it was issued. As used in this Act,  
17 "photograph" means any color photograph or digitally produced  
18 and captured image of an applicant for an identification card.  
19 As used in this Act, "signature" means the name of a person as  
20 written by that person and captured in a manner acceptable to  
21 the Secretary of State.

22           (a-5) If an applicant for an identification card has a  
23 current driver's license or instruction permit issued by the  
24 Secretary of State, the Secretary may require the applicant to  
25 utilize the same residence address and name on the  
26 identification card, driver's license, and instruction permit

1 records maintained by the Secretary. The Secretary may  
2 promulgate rules to implement this provision.

3 (a-10) If the applicant is a judicial officer as defined in  
4 Section 1-10 of the Judicial Privacy Act or a peace officer,  
5 the applicant may elect to have his or her office or work  
6 address listed on the card instead of the applicant's residence  
7 or mailing address. The Secretary may promulgate rules to  
8 implement this provision. For the purposes of this subsection  
9 (a-10), "peace officer" means any person who by virtue of his  
10 or her office or public employment is vested by law with a duty  
11 to maintain public order or to make arrests for a violation of  
12 any penal statute of this State, whether that duty extends to  
13 all violations or is limited to specific violations.

14 (a-15) The Secretary of State may provide for an expedited  
15 process for the issuance of an Illinois Identification Card.  
16 The Secretary shall charge an additional fee for the expedited  
17 issuance of an Illinois Identification Card, to be set by rule,  
18 not to exceed \$75. All fees collected by the Secretary for  
19 expedited Illinois Identification Card service shall be  
20 deposited into the Secretary of State Special Services Fund.  
21 The Secretary may adopt rules regarding the eligibility,  
22 process, and fee for an expedited Illinois Identification Card.  
23 If the Secretary of State determines that the volume of  
24 expedited identification card requests received on a given day  
25 exceeds the ability of the Secretary to process those requests  
26 in an expedited manner, the Secretary may decline to provide

1 expedited services, and the additional fee for the expedited  
2 service shall be refunded to the applicant.

3 (a-20) The Secretary of State shall issue a standard  
4 Illinois Identification Card to a committed person upon release  
5 on parole, mandatory supervised release, aftercare release,  
6 final discharge, or pardon from the Department of Corrections  
7 or Department of Juvenile Justice, if the released person  
8 presents a certified copy of his or her birth certificate,  
9 social security card or other documents authorized by the  
10 Secretary, and 2 documents proving his or her Illinois  
11 residence address. Documents proving residence address may  
12 include any official document of the Department of Corrections  
13 or the Department of Juvenile Justice showing the released  
14 person's address after release and a Secretary of State  
15 prescribed certificate of residency form, which may be executed  
16 by Department of Corrections or Department of Juvenile Justice  
17 personnel.

18 (a-25) The Secretary of State shall issue a limited-term  
19 Illinois Identification Card valid for 90 days to a committed  
20 person upon release on parole, mandatory supervised release,  
21 aftercare release, final discharge, or pardon from the  
22 Department of Corrections or Department of Juvenile Justice, if  
23 the released person is unable to present a certified copy of  
24 his or her birth certificate and social security card or other  
25 documents authorized by the Secretary, but does present a  
26 Secretary of State prescribed verification form completed by

1 the Department of Corrections or Department of Juvenile  
2 Justice, verifying the released person's date of birth and  
3 social security number and 2 documents proving his or her  
4 Illinois residence address. The verification form must have  
5 been completed no more than 30 days prior to the date of  
6 application for the Illinois Identification Card. Documents  
7 proving residence address shall include any official document  
8 of the Department of Corrections or the Department of Juvenile  
9 Justice showing the person's address after release and a  
10 Secretary of State prescribed certificate of residency, which  
11 may be executed by Department of Corrections or Department of  
12 Juvenile Justice personnel.

13 Prior to the expiration of the 90-day period of the  
14 limited-term Illinois Identification Card, if the released  
15 person submits to the Secretary of State a certified copy of  
16 his or her birth certificate and his or her social security  
17 card or other documents authorized by the Secretary, a standard  
18 Illinois Identification Card shall be issued. A limited-term  
19 Illinois Identification Card may not be renewed.

20 (b) The Secretary of State shall issue a special Illinois  
21 Identification Card, which shall be known as an Illinois Person  
22 with a Disability Identification Card, to any natural person  
23 who is a resident of the State of Illinois, who is a person  
24 with a disability as defined in Section 4A of this Act, who  
25 applies for such card, or renewal thereof. No Illinois Person  
26 with a Disability Identification Card shall be issued to any

1 person who holds a valid foreign state identification card,  
2 license, or permit unless the person first surrenders to the  
3 Secretary of State the valid foreign state identification card,  
4 license, or permit. The Secretary of State shall charge no fee  
5 to issue such card. The card shall be prepared and supplied by  
6 the Secretary of State, and shall include a photograph and  
7 signature or mark of the applicant, a designation indicating  
8 that the card is an Illinois Person with a Disability  
9 Identification Card, and shall include a comprehensible  
10 designation of the type and classification of the applicant's  
11 disability as set out in Section 4A of this Act. However, the  
12 Secretary of State may provide by rule for the issuance of  
13 Illinois Person with a Disability Identification Cards without  
14 photographs if the applicant has a bona fide religious  
15 objection to being photographed or to the display of his or her  
16 photograph. If the applicant so requests, the card shall  
17 include a description of the applicant's disability and any  
18 information about the applicant's disability or medical  
19 history which the Secretary determines would be helpful to the  
20 applicant in securing emergency medical care. If a mark is used  
21 in lieu of a signature, such mark shall be affixed to the card  
22 in the presence of two witnesses who attest to the authenticity  
23 of the mark. The Illinois Person with a Disability  
24 Identification Card may be used for identification purposes in  
25 any lawful situation by the person to whom it was issued.

26 The Illinois Person with a Disability Identification Card

1 may be used as adequate documentation of disability in lieu of  
2 a physician's determination of disability, a determination of  
3 disability from a physician assistant, a determination of  
4 disability from an advanced practice registered nurse, or any  
5 other documentation of disability whenever any State law  
6 requires that a person with a disability provide such  
7 documentation of disability, however an Illinois Person with a  
8 Disability Identification Card shall not qualify the  
9 cardholder to participate in any program or to receive any  
10 benefit which is not available to all persons with like  
11 disabilities. Notwithstanding any other provisions of law, an  
12 Illinois Person with a Disability Identification Card, or  
13 evidence that the Secretary of State has issued an Illinois  
14 Person with a Disability Identification Card, shall not be used  
15 by any person other than the person named on such card to prove  
16 that the person named on such card is a person with a  
17 disability or for any other purpose unless the card is used for  
18 the benefit of the person named on such card, and the person  
19 named on such card consents to such use at the time the card is  
20 so used.

21 An optometrist's determination of a visual disability  
22 under Section 4A of this Act is acceptable as documentation for  
23 the purpose of issuing an Illinois Person with a Disability  
24 Identification Card.

25 When medical information is contained on an Illinois Person  
26 with a Disability Identification Card, the Office of the



1 Secretary of State shall not be liable for any actions taken  
2 based upon that medical information.

3 (c) The Secretary of State shall provide that each original  
4 or renewal Illinois Identification Card or Illinois Person with  
5 a Disability Identification Card issued to a person under the  
6 age of 21 shall be of a distinct nature from those Illinois  
7 Identification Cards or Illinois Person with a Disability  
8 Identification Cards issued to individuals 21 years of age or  
9 older. The color designated for Illinois Identification Cards  
10 or Illinois Person with a Disability Identification Cards for  
11 persons under the age of 21 shall be at the discretion of the  
12 Secretary of State.

13 (c-1) Each original or renewal Illinois Identification  
14 Card or Illinois Person with a Disability Identification Card  
15 issued to a person under the age of 21 shall display the date  
16 upon which the person becomes 18 years of age and the date upon  
17 which the person becomes 21 years of age.

18 (c-3) The General Assembly recognizes the need to identify  
19 military veterans living in this State for the purpose of  
20 ensuring that they receive all of the services and benefits to  
21 which they are legally entitled, including healthcare,  
22 education assistance, and job placement. To assist the State in  
23 identifying these veterans and delivering these vital services  
24 and benefits, the Secretary of State is authorized to issue  
25 Illinois Identification Cards and Illinois Person with a  
26 Disability Identification Cards with the word "veteran"

1 appearing on the face of the cards. This authorization is  
2 predicated on the unique status of veterans. The Secretary may  
3 not issue any other identification card which identifies an  
4 occupation, status, affiliation, hobby, or other unique  
5 characteristics of the identification card holder which is  
6 unrelated to the purpose of the identification card.

7 (c-5) Beginning on or before July 1, 2015, the Secretary of  
8 State shall designate a space on each original or renewal  
9 identification card where, at the request of the applicant, the  
10 word "veteran" shall be placed. The veteran designation shall  
11 be available to a person identified as a veteran under  
12 subsection (b) of Section 5 of this Act who was discharged or  
13 separated under honorable conditions.

14 (d) The Secretary of State may issue a Senior Citizen  
15 discount card, to any natural person who is a resident of the  
16 State of Illinois who is 60 years of age or older and who  
17 applies for such a card or renewal thereof. The Secretary of  
18 State shall charge no fee to issue such card. The card shall be  
19 issued in every county and applications shall be made available  
20 at, but not limited to, nutrition sites, senior citizen centers  
21 and Area Agencies on Aging. The applicant, upon receipt of such  
22 card and prior to its use for any purpose, shall have affixed  
23 thereon in the space provided therefor his signature or mark.

24 (e) The Secretary of State, in his or her discretion, may  
25 designate on each Illinois Identification Card or Illinois  
26 Person with a Disability Identification Card a space where the

1 card holder may place a sticker or decal, issued by the  
2 Secretary of State, of uniform size as the Secretary may  
3 specify, that shall indicate in appropriate language that the  
4 card holder has renewed his or her Illinois Identification Card  
5 or Illinois Person with a Disability Identification Card.

6 (Source: P.A. 98-323, eff. 1-1-14; 98-463, eff. 8-16-13;  
7 98-558, eff. 1-1-14; 98-756, eff. 7-16-14; 99-143, eff.  
8 7-27-15; 99-173, eff. 7-29-15; 99-305, eff. 1-1-16; 99-642,  
9 eff. 7-28-16; 99-907, eff. 7-1-17.)

10 Section 25. The Alcoholism and Other Drug Abuse and  
11 Dependency Act is amended by changing Section 5-23 as follows:

12 (20 ILCS 301/5-23)

13 Sec. 5-23. Drug Overdose Prevention Program.

14 (a) Reports of drug overdose.

15 (1) The Director of the Division of Alcoholism and  
16 Substance Abuse shall publish annually a report on drug  
17 overdose trends statewide that reviews State death rates  
18 from available data to ascertain changes in the causes or  
19 rates of fatal and nonfatal drug overdose. The report shall  
20 also provide information on interventions that would be  
21 effective in reducing the rate of fatal or nonfatal drug  
22 overdose and shall include an analysis of drug overdose  
23 information reported to the Department of Public Health  
24 pursuant to subsection (e) of Section 3-3013 of the

1 Counties Code, Section 6.14g of the Hospital Licensing Act,  
2 and subsection (j) of Section 22-30 of the School Code.

3 (2) The report may include:

4 (A) Trends in drug overdose death rates.

5 (B) Trends in emergency room utilization related  
6 to drug overdose and the cost impact of emergency room  
7 utilization.

8 (C) Trends in utilization of pre-hospital and  
9 emergency services and the cost impact of emergency  
10 services utilization.

11 (D) Suggested improvements in data collection.

12 (E) A description of other interventions effective  
13 in reducing the rate of fatal or nonfatal drug  
14 overdose.

15 (F) A description of efforts undertaken to educate  
16 the public about unused medication and about how to  
17 properly dispose of unused medication, including the  
18 number of registered collection receptacles in this  
19 State, mail-back programs, and drug take-back events.

20 (b) Programs; drug overdose prevention.

21 (1) The Director may establish a program to provide for  
22 the production and publication, in electronic and other  
23 formats, of drug overdose prevention, recognition, and  
24 response literature. The Director may develop and  
25 disseminate curricula for use by professionals,  
26 organizations, individuals, or committees interested in

1 the prevention of fatal and nonfatal drug overdose,  
2 including, but not limited to, drug users, jail and prison  
3 personnel, jail and prison inmates, drug treatment  
4 professionals, emergency medical personnel, hospital  
5 staff, families and associates of drug users, peace  
6 officers, firefighters, public safety officers, needle  
7 exchange program staff, and other persons. In addition to  
8 information regarding drug overdose prevention,  
9 recognition, and response, literature produced by the  
10 Department shall stress that drug use remains illegal and  
11 highly dangerous and that complete abstinence from illegal  
12 drug use is the healthiest choice. The literature shall  
13 provide information and resources for substance abuse  
14 treatment.

15 The Director may establish or authorize programs for  
16 prescribing, dispensing, or distributing opioid  
17 antagonists for the treatment of drug overdose. Such  
18 programs may include the prescribing of opioid antagonists  
19 for the treatment of drug overdose to a person who is not  
20 at risk of opioid overdose but who, in the judgment of the  
21 health care professional, may be in a position to assist  
22 another individual during an opioid-related drug overdose  
23 and who has received basic instruction on how to administer  
24 an opioid antagonist.

25 (2) The Director may provide advice to State and local  
26 officials on the growing drug overdose crisis, including

1 the prevalence of drug overdose incidents, programs  
2 promoting the disposal of unused prescription drugs,  
3 trends in drug overdose incidents, and solutions to the  
4 drug overdose crisis.

5 (c) Grants.

6 (1) The Director may award grants, in accordance with  
7 this subsection, to create or support local drug overdose  
8 prevention, recognition, and response projects. Local  
9 health departments, correctional institutions, hospitals,  
10 universities, community-based organizations, and  
11 faith-based organizations may apply to the Department for a  
12 grant under this subsection at the time and in the manner  
13 the Director prescribes.

14 (2) In awarding grants, the Director shall consider the  
15 necessity for overdose prevention projects in various  
16 settings and shall encourage all grant applicants to  
17 develop interventions that will be effective and viable in  
18 their local areas.

19 (3) The Director shall give preference for grants to  
20 proposals that, in addition to providing life-saving  
21 interventions and responses, provide information to drug  
22 users on how to access drug treatment or other strategies  
23 for abstaining from illegal drugs. The Director shall give  
24 preference to proposals that include one or more of the  
25 following elements:

26 (A) Policies and projects to encourage persons,

1 including drug users, to call 911 when they witness a  
2 potentially fatal drug overdose.

3 (B) Drug overdose prevention, recognition, and  
4 response education projects in drug treatment centers,  
5 outreach programs, and other organizations that work  
6 with, or have access to, drug users and their families  
7 and communities.

8 (C) Drug overdose recognition and response  
9 training, including rescue breathing, in drug  
10 treatment centers and for other organizations that  
11 work with, or have access to, drug users and their  
12 families and communities.

13 (D) The production and distribution of targeted or  
14 mass media materials on drug overdose prevention and  
15 response, the potential dangers of keeping unused  
16 prescription drugs in the home, and methods to properly  
17 dispose of unused prescription drugs.

18 (E) Prescription and distribution of opioid  
19 antagonists.

20 (F) The institution of education and training  
21 projects on drug overdose response and treatment for  
22 emergency services and law enforcement personnel.

23 (G) A system of parent, family, and survivor  
24 education and mutual support groups.

25 (4) In addition to moneys appropriated by the General  
26 Assembly, the Director may seek grants from private

1 foundations, the federal government, and other sources to  
2 fund the grants under this Section and to fund an  
3 evaluation of the programs supported by the grants.

4 (d) Health care professional prescription of opioid  
5 antagonists.

6 (1) A health care professional who, acting in good  
7 faith, directly or by standing order, prescribes or  
8 dispenses an opioid antagonist to: (a) a patient who, in  
9 the judgment of the health care professional, is capable of  
10 administering the drug in an emergency, or (b) a person who  
11 is not at risk of opioid overdose but who, in the judgment  
12 of the health care professional, may be in a position to  
13 assist another individual during an opioid-related drug  
14 overdose and who has received basic instruction on how to  
15 administer an opioid antagonist shall not, as a result of  
16 his or her acts or omissions, be subject to: (i) any  
17 disciplinary or other adverse action under the Medical  
18 Practice Act of 1987, the Physician Assistant Practice Act  
19 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,  
20 or any other professional licensing statute or (ii) any  
21 criminal liability, except for willful and wanton  
22 misconduct.

23 (2) A person who is not otherwise licensed to  
24 administer an opioid antagonist may in an emergency  
25 administer without fee an opioid antagonist if the person  
26 has received the patient information specified in



1 paragraph (4) of this subsection and believes in good faith  
2 that another person is experiencing a drug overdose. The  
3 person shall not, as a result of his or her acts or  
4 omissions, be (i) liable for any violation of the Medical  
5 Practice Act of 1987, the Physician Assistant Practice Act  
6 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,  
7 or any other professional licensing statute, or (ii)  
8 subject to any criminal prosecution or civil liability,  
9 except for willful and wanton misconduct.

10 (3) A health care professional prescribing an opioid  
11 antagonist to a patient shall ensure that the patient  
12 receives the patient information specified in paragraph  
13 (4) of this subsection. Patient information may be provided  
14 by the health care professional or a community-based  
15 organization, substance abuse program, or other  
16 organization with which the health care professional  
17 establishes a written agreement that includes a  
18 description of how the organization will provide patient  
19 information, how employees or volunteers providing  
20 information will be trained, and standards for documenting  
21 the provision of patient information to patients.  
22 Provision of patient information shall be documented in the  
23 patient's medical record or through similar means as  
24 determined by agreement between the health care  
25 professional and the organization. The Director of the  
26 Division of Alcoholism and Substance Abuse, in

1 consultation with statewide organizations representing  
2 physicians, pharmacists, advanced practice registered  
3 nurses, physician assistants, substance abuse programs,  
4 and other interested groups, shall develop and disseminate  
5 to health care professionals, community-based  
6 organizations, substance abuse programs, and other  
7 organizations training materials in video, electronic, or  
8 other formats to facilitate the provision of such patient  
9 information.

10 (4) For the purposes of this subsection:

11 "Opioid antagonist" means a drug that binds to opioid  
12 receptors and blocks or inhibits the effect of opioids  
13 acting on those receptors, including, but not limited to,  
14 naloxone hydrochloride or any other similarly acting drug  
15 approved by the U.S. Food and Drug Administration.

16 "Health care professional" means a physician licensed  
17 to practice medicine in all its branches, a licensed  
18 physician assistant with prescriptive authority, a  
19 licensed advanced practice registered nurse with  
20 prescriptive authority, an advanced practice registered  
21 nurse or physician assistant who practices in a hospital,  
22 hospital affiliate, or ambulatory surgical treatment  
23 center and possesses appropriate clinical privileges in  
24 accordance with the Nurse Practice Act, or a pharmacist  
25 licensed to practice pharmacy under the Pharmacy Practice  
26 Act.

1 "Patient" includes a person who is not at risk of  
2 opioid overdose but who, in the judgment of the physician,  
3 advanced practice registered nurse, or physician  
4 assistant, may be in a position to assist another  
5 individual during an overdose and who has received patient  
6 information as required in paragraph (2) of this subsection  
7 on the indications for and administration of an opioid  
8 antagonist.

9 "Patient information" includes information provided to  
10 the patient on drug overdose prevention and recognition;  
11 how to perform rescue breathing and resuscitation; opioid  
12 antagonist dosage and administration; the importance of  
13 calling 911; care for the overdose victim after  
14 administration of the overdose antagonist; and other  
15 issues as necessary.

16 (e) Drug overdose response policy.

17 (1) Every State and local government agency that  
18 employs a law enforcement officer or fireman as those terms  
19 are defined in the Line of Duty Compensation Act must  
20 possess opioid antagonists and must establish a policy to  
21 control the acquisition, storage, transportation, and  
22 administration of such opioid antagonists and to provide  
23 training in the administration of opioid antagonists. A  
24 State or local government agency that employs a fireman as  
25 defined in the Line of Duty Compensation Act but does not  
26 respond to emergency medical calls or provide medical

1 services shall be exempt from this subsection.

2 (2) Every publicly or privately owned ambulance,  
3 special emergency medical services vehicle, non-transport  
4 vehicle, or ambulance assist vehicle, as described in the  
5 Emergency Medical Services (EMS) Systems Act, which  
6 responds to requests for emergency services or transports  
7 patients between hospitals in emergency situations must  
8 possess opioid antagonists.

9 (3) Entities that are required under paragraphs (1) and  
10 (2) to possess opioid antagonists may also apply to the  
11 Department for a grant to fund the acquisition of opioid  
12 antagonists and training programs on the administration of  
13 opioid antagonists.

14 (Source: P.A. 99-173, eff. 7-29-15; 99-480, eff. 9-9-15;  
15 99-581, eff. 1-1-17; 99-642, eff. 7-28-16; revised 9-19-16.)

16 Section 30. The Department of Central Management Services  
17 Law of the Civil Administrative Code of Illinois is amended by  
18 changing Section 405-105 as follows:

19 (20 ILCS 405/405-105) (was 20 ILCS 405/64.1)

20 Sec. 405-105. Fidelity, surety, property, and casualty  
21 insurance. The Department shall establish and implement a  
22 program to coordinate the handling of all fidelity, surety,  
23 property, and casualty insurance exposures of the State and the  
24 departments, divisions, agencies, branches, and universities

1 of the State. In performing this responsibility, the Department  
2 shall have the power and duty to do the following:

3 (1) Develop and maintain loss and exposure data on all  
4 State property.

5 (2) Study the feasibility of establishing a  
6 self-insurance plan for State property and prepare  
7 estimates of the costs of reinsurance for risks beyond the  
8 realistic limits of the self-insurance.

9 (3) Prepare a plan for centralizing the purchase of  
10 property and casualty insurance on State property under a  
11 master policy or policies and purchase the insurance  
12 contracted for as provided in the Illinois Purchasing Act.

13 (4) Evaluate existing provisions for fidelity bonds  
14 required of State employees and recommend changes that are  
15 appropriate commensurate with risk experience and the  
16 determinations respecting self-insurance or reinsurance so  
17 as to permit reduction of costs without loss of coverage.

18 (5) Investigate procedures for inclusion of school  
19 districts, public community college districts, and other  
20 units of local government in programs for the centralized  
21 purchase of insurance.

22 (6) Implement recommendations of the State Property  
23 Insurance Study Commission that the Department finds  
24 necessary or desirable in the performance of its powers and  
25 duties under this Section to achieve efficient and  
26 comprehensive risk management.

1           (7) Prepare and, in the discretion of the Director,  
2           implement a plan providing for the purchase of public  
3           liability insurance or for self-insurance for public  
4           liability or for a combination of purchased insurance and  
5           self-insurance for public liability (i) covering the State  
6           and drivers of motor vehicles owned, leased, or controlled  
7           by the State of Illinois pursuant to the provisions and  
8           limitations contained in the Illinois Vehicle Code, (ii)  
9           covering other public liability exposures of the State and  
10          its employees within the scope of their employment, and  
11          (iii) covering drivers of motor vehicles not owned, leased,  
12          or controlled by the State but used by a State employee on  
13          State business, in excess of liability covered by an  
14          insurance policy obtained by the owner of the motor vehicle  
15          or in excess of the dollar amounts that the Department  
16          shall determine to be reasonable. Any contract of insurance  
17          let under this Law shall be by bid in accordance with the  
18          procedure set forth in the Illinois Purchasing Act. Any  
19          provisions for self-insurance shall conform to subdivision  
20          (11).

21           The term "employee" as used in this subdivision (7) and  
22           in subdivision (11) means a person while in the employ of  
23           the State who is a member of the staff or personnel of a  
24           State agency, bureau, board, commission, committee,  
25           department, university, or college or who is a State  
26           officer, elected official, commissioner, member of or ex

1 officio member of a State agency, bureau, board,  
2 commission, committee, department, university, or college,  
3 or a member of the National Guard while on active duty  
4 pursuant to orders of the Governor of the State of  
5 Illinois, or any other person while using a licensed motor  
6 vehicle owned, leased, or controlled by the State of  
7 Illinois with the authorization of the State of Illinois,  
8 provided the actual use of the motor vehicle is within the  
9 scope of that authorization and within the course of State  
10 service.

11 Subsequent to payment of a claim on behalf of an  
12 employee pursuant to this Section and after reasonable  
13 advance written notice to the employee, the Director may  
14 exclude the employee from future coverage or limit the  
15 coverage under the plan if (i) the Director determines that  
16 the claim resulted from an incident in which the employee  
17 was grossly negligent or had engaged in willful and wanton  
18 misconduct or (ii) the Director determines that the  
19 employee is no longer an acceptable risk based on a review  
20 of prior accidents in which the employee was at fault and  
21 for which payments were made pursuant to this Section.

22 The Director is authorized to promulgate  
23 administrative rules that may be necessary to establish and  
24 administer the plan.

25 Appropriations from the Road Fund shall be used to pay  
26 auto liability claims and related expenses involving

1 employees of the Department of Transportation, the  
2 Illinois State Police, and the Secretary of State.

3 (8) Charge, collect, and receive from all other  
4 agencies of the State government fees or monies equivalent  
5 to the cost of purchasing the insurance.

6 (9) Establish, through the Director, charges for risk  
7 management services rendered to State agencies by the  
8 Department. The State agencies so charged shall reimburse  
9 the Department by vouchers drawn against their respective  
10 appropriations. The reimbursement shall be determined by  
11 the Director as amounts sufficient to reimburse the  
12 Department for expenditures incurred in rendering the  
13 service.

14 The Department shall charge the employing State agency  
15 or university for workers' compensation payments for  
16 temporary total disability paid to any employee after the  
17 employee has received temporary total disability payments  
18 for 120 days if the employee's treating physician, advanced  
19 practice registered nurse, or physician assistant has  
20 issued a release to return to work with restrictions and  
21 the employee is able to perform modified duty work but the  
22 employing State agency or university does not return the  
23 employee to work at modified duty. Modified duty shall be  
24 duties assigned that may or may not be delineated as part  
25 of the duties regularly performed by the employee. Modified  
26 duties shall be assigned within the prescribed



1 restrictions established by the treating physician and the  
2 physician who performed the independent medical  
3 examination. The amount of all reimbursements shall be  
4 deposited into the Workers' Compensation Revolving Fund  
5 which is hereby created as a revolving fund in the State  
6 treasury. In addition to any other purpose authorized by  
7 law, moneys in the Fund shall be used, subject to  
8 appropriation, to pay these or other temporary total  
9 disability claims of employees of State agencies and  
10 universities.

11 Beginning with fiscal year 1996, all amounts recovered  
12 by the Department through subrogation in workers'  
13 compensation and workers' occupational disease cases shall  
14 be deposited into the Workers' Compensation Revolving Fund  
15 created under this subdivision (9).

16 (10) Establish rules, procedures, and forms to be used  
17 by State agencies in the administration and payment of  
18 workers' compensation claims. For claims filed prior to  
19 July 1, 2013, the Department shall initially evaluate and  
20 determine the compensability of any injury that is the  
21 subject of a workers' compensation claim and provide for  
22 the administration and payment of such a claim for all  
23 State agencies. For claims filed on or after July 1, 2013,  
24 the Department shall retain responsibility for certain  
25 administrative payments including, but not limited to,  
26 payments to the private vendor contracted to perform

1 services under subdivision (10b) of this Section, payments  
2 related to travel expenses for employees of the Office of  
3 the Attorney General, and payments to internal Department  
4 staff responsible for the oversight and management of any  
5 contract awarded pursuant to subdivision (10b) of this  
6 Section. Through December 31, 2012, the Director may  
7 delegate to any agency with the agreement of the agency  
8 head the responsibility for evaluation, administration,  
9 and payment of that agency's claims. Neither the Department  
10 nor the private vendor contracted to perform services under  
11 subdivision (10b) of this Section shall be responsible for  
12 providing workers' compensation services to the Illinois  
13 State Toll Highway Authority or to State universities that  
14 maintain self-funded workers' compensation liability  
15 programs.

16 (10a) By April 1 of each year prior to calendar year  
17 2013, the Director must report and provide information to  
18 the State Workers' Compensation Program Advisory Board  
19 concerning the status of the State workers' compensation  
20 program for the next fiscal year. Information that the  
21 Director must provide to the State Workers' Compensation  
22 Program Advisory Board includes, but is not limited to,  
23 documents, reports of negotiations, bid invitations,  
24 requests for proposals, specifications, copies of proposed  
25 and final contracts or agreements, and any other materials  
26 concerning contracts or agreements for the program. By the

1 first of each month prior to calendar year 2013, the  
2 Director must provide updated, and any new, information to  
3 the State Workers' Compensation Program Advisory Board  
4 until the State workers' compensation program for the next  
5 fiscal year is determined.

6 (10b) No later than January 1, 2013, the chief  
7 procurement officer appointed under paragraph (4) of  
8 subsection (a) of Section 10-20 of the Illinois Procurement  
9 Code (hereinafter "chief procurement officer"), in  
10 consultation with the Department of Central Management  
11 Services, shall procure one or more private vendors to  
12 administer the program providing payments for workers'  
13 compensation liability with respect to the employees of all  
14 State agencies. The chief procurement officer may procure a  
15 single contract applicable to all State agencies or  
16 multiple contracts applicable to one or more State  
17 agencies. If the chief procurement officer procures a  
18 single contract applicable to all State agencies, then the  
19 Department of Central Management Services shall be  
20 designated as the agency that enters into the contract and  
21 shall be responsible for the contract. If the chief  
22 procurement officer procures multiple contracts applicable  
23 to one or more State agencies, each agency to which the  
24 contract applies shall be designated as the agency that  
25 shall enter into the contract and shall be responsible for  
26 the contract. If the chief procurement officer procures

1 contracts applicable to an individual State agency, the  
2 agency subject to the contract shall be designated as the  
3 agency responsible for the contract.

4 (10c) The procurement of private vendors for the  
5 administration of the workers' compensation program for  
6 State employees is subject to the provisions of the  
7 Illinois Procurement Code and administration by the chief  
8 procurement officer.

9 (10d) Contracts for the procurement of private vendors  
10 for the administration of the workers' compensation  
11 program for State employees shall be based upon, but  
12 limited to, the following criteria: (i) administrative  
13 cost, (ii) service capabilities of the vendor, and (iii)  
14 the compensation (including premiums, fees, or other  
15 charges). A vendor for the administration of the workers'  
16 compensation program for State employees shall provide  
17 services, including, but not limited to:

18 (A) providing a web-based case management system  
19 and provide access to the Office of the Attorney  
20 General;

21 (B) ensuring claims adjusters are available to  
22 provide testimony or information as requested by the  
23 Office of the Attorney General;

24 (C) establishing a preferred provider program for  
25 all State agencies and facilities; and

26 (D) authorizing the payment of medical bills at the

1 preferred provider discount rate.

2 (10e) By September 15, 2012, the Department of Central  
3 Management Services shall prepare a plan to effectuate the  
4 transfer of responsibility and administration of the  
5 workers' compensation program for State employees to the  
6 selected private vendors. The Department shall submit a  
7 copy of the plan to the General Assembly.

8 (11) Any plan for public liability self-insurance  
9 implemented under this Section shall provide that (i) the  
10 Department shall attempt to settle and may settle any  
11 public liability claim filed against the State of Illinois  
12 or any public liability claim filed against a State  
13 employee on the basis of an occurrence in the course of the  
14 employee's State employment; (ii) any settlement of such a  
15 claim is not subject to fiscal year limitations and must be  
16 approved by the Director and, in cases of settlements  
17 exceeding \$100,000, by the Governor; and (iii) a settlement  
18 of any public liability claim against the State or a State  
19 employee shall require an unqualified release of any right  
20 of action against the State and the employee for acts  
21 within the scope of the employee's employment giving rise  
22 to the claim.

23 Whenever and to the extent that a State employee  
24 operates a motor vehicle or engages in other activity  
25 covered by self-insurance under this Section, the State of  
26 Illinois shall defend, indemnify, and hold harmless the

1 employee against any claim in tort filed against the  
2 employee for acts or omissions within the scope of the  
3 employee's employment in any proper judicial forum and not  
4 settled pursuant to this subdivision (11), provided that  
5 this obligation of the State of Illinois shall not exceed a  
6 maximum liability of \$2,000,000 for any single occurrence  
7 in connection with the operation of a motor vehicle or  
8 \$100,000 per person per occurrence for any other single  
9 occurrence, or \$500,000 for any single occurrence in  
10 connection with the provision of medical care by a licensed  
11 physician, advanced practice registered nurse, or  
12 physician assistant employee.

13 Any claims against the State of Illinois under a  
14 self-insurance plan that are not settled pursuant to this  
15 subdivision (11) shall be heard and determined by the Court  
16 of Claims and may not be filed or adjudicated in any other  
17 forum. The Attorney General of the State of Illinois or the  
18 Attorney General's designee shall be the attorney with  
19 respect to all public liability self-insurance claims that  
20 are not settled pursuant to this subdivision (11) and  
21 therefore result in litigation. The payment of any award of  
22 the Court of Claims entered against the State relating to  
23 any public liability self-insurance claim shall act as a  
24 release against any State employee involved in the  
25 occurrence.

26 (12) Administer a plan the purpose of which is to make

1 payments on final settlements or final judgments in  
2 accordance with the State Employee Indemnification Act.  
3 The plan shall be funded through appropriations from the  
4 General Revenue Fund specifically designated for that  
5 purpose, except that indemnification expenses for  
6 employees of the Department of Transportation, the  
7 Illinois State Police, and the Secretary of State shall be  
8 paid from the Road Fund. The term "employee" as used in  
9 this subdivision (12) has the same meaning as under  
10 subsection (b) of Section 1 of the State Employee  
11 Indemnification Act. Subject to sufficient appropriation,  
12 the Director shall approve payment of any claim, without  
13 regard to fiscal year limitations, presented to the  
14 Director that is supported by a final settlement or final  
15 judgment when the Attorney General and the chief officer of  
16 the public body against whose employee the claim or cause  
17 of action is asserted certify to the Director that the  
18 claim is in accordance with the State Employee  
19 Indemnification Act and that they approve of the payment.  
20 In no event shall an amount in excess of \$150,000 be paid  
21 from this plan to or for the benefit of any claimant.

22 (13) Administer a plan the purpose of which is to make  
23 payments on final settlements or final judgments for  
24 employee wage claims in situations where there was an  
25 appropriation relevant to the wage claim, the fiscal year  
26 and lapse period have expired, and sufficient funds were

1 available to pay the claim. The plan shall be funded  
2 through appropriations from the General Revenue Fund  
3 specifically designated for that purpose.

4 Subject to sufficient appropriation, the Director is  
5 authorized to pay any wage claim presented to the Director  
6 that is supported by a final settlement or final judgment  
7 when the chief officer of the State agency employing the  
8 claimant certifies to the Director that the claim is a  
9 valid wage claim and that the fiscal year and lapse period  
10 have expired. Payment for claims that are properly  
11 submitted and certified as valid by the Director shall  
12 include interest accrued at the rate of 7% per annum from  
13 the forty-fifth day after the claims are received by the  
14 Department or 45 days from the date on which the amount of  
15 payment is agreed upon, whichever is later, until the date  
16 the claims are submitted to the Comptroller for payment.  
17 When the Attorney General has filed an appearance in any  
18 proceeding concerning a wage claim settlement or judgment,  
19 the Attorney General shall certify to the Director that the  
20 wage claim is valid before any payment is made. In no event  
21 shall an amount in excess of \$150,000 be paid from this  
22 plan to or for the benefit of any claimant.

23 Nothing in Public Act 84-961 shall be construed to  
24 affect in any manner the jurisdiction of the Court of  
25 Claims concerning wage claims made against the State of  
26 Illinois.



1           (14) Prepare and, in the discretion of the Director,  
2           implement a program for self-insurance for official  
3           fidelity and surety bonds for officers and employees as  
4           authorized by the Official Bond Act.

5           (Source: P.A. 99-581, eff. 1-1-17.)

6           Section 35. The Regional Integrated Behavioral Health  
7           Networks Act is amended by changing Section 20 as follows:

8           (20 ILCS 1340/20)

9           Sec. 20. Steering Committee and Networks.

10          (a) To achieve these goals, the Department of Human  
11          Services shall convene a Regional Integrated Behavioral Health  
12          Networks Steering Committee (hereinafter "Steering Committee")  
13          comprised of State agencies involved in the provision,  
14          regulation, or financing of health, mental health, substance  
15          abuse, rehabilitation, and other services. These include, but  
16          shall not be limited to, the following agencies:

17                 (1) The Department of Healthcare and Family Services.

18                 (2) The Department of Human Services and its Divisions  
19                 of Mental Illness and Alcoholism and Substance Abuse  
20                 Services.

21                 (3) The Department of Public Health, including its  
22                 Center for Rural Health.

23          The Steering Committee shall include a representative from  
24          each Network. The agencies of the Steering Committee are

1 directed to work collaboratively to provide consultation,  
2 advice, and leadership to the Networks in facilitating  
3 communication within and across multiple agencies and in  
4 removing regulatory barriers that may prevent Networks from  
5 accomplishing the goals. The Steering Committee collectively  
6 or through one of its member Agencies shall also provide  
7 technical assistance to the Networks.

8 (b) There also shall be convened Networks in each of the  
9 Department of Human Services' regions comprised of  
10 representatives of community stakeholders represented in the  
11 Network, including when available, but not limited to, relevant  
12 trade and professional associations representing hospitals,  
13 community providers, public health care, hospice care, long  
14 term care, law enforcement, emergency medical service,  
15 physicians, advanced practice registered nurses, and physician  
16 assistants trained in psychiatry; an organization that  
17 advocates on behalf of federally qualified health centers, an  
18 organization that advocates on behalf of persons suffering with  
19 mental illness and substance abuse disorders, an organization  
20 that advocates on behalf of persons with disabilities, an  
21 organization that advocates on behalf of persons who live in  
22 rural areas, an organization that advocates on behalf of  
23 persons who live in medically underserved areas; and others  
24 designated by the Steering Committee or the Networks. A member  
25 from each Network may choose a representative who may serve on  
26 the Steering Committee.

1 (Source: P.A. 99-581, eff. 1-1-17.)

2 Section 40. The Mental Health and Developmental  
3 Disabilities Administrative Act is amended by changing  
4 Sections 5.1, 14, and 15.4 as follows:

5 (20 ILCS 1705/5.1) (from Ch. 91 1/2, par. 100-5.1)

6 Sec. 5.1. The Department shall develop, by rule, the  
7 procedures and standards by which it shall approve medications  
8 for clinical use in its facilities. A list of those drugs  
9 approved pursuant to these procedures shall be distributed to  
10 all Department facilities.

11 Drugs not listed by the Department may not be administered  
12 in facilities under the jurisdiction of the Department,  
13 provided that an unlisted drug may be administered as part of  
14 research with the prior written consent of the Secretary  
15 specifying the nature of the permitted use and the physicians  
16 authorized to prescribe the drug. Drugs, as used in this  
17 Section, mean psychotropic and narcotic drugs.

18 No physician, advanced practice registered nurse, or  
19 physician assistant in the Department shall sign a prescription  
20 in blank, nor permit blank prescription forms to circulate out  
21 of his possession or control.

22 (Source: P.A. 99-581, eff. 1-1-17.)

23 (20 ILCS 1705/14) (from Ch. 91 1/2, par. 100-14)

1           Sec. 14. Chester Mental Health Center. To maintain and  
2 operate a facility for the care, custody, and treatment of  
3 persons with mental illness or habilitation of persons with  
4 developmental disabilities hereinafter designated, to be known  
5 as the Chester Mental Health Center.

6           Within the Chester Mental Health Center there shall be  
7 confined the following classes of persons, whose history, in  
8 the opinion of the Department, discloses dangerous or violent  
9 tendencies and who, upon examination under the direction of the  
10 Department, have been found a fit subject for confinement in  
11 that facility:

12           (a) Any male person who is charged with the commission  
13 of a crime but has been acquitted by reason of insanity as  
14 provided in Section 5-2-4 of the Unified Code of  
15 Corrections.

16           (b) Any male person who is charged with the commission  
17 of a crime but has been found unfit under Article 104 of  
18 the Code of Criminal Procedure of 1963.

19           (c) Any male person with mental illness or  
20 developmental disabilities or person in need of mental  
21 treatment now confined under the supervision of the  
22 Department or hereafter admitted to any facility thereof or  
23 committed thereto by any court of competent jurisdiction.

24           If and when it shall appear to the facility director of the  
25 Chester Mental Health Center that it is necessary to confine  
26 persons in order to maintain security or provide for the

1 protection and safety of recipients and staff, the Chester  
2 Mental Health Center may confine all persons on a unit to their  
3 rooms. This period of confinement shall not exceed 10 hours in  
4 a 24 hour period, including the recipient's scheduled hours of  
5 sleep, unless approved by the Secretary of the Department.  
6 During the period of confinement, the persons confined shall be  
7 observed at least every 15 minutes. A record shall be kept of  
8 the observations. This confinement shall not be considered  
9 seclusion as defined in the Mental Health and Developmental  
10 Disabilities Code.

11 The facility director of the Chester Mental Health Center  
12 may authorize the temporary use of handcuffs on a recipient for  
13 a period not to exceed 10 minutes when necessary in the course  
14 of transport of the recipient within the facility to maintain  
15 custody or security. Use of handcuffs is subject to the  
16 provisions of Section 2-108 of the Mental Health and  
17 Developmental Disabilities Code. The facility shall keep a  
18 monthly record listing each instance in which handcuffs are  
19 used, circumstances indicating the need for use of handcuffs,  
20 and time of application of handcuffs and time of release  
21 therefrom. The facility director shall allow the Illinois  
22 Guardianship and Advocacy Commission, the agency designated by  
23 the Governor under Section 1 of the Protection and Advocacy for  
24 Persons with Developmental Disabilities Act, and the  
25 Department to examine and copy such record upon request.

26 The facility director of the Chester Mental Health Center

1 may authorize the temporary use of transport devices on a civil  
2 recipient when necessary in the course of transport of the  
3 civil recipient outside the facility to maintain custody or  
4 security. The decision whether to use any transport devices  
5 shall be reviewed and approved on an individualized basis by a  
6 physician, an advanced practice registered nurse, or a  
7 physician assistant based upon a determination of the civil  
8 recipient's: (1) history of violence, (2) history of violence  
9 during transports, (3) history of escapes and escape attempts,  
10 (4) history of trauma, (5) history of incidents of restraint or  
11 seclusion and use of involuntary medication, (6) current  
12 functioning level and medical status, and (7) prior experience  
13 during similar transports, and the length, duration, and  
14 purpose of the transport. The least restrictive transport  
15 device consistent with the individual's need shall be used.  
16 Staff transporting the individual shall be trained in the use  
17 of the transport devices, recognizing and responding to a  
18 person in distress, and shall observe and monitor the  
19 individual while being transported. The facility shall keep a  
20 monthly record listing all transports, including those  
21 transports for which use of transport devices was not sought,  
22 those for which use of transport devices was sought but denied,  
23 and each instance in which transport devices are used,  
24 circumstances indicating the need for use of transport devices,  
25 time of application of transport devices, time of release from  
26 those devices, and any adverse events. The facility director

1 shall allow the Illinois Guardianship and Advocacy Commission,  
2 the agency designated by the Governor under Section 1 of the  
3 Protection and Advocacy for Persons with Developmental  
4 Disabilities Act, and the Department to examine and copy the  
5 record upon request. This use of transport devices shall not be  
6 considered restraint as defined in the Mental Health and  
7 Developmental Disabilities Code. For the purpose of this  
8 Section "transport device" means ankle cuffs, handcuffs, waist  
9 chains or wrist-waist devices designed to restrict an  
10 individual's range of motion while being transported. These  
11 devices must be approved by the Division of Mental Health, used  
12 in accordance with the manufacturer's instructions, and used  
13 only by qualified staff members who have completed all training  
14 required to be eligible to transport patients and all other  
15 required training relating to the safe use and application of  
16 transport devices, including recognizing and responding to  
17 signs of distress in an individual whose movement is being  
18 restricted by a transport device.

19 If and when it shall appear to the satisfaction of the  
20 Department that any person confined in the Chester Mental  
21 Health Center is not or has ceased to be such a source of  
22 danger to the public as to require his subjection to the  
23 regimen of the center, the Department is hereby authorized to  
24 transfer such person to any State facility for treatment of  
25 persons with mental illness or habilitation of persons with  
26 developmental disabilities, as the nature of the individual

1 case may require.

2 Subject to the provisions of this Section, the Department,  
3 except where otherwise provided by law, shall, with respect to  
4 the management, conduct and control of the Chester Mental  
5 Health Center and the discipline, custody and treatment of the  
6 persons confined therein, have and exercise the same rights and  
7 powers as are vested by law in the Department with respect to  
8 any and all of the State facilities for treatment of persons  
9 with mental illness or habilitation of persons with  
10 developmental disabilities, and the recipients thereof, and  
11 shall be subject to the same duties as are imposed by law upon  
12 the Department with respect to such facilities and the  
13 recipients thereof.

14 The Department may elect to place persons who have been  
15 ordered by the court to be detained under the Sexually Violent  
16 Persons Commitment Act in a distinct portion of the Chester  
17 Mental Health Center. The persons so placed shall be separated  
18 and shall not comingle with the recipients of the Chester  
19 Mental Health Center. The portion of Chester Mental Health  
20 Center that is used for the persons detained under the Sexually  
21 Violent Persons Commitment Act shall not be a part of the  
22 mental health facility for the enforcement and implementation  
23 of the Mental Health and Developmental Disabilities Code nor  
24 shall their care and treatment be subject to the provisions of  
25 the Mental Health and Developmental Disabilities Code. The  
26 changes added to this Section by this amendatory Act of the



1 98th General Assembly are inoperative on and after June 30,  
2 2015.

3 (Source: P.A. 98-79, eff. 7-15-13; 98-356, eff. 8-16-13;  
4 98-756, eff. 7-16-14; 99-143, eff. 7-27-15; 99-581, eff.  
5 1-1-17.)

6 (20 ILCS 1705/15.4)

7 Sec. 15.4. Authorization for nursing delegation to permit  
8 direct care staff to administer medications.

9 (a) This Section applies to (i) all programs for persons  
10 with a developmental disability in settings of 16 persons or  
11 fewer that are funded or licensed by the Department of Human  
12 Services and that distribute or administer medications and (ii)  
13 all intermediate care facilities for persons with  
14 developmental disabilities with 16 beds or fewer that are  
15 licensed by the Department of Public Health. The Department of  
16 Human Services shall develop a training program for authorized  
17 direct care staff to administer medications under the  
18 supervision and monitoring of a registered professional nurse.  
19 This training program shall be developed in consultation with  
20 professional associations representing (i) physicians licensed  
21 to practice medicine in all its branches, (ii) registered  
22 professional nurses, and (iii) pharmacists.

23 (b) For the purposes of this Section:

24 "Authorized direct care staff" means non-licensed persons  
25 who have successfully completed a medication administration

1 training program approved by the Department of Human Services  
2 and conducted by a nurse-trainer. This authorization is  
3 specific to an individual receiving service in a specific  
4 agency and does not transfer to another agency.

5 "Medications" means oral and topical medications, insulin  
6 in an injectable form, oxygen, epinephrine auto-injectors, and  
7 vaginal and rectal creams and suppositories. "Oral" includes  
8 inhalants and medications administered through enteral tubes,  
9 utilizing aseptic technique. "Topical" includes eye, ear, and  
10 nasal medications. Any controlled substances must be packaged  
11 specifically for an identified individual.

12 "Insulin in an injectable form" means a subcutaneous  
13 injection via an insulin pen pre-filled by the manufacturer.  
14 Authorized direct care staff may administer insulin, as ordered  
15 by a physician, advanced practice registered nurse, or  
16 physician assistant, if: (i) the staff has successfully  
17 completed a Department-approved advanced training program  
18 specific to insulin administration developed in consultation  
19 with professional associations listed in subsection (a) of this  
20 Section, and (ii) the staff consults with the registered nurse,  
21 prior to administration, of any insulin dose that is determined  
22 based on a blood glucose test result. The authorized direct  
23 care staff shall not: (i) calculate the insulin dosage needed  
24 when the dose is dependent upon a blood glucose test result, or  
25 (ii) administer insulin to individuals who require blood  
26 glucose monitoring greater than 3 times daily, unless directed

1 to do so by the registered nurse.

2 "Nurse-trainer training program" means a standardized,  
3 competency-based medication administration train-the-trainer  
4 program provided by the Department of Human Services and  
5 conducted by a Department of Human Services master  
6 nurse-trainer for the purpose of training nurse-trainers to  
7 train persons employed or under contract to provide direct care  
8 or treatment to individuals receiving services to administer  
9 medications and provide self-administration of medication  
10 training to individuals under the supervision and monitoring of  
11 the nurse-trainer. The program incorporates adult learning  
12 styles, teaching strategies, classroom management, and a  
13 curriculum overview, including the ethical and legal aspects of  
14 supervising those administering medications.

15 "Self-administration of medications" means an individual  
16 administers his or her own medications. To be considered  
17 capable to self-administer their own medication, individuals  
18 must, at a minimum, be able to identify their medication by  
19 size, shape, or color, know when they should take the  
20 medication, and know the amount of medication to be taken each  
21 time.

22 "Training program" means a standardized medication  
23 administration training program approved by the Department of  
24 Human Services and conducted by a registered professional nurse  
25 for the purpose of training persons employed or under contract  
26 to provide direct care or treatment to individuals receiving

1 services to administer medications and provide  
2 self-administration of medication training to individuals  
3 under the delegation and supervision of a nurse-trainer. The  
4 program incorporates adult learning styles, teaching  
5 strategies, classroom management, curriculum overview,  
6 including ethical-legal aspects, and standardized  
7 competency-based evaluations on administration of medications  
8 and self-administration of medication training programs.

9 (c) Training and authorization of non-licensed direct care  
10 staff by nurse-trainers must meet the requirements of this  
11 subsection.

12 (1) Prior to training non-licensed direct care staff to  
13 administer medication, the nurse-trainer shall perform the  
14 following for each individual to whom medication will be  
15 administered by non-licensed direct care staff:

16 (A) An assessment of the individual's health  
17 history and physical and mental status.

18 (B) An evaluation of the medications prescribed.

19 (2) Non-licensed authorized direct care staff shall  
20 meet the following criteria:

21 (A) Be 18 years of age or older.

22 (B) Have completed high school or have a high  
23 school equivalency certificate.

24 (C) Have demonstrated functional literacy.

25 (D) Have satisfactorily completed the Health and  
26 Safety component of a Department of Human Services

1 authorized direct care staff training program.

2 (E) Have successfully completed the training  
3 program, pass the written portion of the comprehensive  
4 exam, and score 100% on the competency-based  
5 assessment specific to the individual and his or her  
6 medications.

7 (F) Have received additional competency-based  
8 assessment by the nurse-trainer as deemed necessary by  
9 the nurse-trainer whenever a change of medication  
10 occurs or a new individual that requires medication  
11 administration enters the program.

12 (3) Authorized direct care staff shall be re-evaluated  
13 by a nurse-trainer at least annually or more frequently at  
14 the discretion of the registered professional nurse. Any  
15 necessary retraining shall be to the extent that is  
16 necessary to ensure competency of the authorized direct  
17 care staff to administer medication.

18 (4) Authorization of direct care staff to administer  
19 medication shall be revoked if, in the opinion of the  
20 registered professional nurse, the authorized direct care  
21 staff is no longer competent to administer medication.

22 (5) The registered professional nurse shall assess an  
23 individual's health status at least annually or more  
24 frequently at the discretion of the registered  
25 professional nurse.

26 (d) Medication self-administration shall meet the

1 following requirements:

2 (1) As part of the normalization process, in order for  
3 each individual to attain the highest possible level of  
4 independent functioning, all individuals shall be  
5 permitted to participate in their total health care  
6 program. This program shall include, but not be limited to,  
7 individual training in preventive health and  
8 self-medication procedures.

9 (A) Every program shall adopt written policies and  
10 procedures for assisting individuals in obtaining  
11 preventative health and self-medication skills in  
12 consultation with a registered professional nurse,  
13 advanced practice registered nurse, physician  
14 assistant, or physician licensed to practice medicine  
15 in all its branches.

16 (B) Individuals shall be evaluated to determine  
17 their ability to self-medicate by the nurse-trainer  
18 through the use of the Department's required,  
19 standardized screening and assessment instruments.

20 (C) When the results of the screening and  
21 assessment indicate an individual not to be capable to  
22 self-administer his or her own medications, programs  
23 shall be developed in consultation with the Community  
24 Support Team or Interdisciplinary Team to provide  
25 individuals with self-medication administration.

26 (2) Each individual shall be presumed to be competent

1 to self-administer medications if:

2 (A) authorized by an order of a physician licensed  
3 to practice medicine in all its branches, an advanced  
4 practice registered nurse, or a physician assistant;  
5 and

6 (B) approved to self-administer medication by the  
7 individual's Community Support Team or  
8 Interdisciplinary Team, which includes a registered  
9 professional nurse or an advanced practice registered  
10 nurse.

11 (e) Quality Assurance.

12 (1) A registered professional nurse, advanced practice  
13 registered nurse, licensed practical nurse, physician  
14 licensed to practice medicine in all its branches,  
15 physician assistant, or pharmacist shall review the  
16 following for all individuals:

17 (A) Medication orders.

18 (B) Medication labels, including medications  
19 listed on the medication administration record for  
20 persons who are not self-medicating to ensure the  
21 labels match the orders issued by the physician  
22 licensed to practice medicine in all its branches,  
23 advanced practice registered nurse, or physician  
24 assistant.

25 (C) Medication administration records for persons  
26 who are not self-medicating to ensure that the records

1           are completed appropriately for:

2                       (i) medication administered as prescribed;

3                       (ii) refusal by the individual; and

4                       (iii) full signatures provided for all  
5                       initials used.

6           (2) Reviews shall occur at least quarterly, but may be  
7           done more frequently at the discretion of the registered  
8           professional nurse or advanced practice registered nurse.

9           (3) A quality assurance review of medication errors and  
10           data collection for the purpose of monitoring and  
11           recommending corrective action shall be conducted within 7  
12           days and included in the required annual review.

13           (f) Programs using authorized direct care staff to  
14           administer medications are responsible for documenting and  
15           maintaining records on the training that is completed.

16           (g) The absence of this training program constitutes a  
17           threat to the public interest, safety, and welfare and  
18           necessitates emergency rulemaking by the Departments of Human  
19           Services and Public Health under Section 5-45 of the Illinois  
20           Administrative Procedure Act.

21           (h) Direct care staff who fail to qualify for delegated  
22           authority to administer medications pursuant to the provisions  
23           of this Section shall be given additional education and testing  
24           to meet criteria for delegation authority to administer  
25           medications. Any direct care staff person who fails to qualify  
26           as an authorized direct care staff after initial training and



1 testing must within 3 months be given another opportunity for  
2 retraining and retesting. A direct care staff person who fails  
3 to meet criteria for delegated authority to administer  
4 medication, including, but not limited to, failure of the  
5 written test on 2 occasions shall be given consideration for  
6 shift transfer or reassignment, if possible. No employee shall  
7 be terminated for failure to qualify during the 3-month time  
8 period following initial testing. Refusal to complete training  
9 and testing required by this Section may be grounds for  
10 immediate dismissal.

11 (i) No authorized direct care staff person delegated to  
12 administer medication shall be subject to suspension or  
13 discharge for errors resulting from the staff person's acts or  
14 omissions when performing the functions unless the staff  
15 person's actions or omissions constitute willful and wanton  
16 conduct. Nothing in this subsection is intended to supersede  
17 paragraph (4) of subsection (c).

18 (j) A registered professional nurse, advanced practice  
19 registered nurse, physician licensed to practice medicine in  
20 all its branches, or physician assistant shall be on duty or on  
21 call at all times in any program covered by this Section.

22 (k) The employer shall be responsible for maintaining  
23 liability insurance for any program covered by this Section.

24 (l) Any direct care staff person who qualifies as  
25 authorized direct care staff pursuant to this Section shall be  
26 granted consideration for a one-time additional salary

1 differential. The Department shall determine and provide the  
2 necessary funding for the differential in the base. This  
3 subsection (1) is inoperative on and after June 30, 2000.

4 (Source: P.A. 98-718, eff. 1-1-15; 98-901, eff. 8-15-14; 99-78,  
5 eff. 7-20-15; 99-143, eff. 7-27-15; 99-581, eff. 1-1-17.)

6 Section 45. The Department of Professional Regulation Law  
7 of the Civil Administrative Code of Illinois is amended by  
8 changing Section 2105-17 as follows:

9 (20 ILCS 2105/2105-17)

10 Sec. 2105-17. Volunteer licenses.

11 (a) For the purposes of this Section:

12 "Health care professional" means a physician licensed  
13 under the Medical Practice Act of 1987, a dentist licensed  
14 under the Illinois Dental Practice Act, an optometrist licensed  
15 under the Illinois Optometric Practice Act of 1987, a physician  
16 assistant licensed under the Physician Assistant Practice Act  
17 of 1987, and a nurse or advanced practice registered nurse  
18 licensed under the Nurse Practice Act. The Department may  
19 expand this definition by rule.

20 "Volunteer practice" means the practice of a licensed  
21 health care professional for the benefit of an individual or  
22 the public and without compensation for the health care  
23 services provided.

24 (b) The Department may grant a volunteer license to a

1 health care professional who:

2 (1) meets all requirements of the State licensing Act  
3 that applies to his or her health care profession and the  
4 rules adopted under the Act; and

5 (2) agrees to engage in the volunteer practice of his  
6 or her health care profession in a free medical clinic, as  
7 defined in the Good Samaritan Act, or in a public health  
8 clinic, as defined in Section 6-101 of the Local  
9 Governmental and Governmental Employees Tort Immunities  
10 Act, and to not practice for compensation.

11 (c) A volunteer license shall be granted in accordance with  
12 the licensing Act that applies to the health care  
13 professional's given health care profession, and the licensure  
14 fee shall be set by rule in accordance with subsection (f).

15 (d) No health care professional shall hold a non-volunteer  
16 license in a health care profession and a volunteer license in  
17 that profession at the same time. In the event that the health  
18 care professional obtains a volunteer license in the profession  
19 for which he or she holds a non-volunteer license, that  
20 non-volunteer license shall automatically be placed in  
21 inactive status. In the event that a health care professional  
22 obtains a non-volunteer license in the profession for which he  
23 or she holds a volunteer license, the volunteer license shall  
24 be placed in inactive status. Practicing on an expired  
25 volunteer license constitutes the unlicensed practice of the  
26 health care professional's profession.

1 (e) Nothing in this Section shall be construed to waive or  
2 modify any statute, rule, or regulation concerning the  
3 licensure or practice of any health care profession. A health  
4 care professional who holds a volunteer license shall be  
5 subject to all statutes, rules, and regulations governing his  
6 or her profession. The Department shall waive the licensure fee  
7 for the first 500 volunteer licenses issued and may by rule  
8 provide for a fee waiver or fee reduction that shall apply to  
9 all licenses issued after the initial 500.

10 (f) The Department shall determine by rule the total number  
11 of volunteer licenses to be issued. The Department shall file  
12 proposed rules implementing this Section within 6 months after  
13 the effective date of this amendatory Act of the 98th General  
14 Assembly.

15 (Source: P.A. 98-659, eff. 6-23-14.)

16 Section 50. The Department of Public Health Act is amended  
17 by changing Sections 7 and 8.2 as follows:

18 (20 ILCS 2305/7) (from Ch. 111 1/2, par. 22.05)

19 Sec. 7. The Illinois Department of Public Health shall  
20 adopt rules requiring that upon death of a person who had or is  
21 suspected of having an infectious or communicable disease that  
22 could be transmitted through contact with the person's body or  
23 bodily fluids, the body shall be labeled "Infection Hazard", or  
24 with an equivalent term to inform persons having subsequent

1 contact with the body, including any funeral director or  
2 embalmer, to take suitable precautions. Such rules shall  
3 require that the label shall be prominently displayed on and  
4 affixed to the outer wrapping or covering of the body if the  
5 body is wrapped or covered in any manner. Responsibility for  
6 such labeling shall lie with the attending physician, advanced  
7 practice registered nurse, or physician assistant who  
8 certifies death, or if the death occurs in a health care  
9 facility, with such staff member as may be designated by the  
10 administrator of the facility. The Department may adopt rules  
11 providing for the safe disposal of human remains. To the extent  
12 feasible without endangering the public's health, the  
13 Department shall respect and accommodate the religious beliefs  
14 of individuals in implementing this Section.

15 (Source: P.A. 99-581, eff. 1-1-17.)

16 (20 ILCS 2305/8.2)

17 Sec. 8.2. Osteoporosis Prevention and Education Program.

18 (a) The Department of Public Health, utilizing available  
19 federal funds, State funds appropriated for that purpose, or  
20 other available funding as provided for in this Section, shall  
21 establish, promote, and maintain an Osteoporosis Prevention  
22 and Education Program to promote public awareness of the causes  
23 of osteoporosis, options for prevention, the value of early  
24 detection, and possible treatments (including the benefits and  
25 risks of those treatments). The Department may accept, for that

1 purpose, any special grant of money, services, or property from  
2 the federal government or any of its agencies or from any  
3 foundation, organization, or medical school.

4 (b) The program shall include the following:

5 (1) Development of a public education and outreach  
6 campaign to promote osteoporosis prevention and education,  
7 including, but not limited to, the following subjects:

8 (A) The cause and nature of the disease.

9 (B) Risk factors.

10 (C) The role of hysterectomy.

11 (D) Prevention of osteoporosis, including  
12 nutrition, diet, and physical exercise.

13 (E) Diagnostic procedures and appropriate  
14 indications for their use.

15 (F) Hormone replacement, including benefits and  
16 risks.

17 (G) Environmental safety and injury prevention.

18 (H) Availability of osteoporosis diagnostic  
19 treatment services in the community.

20 (2) Development of educational materials to be made  
21 available for consumers, particularly targeted to  
22 high-risk groups, through local health departments, local  
23 physicians, advanced practice registered nurses, or  
24 physician assistants, other providers (including, but not  
25 limited to, health maintenance organizations, hospitals,  
26 and clinics), and women's organizations.

1           (3) Development of professional education programs for  
2 health care providers to assist them in understanding  
3 research findings and the subjects set forth in paragraph  
4 (1).

5           (4) Development and maintenance of a list of current  
6 providers of specialized services for the prevention and  
7 treatment of osteoporosis. Dissemination of the list shall  
8 be accompanied by a description of diagnostic procedures,  
9 appropriate indications for their use, and a cautionary  
10 statement about the current status of osteoporosis  
11 research, prevention, and treatment. The statement shall  
12 also indicate that the Department does not license,  
13 certify, or in any other way approve osteoporosis programs  
14 or centers in this State.

15           (c) The State Board of Health shall serve as an advisory  
16 board to the Department with specific respect to the prevention  
17 and education activities related to osteoporosis described in  
18 this Section. The State Board of Health shall assist the  
19 Department in implementing this Section.

20           (Source: P.A. 99-581, eff. 1-1-17.)

21           Section 55. The Department of Public Health Powers and  
22 Duties Law of the Civil Administrative Code of Illinois is  
23 amended by changing Sections 2310-145, 2310-397, 2310-410,  
24 2310-600, 2310-677, and 2310-690 as follows:

1 (20 ILCS 2310/2310-145)

2 Sec. 2310-145. Registry of health care professionals. The  
3 Department of Public Health shall maintain a registry of all  
4 active-status health care professionals, including nurses,  
5 nurse practitioners, advanced practice registered nurses,  
6 physicians, physician assistants, psychologists, professional  
7 counselors, clinical professional counselors, and pharmacists.

8 The registry must consist of information shared between the  
9 Department of Public Health and the Department of Financial and  
10 Professional Regulation via a secure communication link. The  
11 registry must be updated on a quarterly basis.

12 The registry shall be accessed in the event of an act of  
13 bioterrorism or other public health emergency or for the  
14 planning for the possibility of such an event.

15 (Source: P.A. 96-377, eff. 1-1-10.)

16 (20 ILCS 2310/2310-397) (was 20 ILCS 2310/55.90)

17 Sec. 2310-397. Prostate and testicular cancer program.

18 (a) The Department, subject to appropriation or other  
19 available funding, shall conduct a program to promote awareness  
20 and early detection of prostate and testicular cancer. The  
21 program may include, but need not be limited to:

22 (1) Dissemination of information regarding the  
23 incidence of prostate and testicular cancer, the risk  
24 factors associated with prostate and testicular cancer,  
25 and the benefits of early detection and treatment.



1           (2) Promotion of information and counseling about  
2 treatment options.

3           (3) Establishment and promotion of referral services  
4 and screening programs.

5           Beginning July 1, 2004, the program must include the  
6 development and dissemination, through print and broadcast  
7 media, of public service announcements that publicize the  
8 importance of prostate cancer screening for men over age 40.

9           (b) Subject to appropriation or other available funding, a  
10 Prostate Cancer Screening Program shall be established in the  
11 Department of Public Health.

12           (1) The Program shall apply to the following persons  
13 and entities:

14                   (A) uninsured and underinsured men 50 years of age  
15 and older;

16                   (B) uninsured and underinsured men between 40 and  
17 50 years of age who are at high risk for prostate  
18 cancer, upon the advice of a physician, advanced  
19 practice registered nurse, or physician assistant or  
20 upon the request of the patient; and

21                   (C) non-profit organizations providing assistance  
22 to persons described in subparagraphs (A) and (B).

23           (2) Any entity funded by the Program shall coordinate  
24 with other local providers of prostate cancer screening,  
25 diagnostic, follow-up, education, and advocacy services to  
26 avoid duplication of effort. Any entity funded by the

1 Program shall comply with any applicable State and federal  
2 standards regarding prostate cancer screening.

3 (3) Administrative costs of the Department shall not  
4 exceed 10% of the funds allocated to the Program. Indirect  
5 costs of the entities funded by this Program shall not  
6 exceed 12%. The Department shall define "indirect costs" in  
7 accordance with applicable State and federal law.

8 (4) Any entity funded by the Program shall collect data  
9 and maintain records that are determined by the Department  
10 to be necessary to facilitate the Department's ability to  
11 monitor and evaluate the effectiveness of the entities and  
12 the Program. Commencing with the Program's second year of  
13 operation, the Department shall submit an Annual Report to  
14 the General Assembly and the Governor. The report shall  
15 describe the activities and effectiveness of the Program  
16 and shall include, but not be limited to, the following  
17 types of information regarding those served by the Program:

18 (A) the number; and

19 (B) the ethnic, geographic, and age breakdown.

20 (5) The Department or any entity funded by the Program  
21 shall collect personal and medical information necessary  
22 to administer the Program from any individual applying for  
23 services under the Program. The information shall be  
24 confidential and shall not be disclosed other than for  
25 purposes directly connected with the administration of the  
26 Program or except as otherwise provided by law or pursuant

1 to prior written consent of the subject of the information.

2 (6) The Department or any entity funded by the program  
3 may disclose the confidential information to medical  
4 personnel and fiscal intermediaries of the State to the  
5 extent necessary to administer the Program, and to other  
6 State public health agencies or medical researchers if the  
7 confidential information is necessary to carry out the  
8 duties of those agencies or researchers in the  
9 investigation, control, or surveillance of prostate  
10 cancer.

11 (c) The Department shall adopt rules to implement the  
12 Prostate Cancer Screening Program in accordance with the  
13 Illinois Administrative Procedure Act.

14 (Source: P.A. 98-87, eff. 1-1-14; 99-581, eff. 1-1-17.)

15 (20 ILCS 2310/2310-410) (was 20 ILCS 2310/55.42)

16 Sec. 2310-410. Sickle cell disease. To conduct a public  
17 information campaign for physicians, advanced practice  
18 registered nurses, physician assistants, hospitals, health  
19 facilities, public health departments, and the general public  
20 on sickle cell disease, methods of care, and treatment  
21 modalities available; to identify and catalogue sickle cell  
22 resources in this State for distribution and referral purposes;  
23 and to coordinate services with the established programs,  
24 including State, federal, and voluntary groups.

25 (Source: P.A. 99-581, eff. 1-1-17.)

1 (20 ILCS 2310/2310-600)

2 Sec. 2310-600. Advance directive information.

3 (a) The Department of Public Health shall prepare and  
4 publish the summary of advance directives law, as required by  
5 the federal Patient Self-Determination Act, and related forms.  
6 Publication may be limited to the World Wide Web. The summary  
7 required under this subsection (a) must include the Department  
8 of Public Health Uniform POLST form.

9 (b) The Department of Public Health shall publish Spanish  
10 language versions of the following:

11 (1) The statutory Living Will Declaration form.

12 (2) The Illinois Statutory Short Form Power of Attorney  
13 for Health Care.

14 (3) The statutory Declaration of Mental Health  
15 Treatment Form.

16 (4) The summary of advance directives law in Illinois.

17 (5) The Department of Public Health Uniform POLST form.  
18 Publication may be limited to the World Wide Web.

19 (b-5) In consultation with a statewide professional  
20 organization representing physicians licensed to practice  
21 medicine in all its branches, statewide organizations  
22 representing physician assistants, advanced practice  
23 registered nurses, nursing homes, registered professional  
24 nurses, and emergency medical systems, and a statewide  
25 organization representing hospitals, the Department of Public

1 Health shall develop and publish a uniform form for  
2 practitioner cardiopulmonary resuscitation (CPR) or  
3 life-sustaining treatment orders that may be utilized in all  
4 settings. The form shall meet the published minimum  
5 requirements to nationally be considered a practitioner orders  
6 for life-sustaining treatment form, or POLST, and may be  
7 referred to as the Department of Public Health Uniform POLST  
8 form. This form does not replace a physician's or other  
9 practitioner's authority to make a do-not-resuscitate (DNR)  
10 order.

11 (c) (Blank).

12 (d) The Department of Public Health shall publish the  
13 Department of Public Health Uniform POLST form reflecting the  
14 changes made by this amendatory Act of the 98th General  
15 Assembly no later than January 1, 2015.

16 (Source: P.A. 98-1110, eff. 8-26-14; 99-319, eff. 1-1-16;  
17 99-581, eff. 1-1-17.)

18 (20 ILCS 2310/2310-677)

19 (Section scheduled to be repealed on June 30, 2019)

20 Sec. 2310-677. Neonatal Abstinence Syndrome Advisory  
21 Committee.

22 (a) As used in this Section:

23 "Department" means the Department of Public Health.

24 "Director" means the Director of Public Health.

25 "Neonatal Abstinence Syndrome" or "NAS" means various

1 adverse conditions that occur in a newborn infant who was  
2 exposed to addictive or prescription drugs while in the  
3 mother's womb.

4 (b) There is created the Advisory Committee on Neonatal  
5 Abstinence Syndrome. The Advisory Committee shall consist of up  
6 to 10 members appointed by the Director of Public Health. The  
7 Director shall make the appointments within 90 days after the  
8 effective date of this amendatory Act of the 99th General  
9 Assembly. Members shall receive no compensation for their  
10 services. The members of the Advisory Committee shall represent  
11 different racial, ethnic, and geographic backgrounds and  
12 consist of:

13 (1) at least one member representing a statewide  
14 association of hospitals;

15 (2) at least one member representing a statewide  
16 organization of pediatricians;

17 (3) at least one member representing a statewide  
18 organization of obstetricians;

19 (4) at least one member representing a statewide  
20 organization that advocates for the health of mothers and  
21 infants;

22 (5) at least one member representing a statewide  
23 organization of licensed physicians;

24 (6) at least one member who is a licensed practical  
25 nurse, registered professional nurse, or advanced practice  
26 registered nurse with expertise in the treatment of

1 newborns in neonatal intensive care units;

2 (7) at least one member representing a local or  
3 regional public health agency; and

4 (8) at least one member with expertise in the treatment  
5 of drug dependency and addiction.

6 (c) In addition to the membership in subsection (a) of this  
7 Section, the following persons or their designees shall serve  
8 as ex officio members of the Advisory Committee: the Director  
9 of Public Health, the Secretary of Human Services, the Director  
10 of Healthcare and Family Services, and the Director of Children  
11 and Family Services. The Director of Public Health, or his or  
12 her designee, shall serve as Chair of the Committee.

13 (d) The Advisory Committee shall meet at the call of the  
14 Chair. The Committee shall meet at least 3 times each year and  
15 its initial meeting shall take place within 120 days after the  
16 effective date of this Act. The Advisory Committee shall advise  
17 and assist the Department to:

18 (1) develop an appropriate standard clinical  
19 definition of "NAS";

20 (2) develop a uniform process of identifying NAS;

21 (3) develop protocols for training hospital personnel  
22 in implementing an appropriate and uniform process for  
23 identifying and treating NAS;

24 (4) identify and develop options for reporting NAS data  
25 to the Department by using existing or new data reporting  
26 options; and

1           (5) make recommendations to the Department on  
2 evidence-based guidelines and programs to improve the  
3 outcomes of pregnancies with respect to NAS.

4           (e) The Advisory Committee shall provide an annual report  
5 of its activities and recommendations to the Director, the  
6 General Assembly, and the Governor by March 31 of each year  
7 beginning in 2016. The final report of the Advisory Committee  
8 shall be submitted by March 31, 2019.

9           (f) This Section is repealed on June 30, 2019.

10          (Source: P.A. 99-320, eff. 8-7-15.)

11          (20 ILCS 2310/2310-690)

12          Sec. 2310-690. Cytomegalovirus public education.

13          (a) In this Section:

14                 "CMV" means cytomegalovirus.

15                 "Health care professional and provider" means any  
16 physician, advanced practice registered nurse, physician  
17 assistant, hospital facility, or other person that is  
18 licensed or otherwise authorized to deliver health care  
19 services.

20          (b) The Department shall develop or approve and publish  
21 informational materials for women who may become pregnant,  
22 expectant parents, and parents of infants regarding:

23                 (1) the incidence of CMV;

24                 (2) the transmission of CMV to pregnant women and women  
25 who may become pregnant;



- 1           (3) birth defects caused by congenital CMV;  
2           (4) methods of diagnosing congenital CMV; and  
3           (5) available preventive measures to avoid the  
4           infection of women who are pregnant or may become pregnant.

5           (c) The Department shall publish the information required  
6           under subsection (b) on its Internet website.

7           (d) The Department shall publish information to:

8           (1) educate women who may become pregnant, expectant  
9           parents, and parents of infants about CMV; and

10          (2) raise awareness of CMV among health care  
11          professionals and providers who provide care to expectant  
12          mothers or infants.

13          (e) The Department may solicit and accept the assistance of  
14          any relevant health care professional associations or  
15          community resources, including faith-based resources, to  
16          promote education about CMV under this Section.

17          (f) If a newborn infant fails the 2 initial hearing  
18          screenings in the hospital, then the hospital performing that  
19          screening shall provide to the parents of the newborn infant  
20          information regarding: (i) birth defects caused by congenital  
21          CMV; (ii) testing opportunities and options for CMV, including  
22          the opportunity to test for CMV before leaving the hospital;  
23          and (iii) early intervention services. Health care  
24          professionals and providers may, but are not required to, use  
25          the materials developed by the Department for distribution to  
26          parents of newborn infants.

1 (Source: P.A. 99-424, eff. 1-1-16; 99-581, eff. 1-1-17; 99-642,  
2 eff. 7-28-26.)

3 Section 60. The Community Health Worker Advisory Board Act  
4 is amended by changing Section 10 as follows:

5 (20 ILCS 2335/10)

6 Sec. 10. Advisory Board.

7 (a) There is created the Advisory Board on Community Health  
8 Workers. The Board shall consist of 16 members appointed by the  
9 Director of Public Health. The Director shall make the  
10 appointments to the Board within 90 days after the effective  
11 date of this Act. The members of the Board shall represent  
12 different racial and ethnic backgrounds and have the  
13 qualifications as follows:

14 (1) four members who currently serve as community  
15 health workers in Cook County, one of whom shall have  
16 served as a health insurance marketplace navigator;

17 (2) two members who currently serve as community health  
18 workers in DuPage, Kane, Lake, or Will County;

19 (3) one member who currently serves as a community  
20 health worker in Bond, Calhoun, Clinton, Jersey, Macoupin,  
21 Madison, Monroe, Montgomery, Randolph, St. Clair, or  
22 Washington County;

23 (4) one member who currently serves as a community  
24 health worker in any other county in the State;

1           (5) one member who is a physician licensed to practice  
2 medicine in Illinois;

3           (6) one member who is a physician assistant;

4           (7) one member who is a licensed nurse or advanced  
5 practice registered nurse;

6           (8) one member who is a licensed social worker,  
7 counselor, or psychologist;

8           (9) one member who currently employs community health  
9 workers;

10          (10) one member who is a health policy advisor with  
11 experience in health workforce policy;

12          (11) one member who is a public health professional  
13 with experience with community health policy; and

14          (12) one representative of a community college,  
15 university, or educational institution that provides  
16 training to community health workers.

17          (b) In addition, the following persons or their designees  
18 shall serve as ex officio, non-voting members of the Board: the  
19 Executive Director of the Illinois Community College Board, the  
20 Director of Children and Family Services, the Director of  
21 Aging, the Director of Public Health, the Director of  
22 Employment Security, the Director of Commerce and Economic  
23 Opportunity, the Secretary of Financial and Professional  
24 Regulation, the Director of Healthcare and Family Services, and  
25 the Secretary of Human Services.

26          (c) The voting members of the Board shall select a

1 chairperson from the voting members of the Board. The Board  
2 shall consult with additional experts as needed. Members of the  
3 Board shall serve without compensation. The Department shall  
4 provide administrative and staff support to the Board. The  
5 meetings of the Board are subject to the provisions of the Open  
6 Meetings Act.

7 (d) The Board shall consider the core competencies of a  
8 community health worker, including skills and areas of  
9 knowledge that are essential to bringing about expanded health  
10 and wellness in diverse communities and reducing health  
11 disparities. As relating to members of communities and health  
12 teams, the core competencies for effective community health  
13 workers may include, but are not limited to:

- 14 (1) outreach methods and strategies;
- 15 (2) client and community assessment;
- 16 (3) effective community-based and participatory  
17 methods, including research;
- 18 (4) culturally competent communication and care;
- 19 (5) health education for behavior change;
- 20 (6) support, advocacy, and health system navigation  
21 for clients;
- 22 (7) application of public health concepts and  
23 approaches;
- 24 (8) individual and community capacity building and  
25 mobilization; and
- 26 (9) writing, oral, technical, and communication

1 skills.

2 (Source: P.A. 98-796, eff. 7-31-14; 99-581, eff. 1-1-17.)

3 Section 65. The Illinois Housing Development Act is amended  
4 by changing Section 7.30 as follows:

5 (20 ILCS 3805/7.30)

6 Sec. 7.30. Foreclosure Prevention Program.

7 (a) The Authority shall establish and administer a  
8 Foreclosure Prevention Program. The Authority shall use moneys  
9 in the Foreclosure Prevention Program Fund, and any other funds  
10 appropriated for this purpose, to make grants to (i) approved  
11 counseling agencies for approved housing counseling and (ii)  
12 approved community-based organizations for approved  
13 foreclosure prevention outreach programs. The Authority shall  
14 promulgate rules to implement this Program and may adopt  
15 emergency rules as soon as practicable to begin implementation  
16 of the Program.

17 (b) Subject to appropriation and the annual receipt of  
18 funds, the Authority shall make grants from the Foreclosure  
19 Prevention Program Fund derived from fees paid as specified in  
20 subsection (a) of Section 15-1504.1 of the Code of Civil  
21 Procedure as follows:

22 (1) 25% of the moneys in the Fund shall be used to make  
23 grants to approved counseling agencies that provide  
24 services in Illinois outside of the City of Chicago. Grants

1 shall be based upon the number of foreclosures filed in an  
2 approved counseling agency's service area, the capacity of  
3 the agency to provide foreclosure counseling services, and  
4 any other factors that the Authority deems appropriate.

5 (2) 25% of the moneys in the Fund shall be distributed  
6 to the City of Chicago to make grants to approved  
7 counseling agencies located within the City of Chicago for  
8 approved housing counseling or to support foreclosure  
9 prevention counseling programs administered by the City of  
10 Chicago.

11 (3) 25% of the moneys in the Fund shall be used to make  
12 grants to approved community-based organizations located  
13 outside of the City of Chicago for approved foreclosure  
14 prevention outreach programs.

15 (4) 25% of the moneys in the Fund shall be used to make  
16 grants to approved community-based organizations located  
17 within the City of Chicago for approved foreclosure  
18 prevention outreach programs, with priority given to  
19 programs that provide door-to-door outreach.

20 (b-1) Subject to appropriation and the annual receipt of  
21 funds, the Authority shall make grants from the Foreclosure  
22 Prevention Program Graduated Fund derived from fees paid as  
23 specified in paragraph (1) of subsection (a-5) of Section  
24 15-1504.1 of the Code of Civil Procedure, as follows:

25 (1) 30% shall be used to make grants for approved  
26 housing counseling in Cook County outside of the City of

1 Chicago;

2 (2) 25% shall be used to make grants for approved  
3 housing counseling in the City of Chicago;

4 (3) 30% shall be used to make grants for approved  
5 housing counseling in DuPage, Kane, Lake, McHenry, and Will  
6 Counties; and

7 (4) 15% shall be used to make grants for approved  
8 housing counseling in Illinois in counties other than Cook,  
9 DuPage, Kane, Lake, McHenry, and Will Counties provided  
10 that grants to provide approved housing counseling to  
11 borrowers residing within these counties shall be based, to  
12 the extent practicable, (i) proportionately on the amount  
13 of fees paid to the respective clerks of the courts within  
14 these counties and (ii) on any other factors that the  
15 Authority deems appropriate.

16 The percentages set forth in this subsection (b-1) shall be  
17 calculated after deduction of reimbursable administrative  
18 expenses incurred by the Authority, but shall not be greater  
19 than 4% of the annual appropriated amount.

20 (b-5) As used in this Section:

21 "Approved community-based organization" means a  
22 not-for-profit entity that provides educational and financial  
23 information to residents of a community through in-person  
24 contact. "Approved community-based organization" does not  
25 include a not-for-profit corporation or other entity or person  
26 that provides legal representation or advice in a civil

1 proceeding or court-sponsored mediation services, or a  
2 governmental agency.

3 "Approved foreclosure prevention outreach program" means a  
4 program developed by an approved community-based organization  
5 that includes in-person contact with residents to provide (i)  
6 pre-purchase and post-purchase home ownership counseling, (ii)  
7 education about the foreclosure process and the options of a  
8 mortgagor in a foreclosure proceeding, and (iii) programs  
9 developed by an approved community-based organization in  
10 conjunction with a State or federally chartered financial  
11 institution.

12 "Approved counseling agency" means a housing counseling  
13 agency approved by the U.S. Department of Housing and Urban  
14 Development.

15 "Approved housing counseling" means in-person counseling  
16 provided by a counselor employed by an approved counseling  
17 agency to all borrowers, or documented telephone counseling  
18 where a hardship would be imposed on one or more borrowers. A  
19 hardship shall exist in instances in which the borrower is  
20 confined to his or her home due to a medical condition, as  
21 verified in writing by a physician, advanced practice  
22 registered nurse, or physician assistant, or the borrower  
23 resides 50 miles or more from the nearest approved counseling  
24 agency. In instances of telephone counseling, the borrower must  
25 supply all necessary documents to the counselor at least 72  
26 hours prior to the scheduled telephone counseling session.



1 (c) (Blank).

2 (c-5) Where the jurisdiction of an approved counseling  
3 agency is included within more than one of the geographic areas  
4 set forth in this Section, the Authority may elect to fully  
5 fund the applicant from one of the relevant geographic areas.

6 (Source: P.A. 98-20, eff. 6-11-13; 99-581, eff. 1-1-17.)

7 Section 70. The Property Tax Code is amended by changing  
8 Sections 15-168 and 15-172 as follows:

9 (35 ILCS 200/15-168)

10 Sec. 15-168. Homestead exemption for persons with  
11 disabilities.

12 (a) Beginning with taxable year 2007, an annual homestead  
13 exemption is granted to persons with disabilities in the amount  
14 of \$2,000, except as provided in subsection (c), to be deducted  
15 from the property's value as equalized or assessed by the  
16 Department of Revenue. The person with a disability shall  
17 receive the homestead exemption upon meeting the following  
18 requirements:

19 (1) The property must be occupied as the primary  
20 residence by the person with a disability.

21 (2) The person with a disability must be liable for  
22 paying the real estate taxes on the property.

23 (3) The person with a disability must be an owner of  
24 record of the property or have a legal or equitable

1 interest in the property as evidenced by a written  
2 instrument. In the case of a leasehold interest in  
3 property, the lease must be for a single family residence.

4 A person who has a disability during the taxable year is  
5 eligible to apply for this homestead exemption during that  
6 taxable year. Application must be made during the application  
7 period in effect for the county of residence. If a homestead  
8 exemption has been granted under this Section and the person  
9 awarded the exemption subsequently becomes a resident of a  
10 facility licensed under the Nursing Home Care Act, the  
11 Specialized Mental Health Rehabilitation Act of 2013, the ID/DD  
12 Community Care Act, or the MC/DD Act, then the exemption shall  
13 continue (i) so long as the residence continues to be occupied  
14 by the qualifying person's spouse or (ii) if the residence  
15 remains unoccupied but is still owned by the person qualified  
16 for the homestead exemption.

17 (b) For the purposes of this Section, "person with a  
18 disability" means a person unable to engage in any substantial  
19 gainful activity by reason of a medically determinable physical  
20 or mental impairment which can be expected to result in death  
21 or has lasted or can be expected to last for a continuous  
22 period of not less than 12 months. Persons with disabilities  
23 filing claims under this Act shall submit proof of disability  
24 in such form and manner as the Department shall by rule and  
25 regulation prescribe. Proof that a claimant is eligible to  
26 receive disability benefits under the Federal Social Security

1 Act shall constitute proof of disability for purposes of this  
2 Act. Issuance of an Illinois Person with a Disability  
3 Identification Card stating that the claimant is under a Class  
4 2 disability, as defined in Section 4A of the Illinois  
5 Identification Card Act, shall constitute proof that the person  
6 named thereon is a person with a disability for purposes of  
7 this Act. A person with a disability not covered under the  
8 Federal Social Security Act and not presenting an Illinois  
9 Person with a Disability Identification Card stating that the  
10 claimant is under a Class 2 disability shall be examined by a  
11 physician, advanced practice registered nurse, or physician  
12 assistant designated by the Department, and his status as a  
13 person with a disability determined using the same standards as  
14 used by the Social Security Administration. The costs of any  
15 required examination shall be borne by the claimant.

16 (c) For land improved with (i) an apartment building owned  
17 and operated as a cooperative or (ii) a life care facility as  
18 defined under Section 2 of the Life Care Facilities Act that is  
19 considered to be a cooperative, the maximum reduction from the  
20 value of the property, as equalized or assessed by the  
21 Department, shall be multiplied by the number of apartments or  
22 units occupied by a person with a disability. The person with a  
23 disability shall receive the homestead exemption upon meeting  
24 the following requirements:

25 (1) The property must be occupied as the primary  
26 residence by the person with a disability.

1           (2) The person with a disability must be liable by  
2 contract with the owner or owners of record for paying the  
3 apportioned property taxes on the property of the  
4 cooperative or life care facility. In the case of a life  
5 care facility, the person with a disability must be liable  
6 for paying the apportioned property taxes under a life care  
7 contract as defined in Section 2 of the Life Care  
8 Facilities Act.

9           (3) The person with a disability must be an owner of  
10 record of a legal or equitable interest in the cooperative  
11 apartment building. A leasehold interest does not meet this  
12 requirement.

13 If a homestead exemption is granted under this subsection, the  
14 cooperative association or management firm shall credit the  
15 savings resulting from the exemption to the apportioned tax  
16 liability of the qualifying person with a disability. The chief  
17 county assessment officer may request reasonable proof that the  
18 association or firm has properly credited the exemption. A  
19 person who willfully refuses to credit an exemption to the  
20 qualified person with a disability is guilty of a Class B  
21 misdemeanor.

22           (d) The chief county assessment officer shall determine the  
23 eligibility of property to receive the homestead exemption  
24 according to guidelines established by the Department. After a  
25 person has received an exemption under this Section, an annual  
26 verification of eligibility for the exemption shall be mailed

1 to the taxpayer.

2 In counties with fewer than 3,000,000 inhabitants, the  
3 chief county assessment officer shall provide to each person  
4 granted a homestead exemption under this Section a form to  
5 designate any other person to receive a duplicate of any notice  
6 of delinquency in the payment of taxes assessed and levied  
7 under this Code on the person's qualifying property. The  
8 duplicate notice shall be in addition to the notice required to  
9 be provided to the person receiving the exemption and shall be  
10 given in the manner required by this Code. The person filing  
11 the request for the duplicate notice shall pay an  
12 administrative fee of \$5 to the chief county assessment  
13 officer. The assessment officer shall then file the executed  
14 designation with the county collector, who shall issue the  
15 duplicate notices as indicated by the designation. A  
16 designation may be rescinded by the person with a disability in  
17 the manner required by the chief county assessment officer.

18 (e) A taxpayer who claims an exemption under Section 15-165  
19 or 15-169 may not claim an exemption under this Section.

20 (Source: P.A. 98-104, eff. 7-22-13; 99-143, eff. 7-27-15;  
21 99-180, eff. 7-29-15; 99-581, eff. 1-1-17; 99-642, eff.  
22 7-28-16.)

23 (35 ILCS 200/15-172)

24 Sec. 15-172. Senior Citizens Assessment Freeze Homestead  
25 Exemption.

1           (a) This Section may be cited as the Senior Citizens  
2 Assessment Freeze Homestead Exemption.

3           (b) As used in this Section:

4           "Applicant" means an individual who has filed an  
5 application under this Section.

6           "Base amount" means the base year equalized assessed value  
7 of the residence plus the first year's equalized assessed value  
8 of any added improvements which increased the assessed value of  
9 the residence after the base year.

10          "Base year" means the taxable year prior to the taxable  
11 year for which the applicant first qualifies and applies for  
12 the exemption provided that in the prior taxable year the  
13 property was improved with a permanent structure that was  
14 occupied as a residence by the applicant who was liable for  
15 paying real property taxes on the property and who was either  
16 (i) an owner of record of the property or had legal or  
17 equitable interest in the property as evidenced by a written  
18 instrument or (ii) had a legal or equitable interest as a  
19 lessee in the parcel of property that was single family  
20 residence. If in any subsequent taxable year for which the  
21 applicant applies and qualifies for the exemption the equalized  
22 assessed value of the residence is less than the equalized  
23 assessed value in the existing base year (provided that such  
24 equalized assessed value is not based on an assessed value that  
25 results from a temporary irregularity in the property that  
26 reduces the assessed value for one or more taxable years), then

1 that subsequent taxable year shall become the base year until a  
2 new base year is established under the terms of this paragraph.  
3 For taxable year 1999 only, the Chief County Assessment Officer  
4 shall review (i) all taxable years for which the applicant  
5 applied and qualified for the exemption and (ii) the existing  
6 base year. The assessment officer shall select as the new base  
7 year the year with the lowest equalized assessed value. An  
8 equalized assessed value that is based on an assessed value  
9 that results from a temporary irregularity in the property that  
10 reduces the assessed value for one or more taxable years shall  
11 not be considered the lowest equalized assessed value. The  
12 selected year shall be the base year for taxable year 1999 and  
13 thereafter until a new base year is established under the terms  
14 of this paragraph.

15 "Chief County Assessment Officer" means the County  
16 Assessor or Supervisor of Assessments of the county in which  
17 the property is located.

18 "Equalized assessed value" means the assessed value as  
19 equalized by the Illinois Department of Revenue.

20 "Household" means the applicant, the spouse of the  
21 applicant, and all persons using the residence of the applicant  
22 as their principal place of residence.

23 "Household income" means the combined income of the members  
24 of a household for the calendar year preceding the taxable  
25 year.

26 "Income" has the same meaning as provided in Section 3.07

1 of the Senior Citizens and Persons with Disabilities Property  
2 Tax Relief Act, except that, beginning in assessment year 2001,  
3 "income" does not include veteran's benefits.

4 "Internal Revenue Code of 1986" means the United States  
5 Internal Revenue Code of 1986 or any successor law or laws  
6 relating to federal income taxes in effect for the year  
7 preceding the taxable year.

8 "Life care facility that qualifies as a cooperative" means  
9 a facility as defined in Section 2 of the Life Care Facilities  
10 Act.

11 "Maximum income limitation" means:

- 12 (1) \$35,000 prior to taxable year 1999;
- 13 (2) \$40,000 in taxable years 1999 through 2003;
- 14 (3) \$45,000 in taxable years 2004 through 2005;
- 15 (4) \$50,000 in taxable years 2006 and 2007; and
- 16 (5) \$55,000 in taxable year 2008 and thereafter.

17 "Residence" means the principal dwelling place and  
18 appurtenant structures used for residential purposes in this  
19 State occupied on January 1 of the taxable year by a household  
20 and so much of the surrounding land, constituting the parcel  
21 upon which the dwelling place is situated, as is used for  
22 residential purposes. If the Chief County Assessment Officer  
23 has established a specific legal description for a portion of  
24 property constituting the residence, then that portion of  
25 property shall be deemed the residence for the purposes of this  
26 Section.



1 "Taxable year" means the calendar year during which ad  
2 valorem property taxes payable in the next succeeding year are  
3 levied.

4 (c) Beginning in taxable year 1994, a senior citizens  
5 assessment freeze homestead exemption is granted for real  
6 property that is improved with a permanent structure that is  
7 occupied as a residence by an applicant who (i) is 65 years of  
8 age or older during the taxable year, (ii) has a household  
9 income that does not exceed the maximum income limitation,  
10 (iii) is liable for paying real property taxes on the property,  
11 and (iv) is an owner of record of the property or has a legal or  
12 equitable interest in the property as evidenced by a written  
13 instrument. This homestead exemption shall also apply to a  
14 leasehold interest in a parcel of property improved with a  
15 permanent structure that is a single family residence that is  
16 occupied as a residence by a person who (i) is 65 years of age  
17 or older during the taxable year, (ii) has a household income  
18 that does not exceed the maximum income limitation, (iii) has a  
19 legal or equitable ownership interest in the property as  
20 lessee, and (iv) is liable for the payment of real property  
21 taxes on that property.

22 In counties of 3,000,000 or more inhabitants, the amount of  
23 the exemption for all taxable years is the equalized assessed  
24 value of the residence in the taxable year for which  
25 application is made minus the base amount. In all other  
26 counties, the amount of the exemption is as follows: (i)

1 through taxable year 2005 and for taxable year 2007 and  
2 thereafter, the amount of this exemption shall be the equalized  
3 assessed value of the residence in the taxable year for which  
4 application is made minus the base amount; and (ii) for taxable  
5 year 2006, the amount of the exemption is as follows:

6 (1) For an applicant who has a household income of  
7 \$45,000 or less, the amount of the exemption is the  
8 equalized assessed value of the residence in the taxable  
9 year for which application is made minus the base amount.

10 (2) For an applicant who has a household income  
11 exceeding \$45,000 but not exceeding \$46,250, the amount of  
12 the exemption is (i) the equalized assessed value of the  
13 residence in the taxable year for which application is made  
14 minus the base amount (ii) multiplied by 0.8.

15 (3) For an applicant who has a household income  
16 exceeding \$46,250 but not exceeding \$47,500, the amount of  
17 the exemption is (i) the equalized assessed value of the  
18 residence in the taxable year for which application is made  
19 minus the base amount (ii) multiplied by 0.6.

20 (4) For an applicant who has a household income  
21 exceeding \$47,500 but not exceeding \$48,750, the amount of  
22 the exemption is (i) the equalized assessed value of the  
23 residence in the taxable year for which application is made  
24 minus the base amount (ii) multiplied by 0.4.

25 (5) For an applicant who has a household income  
26 exceeding \$48,750 but not exceeding \$50,000, the amount of

1           the exemption is (i) the equalized assessed value of the  
2           residence in the taxable year for which application is made  
3           minus the base amount (ii) multiplied by 0.2.

4           When the applicant is a surviving spouse of an applicant  
5           for a prior year for the same residence for which an exemption  
6           under this Section has been granted, the base year and base  
7           amount for that residence are the same as for the applicant for  
8           the prior year.

9           Each year at the time the assessment books are certified to  
10          the County Clerk, the Board of Review or Board of Appeals shall  
11          give to the County Clerk a list of the assessed values of  
12          improvements on each parcel qualifying for this exemption that  
13          were added after the base year for this parcel and that  
14          increased the assessed value of the property.

15          In the case of land improved with an apartment building  
16          owned and operated as a cooperative or a building that is a  
17          life care facility that qualifies as a cooperative, the maximum  
18          reduction from the equalized assessed value of the property is  
19          limited to the sum of the reductions calculated for each unit  
20          occupied as a residence by a person or persons (i) 65 years of  
21          age or older, (ii) with a household income that does not exceed  
22          the maximum income limitation, (iii) who is liable, by contract  
23          with the owner or owners of record, for paying real property  
24          taxes on the property, and (iv) who is an owner of record of a  
25          legal or equitable interest in the cooperative apartment  
26          building, other than a leasehold interest. In the instance of a

1 cooperative where a homestead exemption has been granted under  
2 this Section, the cooperative association or its management  
3 firm shall credit the savings resulting from that exemption  
4 only to the apportioned tax liability of the owner who  
5 qualified for the exemption. Any person who willfully refuses  
6 to credit that savings to an owner who qualifies for the  
7 exemption is guilty of a Class B misdemeanor.

8 When a homestead exemption has been granted under this  
9 Section and an applicant then becomes a resident of a facility  
10 licensed under the Assisted Living and Shared Housing Act, the  
11 Nursing Home Care Act, the Specialized Mental Health  
12 Rehabilitation Act of 2013, the ID/DD Community Care Act, or  
13 the MC/DD Act, the exemption shall be granted in subsequent  
14 years so long as the residence (i) continues to be occupied by  
15 the qualified applicant's spouse or (ii) if remaining  
16 unoccupied, is still owned by the qualified applicant for the  
17 homestead exemption.

18 Beginning January 1, 1997, when an individual dies who  
19 would have qualified for an exemption under this Section, and  
20 the surviving spouse does not independently qualify for this  
21 exemption because of age, the exemption under this Section  
22 shall be granted to the surviving spouse for the taxable year  
23 preceding and the taxable year of the death, provided that,  
24 except for age, the surviving spouse meets all other  
25 qualifications for the granting of this exemption for those  
26 years.

1           When married persons maintain separate residences, the  
2 exemption provided for in this Section may be claimed by only  
3 one of such persons and for only one residence.

4           For taxable year 1994 only, in counties having less than  
5 3,000,000 inhabitants, to receive the exemption, a person shall  
6 submit an application by February 15, 1995 to the Chief County  
7 Assessment Officer of the county in which the property is  
8 located. In counties having 3,000,000 or more inhabitants, for  
9 taxable year 1994 and all subsequent taxable years, to receive  
10 the exemption, a person may submit an application to the Chief  
11 County Assessment Officer of the county in which the property  
12 is located during such period as may be specified by the Chief  
13 County Assessment Officer. The Chief County Assessment Officer  
14 in counties of 3,000,000 or more inhabitants shall annually  
15 give notice of the application period by mail or by  
16 publication. In counties having less than 3,000,000  
17 inhabitants, beginning with taxable year 1995 and thereafter,  
18 to receive the exemption, a person shall submit an application  
19 by July 1 of each taxable year to the Chief County Assessment  
20 Officer of the county in which the property is located. A  
21 county may, by ordinance, establish a date for submission of  
22 applications that is different than July 1. The applicant shall  
23 submit with the application an affidavit of the applicant's  
24 total household income, age, marital status (and if married the  
25 name and address of the applicant's spouse, if known), and  
26 principal dwelling place of members of the household on January

1 of the taxable year. The Department shall establish, by rule,  
2 a method for verifying the accuracy of affidavits filed by  
3 applicants under this Section, and the Chief County Assessment  
4 Officer may conduct audits of any taxpayer claiming an  
5 exemption under this Section to verify that the taxpayer is  
6 eligible to receive the exemption. Each application shall  
7 contain or be verified by a written declaration that it is made  
8 under the penalties of perjury. A taxpayer's signing a  
9 fraudulent application under this Act is perjury, as defined in  
10 Section 32-2 of the Criminal Code of 2012. The applications  
11 shall be clearly marked as applications for the Senior Citizens  
12 Assessment Freeze Homestead Exemption and must contain a notice  
13 that any taxpayer who receives the exemption is subject to an  
14 audit by the Chief County Assessment Officer.

15 Notwithstanding any other provision to the contrary, in  
16 counties having fewer than 3,000,000 inhabitants, if an  
17 applicant fails to file the application required by this  
18 Section in a timely manner and this failure to file is due to a  
19 mental or physical condition sufficiently severe so as to  
20 render the applicant incapable of filing the application in a  
21 timely manner, the Chief County Assessment Officer may extend  
22 the filing deadline for a period of 30 days after the applicant  
23 regains the capability to file the application, but in no case  
24 may the filing deadline be extended beyond 3 months of the  
25 original filing deadline. In order to receive the extension  
26 provided in this paragraph, the applicant shall provide the

1 Chief County Assessment Officer with a signed statement from  
2 the applicant's physician, advanced practice registered nurse,  
3 or physician assistant stating the nature and extent of the  
4 condition, that, in the physician's, advanced practice  
5 registered nurse's, or physician assistant's opinion, the  
6 condition was so severe that it rendered the applicant  
7 incapable of filing the application in a timely manner, and the  
8 date on which the applicant regained the capability to file the  
9 application.

10 Beginning January 1, 1998, notwithstanding any other  
11 provision to the contrary, in counties having fewer than  
12 3,000,000 inhabitants, if an applicant fails to file the  
13 application required by this Section in a timely manner and  
14 this failure to file is due to a mental or physical condition  
15 sufficiently severe so as to render the applicant incapable of  
16 filing the application in a timely manner, the Chief County  
17 Assessment Officer may extend the filing deadline for a period  
18 of 3 months. In order to receive the extension provided in this  
19 paragraph, the applicant shall provide the Chief County  
20 Assessment Officer with a signed statement from the applicant's  
21 physician, advanced practice registered nurse, or physician  
22 assistant stating the nature and extent of the condition, and  
23 that, in the physician's, advanced practice registered  
24 nurse's, or physician assistant's opinion, the condition was so  
25 severe that it rendered the applicant incapable of filing the  
26 application in a timely manner.

1           In counties having less than 3,000,000 inhabitants, if an  
2 applicant was denied an exemption in taxable year 1994 and the  
3 denial occurred due to an error on the part of an assessment  
4 official, or his or her agent or employee, then beginning in  
5 taxable year 1997 the applicant's base year, for purposes of  
6 determining the amount of the exemption, shall be 1993 rather  
7 than 1994. In addition, in taxable year 1997, the applicant's  
8 exemption shall also include an amount equal to (i) the amount  
9 of any exemption denied to the applicant in taxable year 1995  
10 as a result of using 1994, rather than 1993, as the base year,  
11 (ii) the amount of any exemption denied to the applicant in  
12 taxable year 1996 as a result of using 1994, rather than 1993,  
13 as the base year, and (iii) the amount of the exemption  
14 erroneously denied for taxable year 1994.

15           For purposes of this Section, a person who will be 65 years  
16 of age during the current taxable year shall be eligible to  
17 apply for the homestead exemption during that taxable year.  
18 Application shall be made during the application period in  
19 effect for the county of his or her residence.

20           The Chief County Assessment Officer may determine the  
21 eligibility of a life care facility that qualifies as a  
22 cooperative to receive the benefits provided by this Section by  
23 use of an affidavit, application, visual inspection,  
24 questionnaire, or other reasonable method in order to insure  
25 that the tax savings resulting from the exemption are credited  
26 by the management firm to the apportioned tax liability of each



1 qualifying resident. The Chief County Assessment Officer may  
2 request reasonable proof that the management firm has so  
3 credited that exemption.

4 Except as provided in this Section, all information  
5 received by the chief county assessment officer or the  
6 Department from applications filed under this Section, or from  
7 any investigation conducted under the provisions of this  
8 Section, shall be confidential, except for official purposes or  
9 pursuant to official procedures for collection of any State or  
10 local tax or enforcement of any civil or criminal penalty or  
11 sanction imposed by this Act or by any statute or ordinance  
12 imposing a State or local tax. Any person who divulges any such  
13 information in any manner, except in accordance with a proper  
14 judicial order, is guilty of a Class A misdemeanor.

15 Nothing contained in this Section shall prevent the  
16 Director or chief county assessment officer from publishing or  
17 making available reasonable statistics concerning the  
18 operation of the exemption contained in this Section in which  
19 the contents of claims are grouped into aggregates in such a  
20 way that information contained in any individual claim shall  
21 not be disclosed.

22 (d) Each Chief County Assessment Officer shall annually  
23 publish a notice of availability of the exemption provided  
24 under this Section. The notice shall be published at least 60  
25 days but no more than 75 days prior to the date on which the  
26 application must be submitted to the Chief County Assessment

1 Officer of the county in which the property is located. The  
2 notice shall appear in a newspaper of general circulation in  
3 the county.

4 Notwithstanding Sections 6 and 8 of the State Mandates Act,  
5 no reimbursement by the State is required for the  
6 implementation of any mandate created by this Section.

7 (Source: P.A. 98-104, eff. 7-22-13; 99-143, eff. 7-27-15;  
8 99-180, eff. 7-29-15; 99-581, eff. 1-1-17; 99-642, eff.  
9 7-28-16.)

10 Section 75. The Counties Code is amended by changing  
11 Sections 3-14049, 3-15003.6, and 5-1069 as follows:

12 (55 ILCS 5/3-14049) (from Ch. 34, par. 3-14049)

13 Sec. 3-14049. Appointment of physicians and nurses for the  
14 poor and mentally ill persons. The appointment, employment and  
15 removal by the Board of Commissioners of Cook County of all  
16 physicians and surgeons, advanced practice registered nurses,  
17 physician assistants, and nurses for the care and treatment of  
18 the sick, poor, mentally ill or persons in need of mental  
19 treatment of said county shall be made only in conformity with  
20 rules prescribed by the County Civil Service Commission to  
21 accomplish the purposes of this Section.

22 The Board of Commissioners of Cook County may provide that  
23 all such physicians and surgeons who serve without compensation  
24 shall be appointed for a term to be fixed by the Board, and

1 that the physicians and surgeons usually designated and known  
2 as interns shall be appointed for a term to be fixed by the  
3 Board: Provided, that there may also, at the discretion of the  
4 board, be a consulting staff of physicians and surgeons, which  
5 staff may be appointed by the president, subject to the  
6 approval of the board, and provided further, that the Board may  
7 contract with any recognized training school or any program for  
8 health professionals for health care services of any or all of  
9 such sick or mentally ill or persons in need of mental  
10 treatment.

11 (Source: P.A. 99-581, eff. 1-1-17.)

12 (55 ILCS 5/3-15003.6)

13 Sec. 3-15003.6. Pregnant female prisoners.

14 (a) Definitions. For the purpose of this Section:

15 (1) "Restraints" means any physical restraint or  
16 mechanical device used to control the movement of a  
17 prisoner's body or limbs, or both, including, but not  
18 limited to, flex cuffs, soft restraints, hard metal  
19 handcuffs, a black box, Chubb cuffs, leg irons, belly  
20 chains, a security (tether) chain, or a convex shield, or  
21 shackles of any kind.

22 (2) "Labor" means the period of time before a birth and  
23 shall include any medical condition in which a woman is  
24 sent or brought to the hospital for the purpose of  
25 delivering her baby. These situations include: induction

1 of labor, prodromal labor, pre-term labor, prelabor  
2 rupture of membranes, the 3 stages of active labor, uterine  
3 hemorrhage during the third trimester of pregnancy, and  
4 caesarian delivery including pre-operative preparation.

5 (3) "Post-partum" means, as determined by her  
6 physician, advanced practice registered nurse, or  
7 physician assistant, the period immediately following  
8 delivery, including the entire period a woman is in the  
9 hospital or infirmary after birth.

10 (4) "Correctional institution" means any entity under  
11 the authority of a county law enforcement division of a  
12 county of more than 3,000,000 inhabitants that has the  
13 power to detain or restrain, or both, a person under the  
14 laws of the State.

15 (5) "Corrections official" means the official that is  
16 responsible for oversight of a correctional institution,  
17 or his or her designee.

18 (6) "Prisoner" means any person incarcerated or  
19 detained in any facility who is accused of, convicted of,  
20 sentenced for, or adjudicated delinquent for, violations  
21 of criminal law or the terms and conditions of parole,  
22 probation, pretrial release, or diversionary program, and  
23 any person detained under the immigration laws of the  
24 United States at any correctional facility.

25 (7) "Extraordinary circumstance" means an  
26 extraordinary medical or security circumstance, including

1 a substantial flight risk, that dictates restraints be used  
2 to ensure the safety and security of the prisoner, the  
3 staff of the correctional institution or medical facility,  
4 other prisoners, or the public.

5 (b) A county department of corrections shall not apply  
6 security restraints to a prisoner that has been determined by a  
7 qualified medical professional to be pregnant and is known by  
8 the county department of corrections to be pregnant or in  
9 postpartum recovery, which is the entire period a woman is in  
10 the medical facility after birth, unless the corrections  
11 official makes an individualized determination that the  
12 prisoner presents a substantial flight risk or some other  
13 extraordinary circumstance that dictates security restraints  
14 be used to ensure the safety and security of the prisoner, her  
15 child or unborn child, the staff of the county department of  
16 corrections or medical facility, other prisoners, or the  
17 public. The protections set out in clauses (b) (3) and (b) (4) of  
18 this Section shall apply to security restraints used pursuant  
19 to this subsection. The corrections official shall immediately  
20 remove all restraints upon the written or oral request of  
21 medical personnel. Oral requests made by medical personnel  
22 shall be verified in writing as promptly as reasonably  
23 possible.

24 (1) Qualified authorized health staff shall have the  
25 authority to order therapeutic restraints for a pregnant or  
26 postpartum prisoner who is a danger to herself, her child,

1       unborn child, or other persons due to a psychiatric or  
2       medical disorder. Therapeutic restraints may only be  
3       initiated, monitored and discontinued by qualified and  
4       authorized health staff and used to safely limit a  
5       prisoner's mobility for psychiatric or medical reasons. No  
6       order for therapeutic restraints shall be written unless  
7       medical or mental health personnel, after personally  
8       observing and examining the prisoner, are clinically  
9       satisfied that the use of therapeutic restraints is  
10      justified and permitted in accordance with hospital  
11      policies and applicable State law. Metal handcuffs or  
12      shackles are not considered therapeutic restraints.

13           (2) Whenever therapeutic restraints are used by  
14      medical personnel, Section 2-108 of the Mental Health and  
15      Developmental Disabilities Code shall apply.

16           (3) Leg irons, shackles or waist shackles shall not be  
17      used on any pregnant or postpartum prisoner regardless of  
18      security classification. Except for therapeutic restraints  
19      under clause (b)(2), no restraints of any kind may be  
20      applied to prisoners during labor.

21           (4) When a pregnant or postpartum prisoner must be  
22      restrained, restraints used shall be the least restrictive  
23      restraints possible to ensure the safety and security of  
24      the prisoner, her child, unborn child, the staff of the  
25      county department of corrections or medical facility,  
26      other prisoners, or the public, and in no case shall

1 include leg irons, shackles or waist shackles.

2 (5) Upon the pregnant prisoner's entry into a hospital  
3 room, and completion of initial room inspection, a  
4 corrections official shall be posted immediately outside  
5 the hospital room, unless requested to be in the room by  
6 medical personnel attending to the prisoner's medical  
7 needs.

8 (6) The county department of corrections shall provide  
9 adequate corrections personnel to monitor the pregnant  
10 prisoner during her transport to and from the hospital and  
11 during her stay at the hospital.

12 (7) Where the county department of corrections  
13 requires prisoner safety assessments, a corrections  
14 official may enter the hospital room to conduct periodic  
15 prisoner safety assessments, except during a medical  
16 examination or the delivery process.

17 (8) Upon discharge from a medical facility, postpartum  
18 prisoners shall be restrained only with handcuffs in front  
19 of the body during transport to the county department of  
20 corrections. A corrections official shall immediately  
21 remove all security restraints upon written or oral request  
22 by medical personnel. Oral requests made by medical  
23 personnel shall be verified in writing as promptly as  
24 reasonably possible.

25 (c) Enforcement. No later than 30 days before the end of  
26 each fiscal year, the county sheriff or corrections official of

1 the correctional institution where a pregnant prisoner has been  
2 restrained during that previous fiscal year, shall submit a  
3 written report to the Illinois General Assembly and the Office  
4 of the Governor that includes an account of every instance of  
5 prisoner restraint pursuant to this Section. The written report  
6 shall state the date, time, location and rationale for each  
7 instance in which restraints are used. The written report shall  
8 not contain any individually identifying information of any  
9 prisoner. Such reports shall be made available for public  
10 inspection.

11 (Source: P.A. 99-581, eff. 1-1-17.)

12 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

13 Sec. 5-1069. Group life, health, accident, hospital, and  
14 medical insurance.

15 (a) The county board of any county may arrange to provide,  
16 for the benefit of employees of the county, group life, health,  
17 accident, hospital, and medical insurance, or any one or any  
18 combination of those types of insurance, or the county board  
19 may self-insure, for the benefit of its employees, all or a  
20 portion of the employees' group life, health, accident,  
21 hospital, and medical insurance, or any one or any combination  
22 of those types of insurance, including a combination of  
23 self-insurance and other types of insurance authorized by this  
24 Section, provided that the county board complies with all other  
25 requirements of this Section. The insurance may include



1 provision for employees who rely on treatment by prayer or  
2 spiritual means alone for healing in accordance with the tenets  
3 and practice of a well recognized religious denomination. The  
4 county board may provide for payment by the county of a portion  
5 or all of the premium or charge for the insurance with the  
6 employee paying the balance of the premium or charge, if any.  
7 If the county board undertakes a plan under which the county  
8 pays only a portion of the premium or charge, the county board  
9 shall provide for withholding and deducting from the  
10 compensation of those employees who consent to join the plan  
11 the balance of the premium or charge for the insurance.

12 (b) If the county board does not provide for self-insurance  
13 or for a plan under which the county pays a portion or all of  
14 the premium or charge for a group insurance plan, the county  
15 board may provide for withholding and deducting from the  
16 compensation of those employees who consent thereto the total  
17 premium or charge for any group life, health, accident,  
18 hospital, and medical insurance.

19 (c) The county board may exercise the powers granted in  
20 this Section only if it provides for self-insurance or, where  
21 it makes arrangements to provide group insurance through an  
22 insurance carrier, if the kinds of group insurance are obtained  
23 from an insurance company authorized to do business in the  
24 State of Illinois. The county board may enact an ordinance  
25 prescribing the method of operation of the insurance program.

26 (d) If a county, including a home rule county, is a

1 self-insurer for purposes of providing health insurance  
2 coverage for its employees, the insurance coverage shall  
3 include screening by low-dose mammography for all women 35  
4 years of age or older for the presence of occult breast cancer  
5 unless the county elects to provide mammograms itself under  
6 Section 5-1069.1. The coverage shall be as follows:

7 (1) A baseline mammogram for women 35 to 39 years of  
8 age.

9 (2) An annual mammogram for women 40 years of age or  
10 older.

11 (3) A mammogram at the age and intervals considered  
12 medically necessary by the woman's health care provider for  
13 women under 40 years of age and having a family history of  
14 breast cancer, prior personal history of breast cancer,  
15 positive genetic testing, or other risk factors.

16 (4) A comprehensive ultrasound screening of an entire  
17 breast or breasts if a mammogram demonstrates  
18 heterogeneous or dense breast tissue, when medically  
19 necessary as determined by a physician licensed to practice  
20 medicine in all of its branches, advanced practice  
21 registered nurse, or physician assistant.

22 For purposes of this subsection, "low-dose mammography"  
23 means the x-ray examination of the breast using equipment  
24 dedicated specifically for mammography, including the x-ray  
25 tube, filter, compression device, and image receptor, with an  
26 average radiation exposure delivery of less than one rad per

1 breast for 2 views of an average size breast. The term also  
2 includes digital mammography.

3 (d-5) Coverage as described by subsection (d) shall be  
4 provided at no cost to the insured and shall not be applied to  
5 an annual or lifetime maximum benefit.

6 (d-10) When health care services are available through  
7 contracted providers and a person does not comply with plan  
8 provisions specific to the use of contracted providers, the  
9 requirements of subsection (d-5) are not applicable. When a  
10 person does not comply with plan provisions specific to the use  
11 of contracted providers, plan provisions specific to the use of  
12 non-contracted providers must be applied without distinction  
13 for coverage required by this Section and shall be at least as  
14 favorable as for other radiological examinations covered by the  
15 policy or contract.

16 (d-15) If a county, including a home rule county, is a  
17 self-insurer for purposes of providing health insurance  
18 coverage for its employees, the insurance coverage shall  
19 include mastectomy coverage, which includes coverage for  
20 prosthetic devices or reconstructive surgery incident to the  
21 mastectomy. Coverage for breast reconstruction in connection  
22 with a mastectomy shall include:

23 (1) reconstruction of the breast upon which the  
24 mastectomy has been performed;

25 (2) surgery and reconstruction of the other breast to  
26 produce a symmetrical appearance; and

1           (3)    prostheses    and    treatment    for    physical  
2            complications at all stages of mastectomy, including  
3            lymphedemas.

4    Care shall be determined in consultation with the attending  
5    physician and the patient. The offered coverage for prosthetic  
6    devices and reconstructive surgery shall be subject to the  
7    deductible and coinsurance conditions applied to the  
8    mastectomy, and all other terms and conditions applicable to  
9    other benefits. When a mastectomy is performed and there is no  
10   evidence of malignancy then the offered coverage may be limited  
11   to the provision of prosthetic devices and reconstructive  
12   surgery to within 2 years after the date of the mastectomy. As  
13   used in this Section, "mastectomy" means the removal of all or  
14   part of the breast for medically necessary reasons, as  
15   determined by a licensed physician.

16        A county, including a home rule county, that is a  
17   self-insurer for purposes of providing health insurance  
18   coverage for its employees, may not penalize or reduce or limit  
19   the reimbursement of an attending provider or provide  
20   incentives (monetary or otherwise) to an attending provider to  
21   induce the provider to provide care to an insured in a manner  
22   inconsistent with this Section.

23        (d-20) The requirement that mammograms be included in  
24   health insurance coverage as provided in subsections (d)  
25   through (d-15) is an exclusive power and function of the State  
26   and is a denial and limitation under Article VII, Section 6,

1 subsection (h) of the Illinois Constitution of home rule county  
2 powers. A home rule county to which subsections (d) through  
3 (d-15) apply must comply with every provision of those  
4 subsections.

5 (e) The term "employees" as used in this Section includes  
6 elected or appointed officials but does not include temporary  
7 employees.

8 (f) The county board may, by ordinance, arrange to provide  
9 group life, health, accident, hospital, and medical insurance,  
10 or any one or a combination of those types of insurance, under  
11 this Section to retired former employees and retired former  
12 elected or appointed officials of the county.

13 (g) Rulemaking authority to implement this amendatory Act  
14 of the 95th General Assembly, if any, is conditioned on the  
15 rules being adopted in accordance with all provisions of the  
16 Illinois Administrative Procedure Act and all rules and  
17 procedures of the Joint Committee on Administrative Rules; any  
18 purported rule not so adopted, for whatever reason, is  
19 unauthorized.

20 (Source: P.A. 99-581, eff. 1-1-17.)

21 Section 80. The Illinois Municipal Code is amended by  
22 changing Sections 10-1-38.1 and 10-2.1-18 as follows:

23 (65 ILCS 5/10-1-38.1) (from Ch. 24, par. 10-1-38.1)

24 Sec. 10-1-38.1. When the force of the Fire Department or of

1 the Police Department is reduced, and positions displaced or  
2 abolished, seniority shall prevail, and the officers and  
3 members so reduced in rank, or removed from the service of the  
4 Fire Department or of the Police Department shall be considered  
5 furloughed without pay from the positions from which they were  
6 reduced or removed.

7 Such reductions and removals shall be in strict compliance  
8 with seniority and in no event shall any officer or member be  
9 reduced more than one rank in a reduction of force. Officers  
10 and members with the least seniority in the position to be  
11 reduced shall be reduced to the next lower rated position. For  
12 purposes of determining which officers and members will be  
13 reduced in rank, seniority shall be determined by adding the  
14 time spent at the rank or position from which the officer or  
15 member is to be reduced and the time spent at any higher rank  
16 or position in the Department. For purposes of determining  
17 which officers or members in the lowest rank or position shall  
18 be removed from the Department in the event of a layoff, length  
19 of service in the Department shall be the basis for determining  
20 seniority, with the least senior such officer or member being  
21 the first so removed and laid off. Such officers or members  
22 laid off shall have their names placed on an appropriate  
23 reemployment list in the reverse order of dates of layoff.

24 If any positions which have been vacated because of  
25 reduction in forces or displacement and abolition of positions,  
26 are reinstated, such members and officers of the Fire

1 Department or of the Police Department as are furloughed from  
2 the said positions shall be notified by registered mail of such  
3 reinstatement of positions and shall have prior right to such  
4 positions if otherwise qualified, and in all cases seniority  
5 shall prevail. Written application for such reinstated  
6 position must be made by the furloughed person within 30 days  
7 after notification as above provided and such person may be  
8 required to submit to examination by physicians, advanced  
9 practice registered nurses, or physician assistants of both the  
10 commission and the appropriate pension board to determine his  
11 physical fitness.

12 (Source: P.A. 99-581, eff. 1-1-17.)

13 (65 ILCS 5/10-2.1-18) (from Ch. 24, par. 10-2.1-18)

14 Sec. 10-2.1-18. Fire or police departments - Reduction of  
15 force - Reinstatement. When the force of the fire department or  
16 of the police department is reduced, and positions displaced or  
17 abolished, seniority shall prevail and the officers and members  
18 so reduced in rank, or removed from the service of the fire  
19 department or of the police department shall be considered  
20 furloughed without pay from the positions from which they were  
21 reduced or removed.

22 Such reductions and removals shall be in strict compliance  
23 with seniority and in no event shall any officer or member be  
24 reduced more than one rank in a reduction of force. Officers  
25 and members with the least seniority in the position to be

1 reduced shall be reduced to the next lower rated position. For  
2 purposes of determining which officers and members will be  
3 reduced in rank, seniority shall be determined by adding the  
4 time spent at the rank or position from which the officer or  
5 member is to be reduced and the time spent at any higher rank  
6 or position in the Department. For purposes of determining  
7 which officers or members in the lowest rank or position shall  
8 be removed from the Department in the event of a layoff, length  
9 of service in the Department shall be the basis for determining  
10 seniority, with the least senior such officer or member being  
11 the first so removed and laid off. Such officers or members  
12 laid off shall have their names placed on an appropriate  
13 reemployment list in the reverse order of dates of layoff.

14 If any positions which have been vacated because of  
15 reduction in forces or displacement and abolition of positions,  
16 are reinstated, such members and officers of the fire  
17 department or of the police department as are furloughed from  
18 the said positions shall be notified by the board by registered  
19 mail of such reinstatement of positions and shall have prior  
20 right to such positions if otherwise qualified, and in all  
21 cases seniority shall prevail. Written application for such  
22 reinstated position must be made by the furloughed person  
23 within 30 days after notification as above provided and such  
24 person may be required to submit to examination by physicians,  
25 advanced practice registered nurses, or physician assistants  
26 of both the board of fire and police commissioners and the



1 appropriate pension board to determine his physical fitness.

2 (Source: P.A. 99-581, eff. 1-1-17.)

3 Section 85. The School Code is amended by changing Sections  
4 22-30, 22-80, 24-5, 24-6, 26-1, and 27-8.1 as follows:

5 (105 ILCS 5/22-30)

6 Sec. 22-30. Self-administration and self-carry of asthma  
7 medication and epinephrine auto-injectors; administration of  
8 undesignated epinephrine auto-injectors; administration of an  
9 opioid antagonist; asthma episode emergency response protocol.

10 (a) For the purpose of this Section only, the following  
11 terms shall have the meanings set forth below:

12 "Asthma action plan" means a written plan developed with a  
13 pupil's medical provider to help control the pupil's asthma.  
14 The goal of an asthma action plan is to reduce or prevent  
15 flare-ups and emergency department visits through day-to-day  
16 management and to serve as a student-specific document to be  
17 referenced in the event of an asthma episode.

18 "Asthma episode emergency response protocol" means a  
19 procedure to provide assistance to a pupil experiencing  
20 symptoms of wheezing, coughing, shortness of breath, chest  
21 tightness, or breathing difficulty.

22 "Asthma inhaler" means a quick reliever asthma inhaler.

23 "Epinephrine auto-injector" means a single-use device used  
24 for the automatic injection of a pre-measured dose of

1 epinephrine into the human body.

2 "Asthma medication" means a medicine, prescribed by (i) a  
3 physician licensed to practice medicine in all its branches,  
4 (ii) a licensed physician assistant with prescriptive  
5 authority, or (iii) a licensed advanced practice registered  
6 nurse with prescriptive authority for a pupil that pertains to  
7 the pupil's asthma and that has an individual prescription  
8 label.

9 "Opioid antagonist" means a drug that binds to opioid  
10 receptors and blocks or inhibits the effect of opioids acting  
11 on those receptors, including, but not limited to, naloxone  
12 hydrochloride or any other similarly acting drug approved by  
13 the U.S. Food and Drug Administration.

14 "School nurse" means a registered nurse working in a school  
15 with or without licensure endorsed in school nursing.

16 "Self-administration" means a pupil's discretionary use of  
17 his or her prescribed asthma medication or epinephrine  
18 auto-injector.

19 "Self-carry" means a pupil's ability to carry his or her  
20 prescribed asthma medication or epinephrine auto-injector.

21 "Standing protocol" may be issued by (i) a physician  
22 licensed to practice medicine in all its branches, (ii) a  
23 licensed physician assistant with prescriptive authority, or  
24 (iii) a licensed advanced practice registered nurse with  
25 prescriptive authority.

26 "Trained personnel" means any school employee or volunteer

1 personnel authorized in Sections 10-22.34, 10-22.34a, and  
2 10-22.34b of this Code who has completed training under  
3 subsection (g) of this Section to recognize and respond to  
4 anaphylaxis.

5 "Undesignated epinephrine auto-injector" means an  
6 epinephrine auto-injector prescribed in the name of a school  
7 district, public school, or nonpublic school.

8 (b) A school, whether public or nonpublic, must permit the  
9 self-administration and self-carry of asthma medication by a  
10 pupil with asthma or the self-administration and self-carry of  
11 an epinephrine auto-injector by a pupil, provided that:

12 (1) the parents or guardians of the pupil provide to  
13 the school (i) written authorization from the parents or  
14 guardians for (A) the self-administration and self-carry  
15 of asthma medication or (B) the self-carry of asthma  
16 medication or (ii) for (A) the self-administration and  
17 self-carry of an epinephrine auto-injector or (B) the  
18 self-carry of an epinephrine auto-injector, written  
19 authorization from the pupil's physician, physician  
20 assistant, or advanced practice registered nurse; and

21 (2) the parents or guardians of the pupil provide to  
22 the school (i) the prescription label, which must contain  
23 the name of the asthma medication, the prescribed dosage,  
24 and the time at which or circumstances under which the  
25 asthma medication is to be administered, or (ii) for the  
26 self-administration or self-carry of an epinephrine

1 auto-injector, a written statement from the pupil's  
2 physician, physician assistant, or advanced practice  
3 registered nurse containing the following information:

4 (A) the name and purpose of the epinephrine  
5 auto-injector;

6 (B) the prescribed dosage; and

7 (C) the time or times at which or the special  
8 circumstances under which the epinephrine  
9 auto-injector is to be administered.

10 The information provided shall be kept on file in the office of  
11 the school nurse or, in the absence of a school nurse, the  
12 school's administrator.

13 (b-5) A school district, public school, or nonpublic school  
14 may authorize the provision of a student-specific or  
15 undesignated epinephrine auto-injector to a student or any  
16 personnel authorized under a student's Individual Health Care  
17 Action Plan, Illinois Food Allergy Emergency Action Plan and  
18 Treatment Authorization Form, or plan pursuant to Section 504  
19 of the federal Rehabilitation Act of 1973 to administer an  
20 epinephrine auto-injector to the student, that meets the  
21 student's prescription on file.

22 (b-10) The school district, public school, or nonpublic  
23 school may authorize a school nurse or trained personnel to do  
24 the following: (i) provide an undesignated epinephrine  
25 auto-injector to a student for self-administration only or any  
26 personnel authorized under a student's Individual Health Care

1 Action Plan, Illinois Food Allergy Emergency Action Plan and  
2 Treatment Authorization Form, or plan pursuant to Section 504  
3 of the federal Rehabilitation Act of 1973 to administer to the  
4 student, that meets the student's prescription on file; (ii)  
5 administer an undesignated epinephrine auto-injector that  
6 meets the prescription on file to any student who has an  
7 Individual Health Care Action Plan, Illinois Food Allergy  
8 Emergency Action Plan and Treatment Authorization Form, or plan  
9 pursuant to Section 504 of the federal Rehabilitation Act of  
10 1973 that authorizes the use of an epinephrine auto-injector;  
11 (iii) administer an undesignated epinephrine auto-injector to  
12 any person that the school nurse or trained personnel in good  
13 faith believes is having an anaphylactic reaction; and (iv)  
14 administer an opioid antagonist to any person that the school  
15 nurse or trained personnel in good faith believes is having an  
16 opioid overdose.

17 (c) The school district, public school, or nonpublic school  
18 must inform the parents or guardians of the pupil, in writing,  
19 that the school district, public school, or nonpublic school  
20 and its employees and agents, including a physician, physician  
21 assistant, or advanced practice registered nurse providing  
22 standing protocol or prescription for school epinephrine  
23 auto-injectors, are to incur no liability or professional  
24 discipline, except for willful and wanton conduct, as a result  
25 of any injury arising from the administration of asthma  
26 medication, an epinephrine auto-injector, or an opioid

1 antagonist regardless of whether authorization was given by the  
2 pupil's parents or guardians or by the pupil's physician,  
3 physician assistant, or advanced practice registered nurse.  
4 The parents or guardians of the pupil must sign a statement  
5 acknowledging that the school district, public school, or  
6 nonpublic school and its employees and agents are to incur no  
7 liability, except for willful and wanton conduct, as a result  
8 of any injury arising from the administration of asthma  
9 medication, an epinephrine auto-injector, or an opioid  
10 antagonist regardless of whether authorization was given by the  
11 pupil's parents or guardians or by the pupil's physician,  
12 physician assistant, or advanced practice registered nurse and  
13 that the parents or guardians must indemnify and hold harmless  
14 the school district, public school, or nonpublic school and its  
15 employees and agents against any claims, except a claim based  
16 on willful and wanton conduct, arising out of the  
17 administration of asthma medication, an epinephrine  
18 auto-injector, or an opioid antagonist regardless of whether  
19 authorization was given by the pupil's parents or guardians or  
20 by the pupil's physician, physician assistant, or advanced  
21 practice registered nurse.

22 (c-5) When a school nurse or trained personnel administers  
23 an undesignated epinephrine auto-injector to a person whom the  
24 school nurse or trained personnel in good faith believes is  
25 having an anaphylactic reaction or administers an opioid  
26 antagonist to a person whom the school nurse or trained

1 personnel in good faith believes is having an opioid overdose,  
2 notwithstanding the lack of notice to the parents or guardians  
3 of the pupil or the absence of the parents or guardians signed  
4 statement acknowledging no liability, except for willful and  
5 wanton conduct, the school district, public school, or  
6 nonpublic school and its employees and agents, and a physician,  
7 a physician assistant, or an advanced practice registered nurse  
8 providing standing protocol or prescription for undesignated  
9 epinephrine auto-injectors, are to incur no liability or  
10 professional discipline, except for willful and wanton  
11 conduct, as a result of any injury arising from the use of an  
12 undesignated epinephrine auto-injector or the use of an opioid  
13 antagonist regardless of whether authorization was given by the  
14 pupil's parents or guardians or by the pupil's physician,  
15 physician assistant, or advanced practice registered nurse.

16 (d) The permission for self-administration and self-carry  
17 of asthma medication or the self-administration and self-carry  
18 of an epinephrine auto-injector is effective for the school  
19 year for which it is granted and shall be renewed each  
20 subsequent school year upon fulfillment of the requirements of  
21 this Section.

22 (e) Provided that the requirements of this Section are  
23 fulfilled, a pupil with asthma may self-administer and  
24 self-carry his or her asthma medication or a pupil may  
25 self-administer and self-carry an epinephrine auto-injector  
26 (i) while in school, (ii) while at a school-sponsored activity,

1 (iii) while under the supervision of school personnel, or (iv)  
2 before or after normal school activities, such as while in  
3 before-school or after-school care on school-operated property  
4 or while being transported on a school bus.

5 (e-5) Provided that the requirements of this Section are  
6 fulfilled, a school nurse or trained personnel may administer  
7 an undesignated epinephrine auto-injector to any person whom  
8 the school nurse or trained personnel in good faith believes to  
9 be having an anaphylactic reaction (i) while in school, (ii)  
10 while at a school-sponsored activity, (iii) while under the  
11 supervision of school personnel, or (iv) before or after normal  
12 school activities, such as while in before-school or  
13 after-school care on school-operated property or while being  
14 transported on a school bus. A school nurse or trained  
15 personnel may carry undesignated epinephrine auto-injectors on  
16 his or her person while in school or at a school-sponsored  
17 activity.

18 (e-10) Provided that the requirements of this Section are  
19 fulfilled, a school nurse or trained personnel may administer  
20 an opioid antagonist to any person whom the school nurse or  
21 trained personnel in good faith believes to be having an opioid  
22 overdose (i) while in school, (ii) while at a school-sponsored  
23 activity, (iii) while under the supervision of school  
24 personnel, or (iv) before or after normal school activities,  
25 such as while in before-school or after-school care on  
26 school-operated property. A school nurse or trained personnel



1 may carry an opioid antagonist on their person while in school  
2 or at a school-sponsored activity.

3 (f) The school district, public school, or nonpublic school  
4 may maintain a supply of undesignated epinephrine  
5 auto-injectors in any secure location that is accessible  
6 before, during, and after school where an allergic person is  
7 most at risk, including, but not limited to, classrooms and  
8 lunchrooms. A physician, a physician assistant who has been  
9 delegated prescriptive authority in accordance with Section  
10 7.5 of the Physician Assistant Practice Act of 1987, or an  
11 advanced practice registered nurse who has been delegated  
12 prescriptive authority in accordance with Section 65-40 of the  
13 Nurse Practice Act may prescribe undesignated epinephrine  
14 auto-injectors in the name of the school district, public  
15 school, or nonpublic school to be maintained for use when  
16 necessary. Any supply of epinephrine auto-injectors shall be  
17 maintained in accordance with the manufacturer's instructions.

18 The school district, public school, or nonpublic school may  
19 maintain a supply of an opioid antagonist in any secure  
20 location where an individual may have an opioid overdose. A  
21 health care professional who has been delegated prescriptive  
22 authority for opioid antagonists in accordance with Section  
23 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act  
24 may prescribe opioid antagonists in the name of the school  
25 district, public school, or nonpublic school, to be maintained  
26 for use when necessary. Any supply of opioid antagonists shall

1 be maintained in accordance with the manufacturer's  
2 instructions.

3 (f-3) Whichever entity initiates the process of obtaining  
4 undesignated epinephrine auto-injectors and providing training  
5 to personnel for carrying and administering undesignated  
6 epinephrine auto-injectors shall pay for the costs of the  
7 undesignated epinephrine auto-injectors.

8 (f-5) Upon any administration of an epinephrine  
9 auto-injector, a school district, public school, or nonpublic  
10 school must immediately activate the EMS system and notify the  
11 student's parent, guardian, or emergency contact, if known.

12 Upon any administration of an opioid antagonist, a school  
13 district, public school, or nonpublic school must immediately  
14 activate the EMS system and notify the student's parent,  
15 guardian, or emergency contact, if known.

16 (f-10) Within 24 hours of the administration of an  
17 undesignated epinephrine auto-injector, a school district,  
18 public school, or nonpublic school must notify the physician,  
19 physician assistant, or advanced practice registered nurse who  
20 provided the standing protocol or prescription for the  
21 undesignated epinephrine auto-injector of its use.

22 Within 24 hours after the administration of an opioid  
23 antagonist, a school district, public school, or nonpublic  
24 school must notify the health care professional who provided  
25 the prescription for the opioid antagonist of its use.

26 (g) Prior to the administration of an undesignated

1 epinephrine auto-injector, trained personnel must submit to  
2 their school's administration proof of completion of a training  
3 curriculum to recognize and respond to anaphylaxis that meets  
4 the requirements of subsection (h) of this Section. Training  
5 must be completed annually. ~~their~~ The school district, public  
6 school, or nonpublic school must maintain records related to  
7 the training curriculum and trained personnel.

8 Prior to the administration of an opioid antagonist,  
9 trained personnel must submit to their school's administration  
10 proof of completion of a training curriculum to recognize and  
11 respond to an opioid overdose, which curriculum must meet the  
12 requirements of subsection (h-5) of this Section. Training must  
13 be completed annually. Trained personnel must also submit to  
14 the school's administration proof of cardiopulmonary  
15 resuscitation and automated external defibrillator  
16 certification. The school district, public school, or  
17 nonpublic school must maintain records relating to the training  
18 curriculum and the trained personnel.

19 (h) A training curriculum to recognize and respond to  
20 anaphylaxis, including the administration of an undesignated  
21 epinephrine auto-injector, may be conducted online or in  
22 person.

23 Training shall include, but is not limited to:

24 (1) how to recognize signs and symptoms of an allergic  
25 reaction, including anaphylaxis;

26 (2) how to administer an epinephrine auto-injector;

1 and

2 (3) a test demonstrating competency of the knowledge  
3 required to recognize anaphylaxis and administer an  
4 epinephrine auto-injector.

5 Training may also include, but is not limited to:

6 (A) a review of high-risk areas within a school and its  
7 related facilities;

8 (B) steps to take to prevent exposure to allergens;

9 (C) emergency follow-up procedures;

10 (D) how to respond to a student with a known allergy,  
11 as well as a student with a previously unknown allergy; and

12 (E) other criteria as determined in rules adopted  
13 pursuant to this Section.

14 In consultation with statewide professional organizations  
15 representing physicians licensed to practice medicine in all of  
16 its branches, registered nurses, and school nurses, the State  
17 Board of Education shall make available resource materials  
18 consistent with criteria in this subsection (h) for educating  
19 trained personnel to recognize and respond to anaphylaxis. The  
20 State Board may take into consideration the curriculum on this  
21 subject developed by other states, as well as any other  
22 curricular materials suggested by medical experts and other  
23 groups that work on life-threatening allergy issues. The State  
24 Board is not required to create new resource materials. The  
25 State Board shall make these resource materials available on  
26 its Internet website.

1 (h-5) A training curriculum to recognize and respond to an  
2 opioid overdose, including the administration of an opioid  
3 antagonist, may be conducted online or in person. The training  
4 must comply with any training requirements under Section 5-23  
5 of the Alcoholism and Other Drug Abuse and Dependency Act and  
6 the corresponding rules. It must include, but is not limited  
7 to:

8 (1) how to recognize symptoms of an opioid overdose;

9 (2) information on drug overdose prevention and  
10 recognition;

11 (3) how to perform rescue breathing and resuscitation;

12 (4) how to respond to an emergency involving an opioid  
13 overdose;

14 (5) opioid antagonist dosage and administration;

15 (6) the importance of calling 911;

16 (7) care for the overdose victim after administration  
17 of the overdose antagonist;

18 (8) a test demonstrating competency of the knowledge  
19 required to recognize an opioid overdose and administer a  
20 dose of an opioid antagonist; and

21 (9) other criteria as determined in rules adopted  
22 pursuant to this Section.

23 (i) Within 3 days after the administration of an  
24 undesignated epinephrine auto-injector by a school nurse,  
25 trained personnel, or a student at a school or school-sponsored  
26 activity, the school must report to the State Board of

1 Education in a form and manner prescribed by the State Board  
2 the following information:

3 (1) age and type of person receiving epinephrine  
4 (student, staff, visitor);

5 (2) any previously known diagnosis of a severe allergy;

6 (3) trigger that precipitated allergic episode;

7 (4) location where symptoms developed;

8 (5) number of doses administered;

9 (6) type of person administering epinephrine (school  
10 nurse, trained personnel, student); and

11 (7) any other information required by the State Board.

12 If a school district, public school, or nonpublic school  
13 maintains or has an independent contractor providing  
14 transportation to students who maintains a supply of  
15 undesignated epinephrine auto-injectors, then the school  
16 district, public school, or nonpublic school must report that  
17 information to the State Board of Education upon adoption or  
18 change of the policy of the school district, public school,  
19 nonpublic school, or independent contractor, in a manner as  
20 prescribed by the State Board. The report must include the  
21 number of undesignated epinephrine auto-injectors in supply.

22 (i-5) Within 3 days after the administration of an opioid  
23 antagonist by a school nurse or trained personnel, the school  
24 must report to the State Board of Education, in a form and  
25 manner prescribed by the State Board, the following  
26 information:

1           (1) the age and type of person receiving the opioid  
2 antagonist (student, staff, or visitor);

3           (2) the location where symptoms developed;

4           (3) the type of person administering the opioid  
5 antagonist (school nurse or trained personnel); and

6           (4) any other information required by the State Board.

7           (j) By October 1, 2015 and every year thereafter, the State  
8 Board of Education shall submit a report to the General  
9 Assembly identifying the frequency and circumstances of  
10 epinephrine administration during the preceding academic year.  
11 Beginning with the 2017 report, the report shall also contain  
12 information on which school districts, public schools, and  
13 nonpublic schools maintain or have independent contractors  
14 providing transportation to students who maintain a supply of  
15 undesignated epinephrine auto-injectors. This report shall be  
16 published on the State Board's Internet website on the date the  
17 report is delivered to the General Assembly.

18           (j-5) Annually, each school district, public school,  
19 charter school, or nonpublic school shall request an asthma  
20 action plan from the parents or guardians of a pupil with  
21 asthma. If provided, the asthma action plan must be kept on  
22 file in the office of the school nurse or, in the absence of a  
23 school nurse, the school administrator. Copies of the asthma  
24 action plan may be distributed to appropriate school staff who  
25 interact with the pupil on a regular basis, and, if applicable,  
26 may be attached to the pupil's federal Section 504 plan or

1 individualized education program plan.

2 (j-10) To assist schools with emergency response  
3 procedures for asthma, the State Board of Education, in  
4 consultation with statewide professional organizations with  
5 expertise in asthma management and a statewide organization  
6 representing school administrators, shall develop a model  
7 asthma episode emergency response protocol before September 1,  
8 2016. Each school district, charter school, and nonpublic  
9 school shall adopt an asthma episode emergency response  
10 protocol before January 1, 2017 that includes all of the  
11 components of the State Board's model protocol.

12 (j-15) Every 2 years, school personnel who work with pupils  
13 shall complete an in-person or online training program on the  
14 management of asthma, the prevention of asthma symptoms, and  
15 emergency response in the school setting. In consultation with  
16 statewide professional organizations with expertise in asthma  
17 management, the State Board of Education shall make available  
18 resource materials for educating school personnel about asthma  
19 and emergency response in the school setting.

20 (j-20) On or before October 1, 2016 and every year  
21 thereafter, the State Board of Education shall submit a report  
22 to the General Assembly and the Department of Public Health  
23 identifying the frequency and circumstances of opioid  
24 antagonist administration during the preceding academic year.  
25 This report shall be published on the State Board's Internet  
26 website on the date the report is delivered to the General



1 Assembly.

2 (k) The State Board of Education may adopt rules necessary  
3 to implement this Section.

4 (l) Nothing in this Section shall limit the amount of  
5 epinephrine auto-injectors that any type of school or student  
6 may carry or maintain a supply of.

7 (Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;  
8 99-480, eff. 9-9-15; 99-642, eff. 7-28-16; 99-711, eff. 1-1-17;  
9 99-843, eff. 8-19-16; revised 9-8-16.)

10 (105 ILCS 5/22-80)

11 Sec. 22-80. Student athletes; concussions and head  
12 injuries.

13 (a) The General Assembly recognizes all of the following:

14 (1) Concussions are one of the most commonly reported  
15 injuries in children and adolescents who participate in  
16 sports and recreational activities. The Centers for  
17 Disease Control and Prevention estimates that as many as  
18 3,900,000 sports-related and recreation-related  
19 concussions occur in the United States each year. A  
20 concussion is caused by a blow or motion to the head or  
21 body that causes the brain to move rapidly inside the  
22 skull. The risk of catastrophic injuries or death are  
23 significant when a concussion or head injury is not  
24 properly evaluated and managed.

25 (2) Concussions are a type of brain injury that can

1 range from mild to severe and can disrupt the way the brain  
2 normally works. Concussions can occur in any organized or  
3 unorganized sport or recreational activity and can result  
4 from a fall or from players colliding with each other, the  
5 ground, or with obstacles. Concussions occur with or  
6 without loss of consciousness, but the vast majority of  
7 concussions occur without loss of consciousness.

8 (3) Continuing to play with a concussion or symptoms of  
9 a head injury leaves a young athlete especially vulnerable  
10 to greater injury and even death. The General Assembly  
11 recognizes that, despite having generally recognized  
12 return-to-play standards for concussions and head  
13 injuries, some affected youth athletes are prematurely  
14 returned to play, resulting in actual or potential physical  
15 injury or death to youth athletes in this State.

16 (4) Student athletes who have sustained a concussion  
17 may need informal or formal accommodations, modifications  
18 of curriculum, and monitoring by medical or academic staff  
19 until the student is fully recovered. To that end, all  
20 schools are encouraged to establish a return-to-learn  
21 protocol that is based on peer-reviewed scientific  
22 evidence consistent with Centers for Disease Control and  
23 Prevention guidelines and conduct baseline testing for  
24 student athletes.

25 (b) In this Section:

26 "Athletic trainer" means an athletic trainer licensed

1 under the Illinois Athletic Trainers Practice Act.

2 "Coach" means any volunteer or employee of a school who is  
3 responsible for organizing and supervising students to teach  
4 them or train them in the fundamental skills of an  
5 interscholastic athletic activity. "Coach" refers to both head  
6 coaches and assistant coaches.

7 "Concussion" means a complex pathophysiological process  
8 affecting the brain caused by a traumatic physical force or  
9 impact to the head or body, which may include temporary or  
10 prolonged altered brain function resulting in physical,  
11 cognitive, or emotional symptoms or altered sleep patterns and  
12 which may or may not involve a loss of consciousness.

13 "Department" means the Department of Financial and  
14 Professional Regulation.

15 "Game official" means a person who officiates at an  
16 interscholastic athletic activity, such as a referee or umpire,  
17 including, but not limited to, persons enrolled as game  
18 officials by the Illinois High School Association or Illinois  
19 Elementary School Association.

20 "Interscholastic athletic activity" means any organized  
21 school-sponsored or school-sanctioned activity for students,  
22 generally outside of school instructional hours, under the  
23 direction of a coach, athletic director, or band leader,  
24 including, but not limited to, baseball, basketball,  
25 cheerleading, cross country track, fencing, field hockey,  
26 football, golf, gymnastics, ice hockey, lacrosse, marching

1 band, rugby, soccer, skating, softball, swimming and diving,  
2 tennis, track (indoor and outdoor), ultimate Frisbee,  
3 volleyball, water polo, and wrestling. All interscholastic  
4 athletics are deemed to be interscholastic activities.

5 "Licensed healthcare professional" means a person who has  
6 experience with concussion management and who is a nurse, a  
7 psychologist who holds a license under the Clinical  
8 Psychologist Licensing Act and specializes in the practice of  
9 neuropsychology, a physical therapist licensed under the  
10 Illinois Physical Therapy Act, an occupational therapist  
11 licensed under the Illinois Occupational Therapy Practice Act.

12 "Nurse" means a person who is employed by or volunteers at  
13 a school and is licensed under the Nurse Practice Act as a  
14 registered nurse, practical nurse, or advanced practice  
15 registered nurse.

16 "Physician" means a physician licensed to practice  
17 medicine in all of its branches under the Medical Practice Act  
18 of 1987.

19 "School" means any public or private elementary or  
20 secondary school, including a charter school.

21 "Student" means an adolescent or child enrolled in a  
22 school.

23 (c) This Section applies to any interscholastic athletic  
24 activity, including practice and competition, sponsored or  
25 sanctioned by a school, the Illinois Elementary School  
26 Association, or the Illinois High School Association. This

1 Section applies beginning with the 2016-2017 school year.

2 (d) The governing body of each public or charter school and  
3 the appropriate administrative officer of a private school with  
4 students enrolled who participate in an interscholastic  
5 athletic activity shall appoint or approve a concussion  
6 oversight team. Each concussion oversight team shall establish  
7 a return-to-play protocol, based on peer-reviewed scientific  
8 evidence consistent with Centers for Disease Control and  
9 Prevention guidelines, for a student's return to  
10 interscholastic athletics practice or competition following a  
11 force or impact believed to have caused a concussion. Each  
12 concussion oversight team shall also establish a  
13 return-to-learn protocol, based on peer-reviewed scientific  
14 evidence consistent with Centers for Disease Control and  
15 Prevention guidelines, for a student's return to the classroom  
16 after that student is believed to have experienced a  
17 concussion, whether or not the concussion took place while the  
18 student was participating in an interscholastic athletic  
19 activity.

20 Each concussion oversight team must include to the extent  
21 practicable at least one physician. If a school employs an  
22 athletic trainer, the athletic trainer must be a member of the  
23 school concussion oversight team to the extent practicable. If  
24 a school employs a nurse, the nurse must be a member of the  
25 school concussion oversight team to the extent practicable. At  
26 a minimum, a school shall appoint a person who is responsible

1 for implementing and complying with the return-to-play and  
2 return-to-learn protocols adopted by the concussion oversight  
3 team. A school may appoint other licensed healthcare  
4 professionals to serve on the concussion oversight team.

5 (e) A student may not participate in an interscholastic  
6 athletic activity for a school year until the student and the  
7 student's parent or guardian or another person with legal  
8 authority to make medical decisions for the student have signed  
9 a form for that school year that acknowledges receiving and  
10 reading written information that explains concussion  
11 prevention, symptoms, treatment, and oversight and that  
12 includes guidelines for safely resuming participation in an  
13 athletic activity following a concussion. The form must be  
14 approved by the Illinois High School Association.

15 (f) A student must be removed from an interscholastic  
16 athletics practice or competition immediately if one of the  
17 following persons believes the student might have sustained a  
18 concussion during the practice or competition:

19 (1) a coach;

20 (2) a physician;

21 (3) a game official;

22 (4) an athletic trainer;

23 (5) the student's parent or guardian or another person  
24 with legal authority to make medical decisions for the  
25 student;

26 (6) the student; or

1           (7) any other person deemed appropriate under the  
2 school's return-to-play protocol.

3           (g) A student removed from an interscholastic athletics  
4 practice or competition under this Section may not be permitted  
5 to practice or compete again following the force or impact  
6 believed to have caused the concussion until:

7           (1) the student has been evaluated, using established  
8 medical protocols based on peer-reviewed scientific  
9 evidence consistent with Centers for Disease Control and  
10 Prevention guidelines, by a treating physician (chosen by  
11 the student or the student's parent or guardian or another  
12 person with legal authority to make medical decisions for  
13 the student) or an athletic trainer working under the  
14 supervision of a physician;

15           (2) the student has successfully completed each  
16 requirement of the return-to-play protocol established  
17 under this Section necessary for the student to return to  
18 play;

19           (3) the student has successfully completed each  
20 requirement of the return-to-learn protocol established  
21 under this Section necessary for the student to return to  
22 learn;

23           (4) the treating physician or athletic trainer working  
24 under the supervision of a physician has provided a written  
25 statement indicating that, in the physician's professional  
26 judgment, it is safe for the student to return to play and

1 return to learn; and

2 (5) the student and the student's parent or guardian or  
3 another person with legal authority to make medical  
4 decisions for the student:

5 (A) have acknowledged that the student has  
6 completed the requirements of the return-to-play and  
7 return-to-learn protocols necessary for the student to  
8 return to play;

9 (B) have provided the treating physician's or  
10 athletic trainer's written statement under subdivision  
11 (4) of this subsection (g) to the person responsible  
12 for compliance with the return-to-play and  
13 return-to-learn protocols under this subsection (g)  
14 and the person who has supervisory responsibilities  
15 under this subsection (g); and

16 (C) have signed a consent form indicating that the  
17 person signing:

18 (i) has been informed concerning and consents  
19 to the student participating in returning to play  
20 in accordance with the return-to-play and  
21 return-to-learn protocols;

22 (ii) understands the risks associated with the  
23 student returning to play and returning to learn  
24 and will comply with any ongoing requirements in  
25 the return-to-play and return-to-learn protocols;  
26 and



1 (iii) consents to the disclosure to  
2 appropriate persons, consistent with the federal  
3 Health Insurance Portability and Accountability  
4 Act of 1996 (Public Law 104-191), of the treating  
5 physician's or athletic trainer's written  
6 statement under subdivision (4) of this subsection  
7 (g) and, if any, the return-to-play and  
8 return-to-learn recommendations of the treating  
9 physician or the athletic trainer, as the case may  
10 be.

11 A coach of an interscholastic athletics team may not  
12 authorize a student's return to play or return to learn.

13 The district superintendent or the superintendent's  
14 designee in the case of a public elementary or secondary  
15 school, the chief school administrator or that person's  
16 designee in the case of a charter school, or the appropriate  
17 administrative officer or that person's designee in the case of  
18 a private school shall supervise an athletic trainer or other  
19 person responsible for compliance with the return-to-play  
20 protocol and shall supervise the person responsible for  
21 compliance with the return-to-learn protocol. The person who  
22 has supervisory responsibilities under this paragraph may not  
23 be a coach of an interscholastic athletics team.

24 (h) (1) The Illinois High School Association shall approve,  
25 for coaches and game officials of interscholastic athletic  
26 activities, training courses that provide for not less than 2

1 hours of training in the subject matter of concussions,  
2 including evaluation, prevention, symptoms, risks, and  
3 long-term effects. The Association shall maintain an updated  
4 list of individuals and organizations authorized by the  
5 Association to provide the training.

6 (2) The following persons must take a training course in  
7 accordance with paragraph (4) of this subsection (h) from an  
8 authorized training provider at least once every 2 years:

9 (A) a coach of an interscholastic athletic activity;

10 (B) a nurse who serves as a member of a concussion  
11 oversight team and is an employee, representative, or agent  
12 of a school;

13 (C) a game official of an interscholastic athletic  
14 activity; and

15 (D) a nurse who serves on a volunteer basis as a member  
16 of a concussion oversight team for a school.

17 (3) A physician who serves as a member of a concussion  
18 oversight team shall, to the greatest extent practicable,  
19 periodically take an appropriate continuing medical education  
20 course in the subject matter of concussions.

21 (4) For purposes of paragraph (2) of this subsection (h):

22 (A) a coach or game officials, as the case may be, must  
23 take a course described in paragraph (1) of this subsection  
24 (h).

25 (B) an athletic trainer must take a concussion-related  
26 continuing education course from an athletic trainer

1 continuing education sponsor approved by the Department;  
2 and

3 (C) a nurse must take a course concerning the subject  
4 matter of concussions that has been approved for continuing  
5 education credit by the Department.

6 (5) Each person described in paragraph (2) of this  
7 subsection (h) must submit proof of timely completion of an  
8 approved course in compliance with paragraph (4) of this  
9 subsection (h) to the district superintendent or the  
10 superintendent's designee in the case of a public elementary or  
11 secondary school, the chief school administrator or that  
12 person's designee in the case of a charter school, or the  
13 appropriate administrative officer or that person's designee  
14 in the case of a private school.

15 (6) A physician, athletic trainer, or nurse who is not in  
16 compliance with the training requirements under this  
17 subsection (h) may not serve on a concussion oversight team in  
18 any capacity.

19 (7) A person required under this subsection (h) to take a  
20 training course in the subject of concussions must initially  
21 complete the training not later than September 1, 2016.

22 (i) The governing body of each public or charter school and  
23 the appropriate administrative officer of a private school with  
24 students enrolled who participate in an interscholastic  
25 athletic activity shall develop a school-specific emergency  
26 action plan for interscholastic athletic activities to address

1 the serious injuries and acute medical conditions in which the  
2 condition of the student may deteriorate rapidly. The plan  
3 shall include a delineation of roles, methods of communication,  
4 available emergency equipment, and access to and a plan for  
5 emergency transport. This emergency action plan must be:

6 (1) in writing;

7 (2) reviewed by the concussion oversight team;

8 (3) approved by the district superintendent or the  
9 superintendent's designee in the case of a public  
10 elementary or secondary school, the chief school  
11 administrator or that person's designee in the case of a  
12 charter school, or the appropriate administrative officer  
13 or that person's designee in the case of a private school;

14 (4) distributed to all appropriate personnel;

15 (5) posted conspicuously at all venues utilized by the  
16 school; and

17 (6) reviewed annually by all athletic trainers, first  
18 responders, coaches, school nurses, athletic directors,  
19 and volunteers for interscholastic athletic activities.

20 (j) The State Board of Education may adopt rules as  
21 necessary to administer this Section.

22 (Source: P.A. 99-245, eff. 8-3-15; 99-486, eff. 11-20-15;  
23 99-642, eff. 7-28-16.)

24 (105 ILCS 5/24-5) (from Ch. 122, par. 24-5)

25 Sec. 24-5. Physical fitness and professional growth.

1           (a) In this Section, "employee" means any employee of a  
2 school district, a student teacher, an employee of a contractor  
3 that provides services to students or in schools, or any other  
4 individual subject to the requirements of Section 10-21.9 or  
5 34-18.5 of this Code.

6           (b) School boards shall require of new employees evidence  
7 of physical fitness to perform duties assigned and freedom from  
8 communicable disease. Such evidence shall consist of a physical  
9 examination by a physician licensed in Illinois or any other  
10 state to practice medicine and surgery in all its branches, a  
11 licensed advanced practice registered nurse, or a licensed  
12 physician assistant not more than 90 days preceding time of  
13 presentation to the board, and the cost of such examination  
14 shall rest with the employee. A new or existing employee may be  
15 subject to additional health examinations, including screening  
16 for tuberculosis, as required by rules adopted by the  
17 Department of Public Health or by order of a local public  
18 health official. The board may from time to time require an  
19 examination of any employee by a physician licensed in Illinois  
20 to practice medicine and surgery in all its branches, a  
21 licensed advanced practice registered nurse, or a licensed  
22 physician assistant and shall pay the expenses thereof from  
23 school funds.

24           (c) School boards may require teachers in their employ to  
25 furnish from time to time evidence of continued professional  
26 growth.

1 (Source: P.A. 98-716, eff. 7-16-14; 99-173, eff. 7-29-15.)

2 (105 ILCS 5/24-6)

3 Sec. 24-6. Sick leave. The school boards of all school  
4 districts, including special charter districts, but not  
5 including school districts in municipalities of 500,000 or  
6 more, shall grant their full-time teachers, and also shall  
7 grant such of their other employees as are eligible to  
8 participate in the Illinois Municipal Retirement Fund under the  
9 "600-Hour Standard" established, or under such other  
10 eligibility participation standard as may from time to time be  
11 established, by rules and regulations now or hereafter  
12 promulgated by the Board of that Fund under Section 7-198 of  
13 the Illinois Pension Code, as now or hereafter amended, sick  
14 leave provisions not less in amount than 10 days at full pay in  
15 each school year. If any such teacher or employee does not use  
16 the full amount of annual leave thus allowed, the unused amount  
17 shall be allowed to accumulate to a minimum available leave of  
18 180 days at full pay, including the leave of the current year.  
19 Sick leave shall be interpreted to mean personal illness,  
20 quarantine at home, serious illness or death in the immediate  
21 family or household, or birth, adoption, or placement for  
22 adoption. The school board may require a certificate from a  
23 physician licensed in Illinois to practice medicine and surgery  
24 in all its branches, a chiropractic physician licensed under  
25 the Medical Practice Act of 1987, a licensed advanced practice

1 registered nurse, a licensed physician assistant, or, if the  
2 treatment is by prayer or spiritual means, a spiritual adviser  
3 or practitioner of the teacher's or employee's faith as a basis  
4 for pay during leave after an absence of 3 days for personal  
5 illness or 30 days for birth or as the school board may deem  
6 necessary in other cases. If the school board does require a  
7 certificate as a basis for pay during leave of less than 3 days  
8 for personal illness, the school board shall pay, from school  
9 funds, the expenses incurred by the teachers or other employees  
10 in obtaining the certificate. For paid leave for adoption or  
11 placement for adoption, the school board may require that the  
12 teacher or other employee provide evidence that the formal  
13 adoption process is underway, and such leave is limited to 30  
14 days unless a longer leave has been negotiated with the  
15 exclusive bargaining representative.

16 If, by reason of any change in the boundaries of school  
17 districts, or by reason of the creation of a new school  
18 district, the employment of a teacher is transferred to a new  
19 or different board, the accumulated sick leave of such teacher  
20 is not thereby lost, but is transferred to such new or  
21 different district.

22 For purposes of this Section, "immediate family" shall  
23 include parents, spouse, brothers, sisters, children,  
24 grandparents, grandchildren, parents-in-law, brothers-in-law,  
25 sisters-in-law, and legal guardians.

26 (Source: P.A. 99-173, eff. 7-29-15.)

1 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

2 Sec. 26-1. Compulsory school age-Exemptions. Whoever has  
3 custody or control of any child (i) between the ages of 7 and  
4 17 years (unless the child has already graduated from high  
5 school) for school years before the 2014-2015 school year or  
6 (ii) between the ages of 6 (on or before September 1) and 17  
7 years (unless the child has already graduated from high school)  
8 beginning with the 2014-2015 school year shall cause such child  
9 to attend some public school in the district wherein the child  
10 resides the entire time it is in session during the regular  
11 school term, except as provided in Section 10-19.1, and during  
12 a required summer school program established under Section  
13 10-22.33B; provided, that the following children shall not be  
14 required to attend the public schools:

15 1. Any child attending a private or a parochial school  
16 where children are taught the branches of education taught  
17 to children of corresponding age and grade in the public  
18 schools, and where the instruction of the child in the  
19 branches of education is in the English language;

20 2. Any child who is physically or mentally unable to  
21 attend school, such disability being certified to the  
22 county or district truant officer by a competent physician  
23 licensed in Illinois to practice medicine and surgery in  
24 all its branches, a chiropractic physician licensed under  
25 the Medical Practice Act of 1987, a licensed advanced



1 practice registered nurse, a licensed physician assistant,  
2 or a Christian Science practitioner residing in this State  
3 and listed in the Christian Science Journal; or who is  
4 excused for temporary absence for cause by the principal or  
5 teacher of the school which the child attends; the  
6 exemptions in this paragraph (2) do not apply to any female  
7 who is pregnant or the mother of one or more children,  
8 except where a female is unable to attend school due to a  
9 complication arising from her pregnancy and the existence  
10 of such complication is certified to the county or district  
11 truant officer by a competent physician;

12 3. Any child necessarily and lawfully employed  
13 according to the provisions of the law regulating child  
14 labor may be excused from attendance at school by the  
15 county superintendent of schools or the superintendent of  
16 the public school which the child should be attending, on  
17 certification of the facts by and the recommendation of the  
18 school board of the public school district in which the  
19 child resides. In districts having part time continuation  
20 schools, children so excused shall attend such schools at  
21 least 8 hours each week;

22 4. Any child over 12 and under 14 years of age while in  
23 attendance at confirmation classes;

24 5. Any child absent from a public school on a  
25 particular day or days or at a particular time of day for  
26 the reason that he is unable to attend classes or to

1 participate in any examination, study or work requirements  
2 on a particular day or days or at a particular time of day,  
3 because the tenets of his religion forbid secular activity  
4 on a particular day or days or at a particular time of day.  
5 Each school board shall prescribe rules and regulations  
6 relative to absences for religious holidays including, but  
7 not limited to, a list of religious holidays on which it  
8 shall be mandatory to excuse a child; but nothing in this  
9 paragraph 5 shall be construed to limit the right of any  
10 school board, at its discretion, to excuse an absence on  
11 any other day by reason of the observance of a religious  
12 holiday. A school board may require the parent or guardian  
13 of a child who is to be excused from attending school due  
14 to the observance of a religious holiday to give notice,  
15 not exceeding 5 days, of the child's absence to the school  
16 principal or other school personnel. Any child excused from  
17 attending school under this paragraph 5 shall not be  
18 required to submit a written excuse for such absence after  
19 returning to school;

20 6. Any child 16 years of age or older who (i) submits  
21 to a school district evidence of necessary and lawful  
22 employment pursuant to paragraph 3 of this Section and (ii)  
23 is enrolled in a graduation incentives program pursuant to  
24 Section 26-16 of this Code or an alternative learning  
25 opportunities program established pursuant to Article 13B  
26 of this Code; and

1           7. A child in any of grades 6 through 12 absent from a  
2 public school on a particular day or days or at a  
3 particular time of day for the purpose of sounding "Taps"  
4 at a military honors funeral held in this State for a  
5 deceased veteran. In order to be excused under this  
6 paragraph 7, the student shall notify the school's  
7 administration at least 2 days prior to the date of the  
8 absence and shall provide the school's administration with  
9 the date, time, and location of the military honors  
10 funeral. The school's administration may waive this 2-day  
11 notification requirement if the student did not receive at  
12 least 2 days advance notice, but the student shall notify  
13 the school's administration as soon as possible of the  
14 absence. A student whose absence is excused under this  
15 paragraph 7 shall be counted as if the student attended  
16 school for purposes of calculating the average daily  
17 attendance of students in the school district. A student  
18 whose absence is excused under this paragraph 7 must be  
19 allowed a reasonable time to make up school work missed  
20 during the absence. If the student satisfactorily  
21 completes the school work, the day of absence shall be  
22 counted as a day of compulsory attendance and he or she may  
23 not be penalized for that absence.

24 (Source: P.A. 98-544, eff. 7-1-14; 99-173, eff. 7-29-15;  
25 99-804, eff. 1-1-17.)

1 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

2 (Text of Section before amendment by P.A. 99-927)

3 Sec. 27-8.1. Health examinations and immunizations.

4 (1) In compliance with rules and regulations which the  
5 Department of Public Health shall promulgate, and except as  
6 hereinafter provided, all children in Illinois shall have a  
7 health examination as follows: within one year prior to  
8 entering kindergarten or the first grade of any public,  
9 private, or parochial elementary school; upon entering the  
10 sixth and ninth grades of any public, private, or parochial  
11 school; prior to entrance into any public, private, or  
12 parochial nursery school; and, irrespective of grade,  
13 immediately prior to or upon entrance into any public, private,  
14 or parochial school or nursery school, each child shall present  
15 proof of having been examined in accordance with this Section  
16 and the rules and regulations promulgated hereunder. Any child  
17 who received a health examination within one year prior to  
18 entering the fifth grade for the 2007-2008 school year is not  
19 required to receive an additional health examination in order  
20 to comply with the provisions of Public Act 95-422 when he or  
21 she attends school for the 2008-2009 school year, unless the  
22 child is attending school for the first time as provided in  
23 this paragraph.

24 A tuberculosis skin test screening shall be included as a  
25 required part of each health examination included under this  
26 Section if the child resides in an area designated by the

1 Department of Public Health as having a high incidence of  
2 tuberculosis. Additional health examinations of pupils,  
3 including eye examinations, may be required when deemed  
4 necessary by school authorities. Parents are encouraged to have  
5 their children undergo eye examinations at the same points in  
6 time required for health examinations.

7 (1.5) In compliance with rules adopted by the Department of  
8 Public Health and except as otherwise provided in this Section,  
9 all children in kindergarten and the second and sixth grades of  
10 any public, private, or parochial school shall have a dental  
11 examination. Each of these children shall present proof of  
12 having been examined by a dentist in accordance with this  
13 Section and rules adopted under this Section before May 15th of  
14 the school year. If a child in the second or sixth grade fails  
15 to present proof by May 15th, the school may hold the child's  
16 report card until one of the following occurs: (i) the child  
17 presents proof of a completed dental examination or (ii) the  
18 child presents proof that a dental examination will take place  
19 within 60 days after May 15th. The Department of Public Health  
20 shall establish, by rule, a waiver for children who show an  
21 undue burden or a lack of access to a dentist. Each public,  
22 private, and parochial school must give notice of this dental  
23 examination requirement to the parents and guardians of  
24 students at least 60 days before May 15th of each school year.

25 (1.10) Except as otherwise provided in this Section, all  
26 children enrolling in kindergarten in a public, private, or

1     parochial school on or after the effective date of this  
2     amendatory Act of the 95th General Assembly and any student  
3     enrolling for the first time in a public, private, or parochial  
4     school on or after the effective date of this amendatory Act of  
5     the 95th General Assembly shall have an eye examination. Each  
6     of these children shall present proof of having been examined  
7     by a physician licensed to practice medicine in all of its  
8     branches or a licensed optometrist within the previous year, in  
9     accordance with this Section and rules adopted under this  
10    Section, before October 15th of the school year. If the child  
11    fails to present proof by October 15th, the school may hold the  
12    child's report card until one of the following occurs: (i) the  
13    child presents proof of a completed eye examination or (ii) the  
14    child presents proof that an eye examination will take place  
15    within 60 days after October 15th. The Department of Public  
16    Health shall establish, by rule, a waiver for children who show  
17    an undue burden or a lack of access to a physician licensed to  
18    practice medicine in all of its branches who provides eye  
19    examinations or to a licensed optometrist. Each public,  
20    private, and parochial school must give notice of this eye  
21    examination requirement to the parents and guardians of  
22    students in compliance with rules of the Department of Public  
23    Health. Nothing in this Section shall be construed to allow a  
24    school to exclude a child from attending because of a parent's  
25    or guardian's failure to obtain an eye examination for the  
26    child.

1           (2) The Department of Public Health shall promulgate rules  
2 and regulations specifying the examinations and procedures  
3 that constitute a health examination, which shall include the  
4 collection of data relating to obesity (including at a minimum,  
5 date of birth, gender, height, weight, blood pressure, and date  
6 of exam), and a dental examination and may recommend by rule  
7 that certain additional examinations be performed. The rules  
8 and regulations of the Department of Public Health shall  
9 specify that a tuberculosis skin test screening shall be  
10 included as a required part of each health examination included  
11 under this Section if the child resides in an area designated  
12 by the Department of Public Health as having a high incidence  
13 of tuberculosis. The Department of Public Health shall specify  
14 that a diabetes screening as defined by rule shall be included  
15 as a required part of each health examination. Diabetes testing  
16 is not required.

17           Physicians licensed to practice medicine in all of its  
18 branches, licensed advanced practice registered nurses, or  
19 licensed physician assistants shall be responsible for the  
20 performance of the health examinations, other than dental  
21 examinations, eye examinations, and vision and hearing  
22 screening, and shall sign all report forms required by  
23 subsection (4) of this Section that pertain to those portions  
24 of the health examination for which the physician, advanced  
25 practice registered nurse, or physician assistant is  
26 responsible. If a registered nurse performs any part of a

1 health examination, then a physician licensed to practice  
2 medicine in all of its branches must review and sign all  
3 required report forms. Licensed dentists shall perform all  
4 dental examinations and shall sign all report forms required by  
5 subsection (4) of this Section that pertain to the dental  
6 examinations. Physicians licensed to practice medicine in all  
7 its branches or licensed optometrists shall perform all eye  
8 examinations required by this Section and shall sign all report  
9 forms required by subsection (4) of this Section that pertain  
10 to the eye examination. For purposes of this Section, an eye  
11 examination shall at a minimum include history, visual acuity,  
12 subjective refraction to best visual acuity near and far,  
13 internal and external examination, and a glaucoma evaluation,  
14 as well as any other tests or observations that in the  
15 professional judgment of the doctor are necessary. Vision and  
16 hearing screening tests, which shall not be considered  
17 examinations as that term is used in this Section, shall be  
18 conducted in accordance with rules and regulations of the  
19 Department of Public Health, and by individuals whom the  
20 Department of Public Health has certified. In these rules and  
21 regulations, the Department of Public Health shall require that  
22 individuals conducting vision screening tests give a child's  
23 parent or guardian written notification, before the vision  
24 screening is conducted, that states, "Vision screening is not a  
25 substitute for a complete eye and vision evaluation by an eye  
26 doctor. Your child is not required to undergo this vision



1 screening if an optometrist or ophthalmologist has completed  
2 and signed a report form indicating that an examination has  
3 been administered within the previous 12 months."

4 (3) Every child shall, at or about the same time as he or  
5 she receives a health examination required by subsection (1) of  
6 this Section, present to the local school proof of having  
7 received such immunizations against preventable communicable  
8 diseases as the Department of Public Health shall require by  
9 rules and regulations promulgated pursuant to this Section and  
10 the Communicable Disease Prevention Act.

11 (4) The individuals conducting the health examination,  
12 dental examination, or eye examination shall record the fact of  
13 having conducted the examination, and such additional  
14 information as required, including for a health examination  
15 data relating to obesity (including at a minimum, date of  
16 birth, gender, height, weight, blood pressure, and date of  
17 exam), on uniform forms which the Department of Public Health  
18 and the State Board of Education shall prescribe for statewide  
19 use. The examiner shall summarize on the report form any  
20 condition that he or she suspects indicates a need for special  
21 services, including for a health examination factors relating  
22 to obesity. The individuals confirming the administration of  
23 required immunizations shall record as indicated on the form  
24 that the immunizations were administered.

25 (5) If a child does not submit proof of having had either  
26 the health examination or the immunization as required, then

1 the child shall be examined or receive the immunization, as the  
2 case may be, and present proof by October 15 of the current  
3 school year, or by an earlier date of the current school year  
4 established by a school district. To establish a date before  
5 October 15 of the current school year for the health  
6 examination or immunization as required, a school district must  
7 give notice of the requirements of this Section 60 days prior  
8 to the earlier established date. If for medical reasons one or  
9 more of the required immunizations must be given after October  
10 15 of the current school year, or after an earlier established  
11 date of the current school year, then the child shall present,  
12 by October 15, or by the earlier established date, a schedule  
13 for the administration of the immunizations and a statement of  
14 the medical reasons causing the delay, both the schedule and  
15 the statement being issued by the physician, advanced practice  
16 registered nurse, physician assistant, registered nurse, or  
17 local health department that will be responsible for  
18 administration of the remaining required immunizations. If a  
19 child does not comply by October 15, or by the earlier  
20 established date of the current school year, with the  
21 requirements of this subsection, then the local school  
22 authority shall exclude that child from school until such time  
23 as the child presents proof of having had the health  
24 examination as required and presents proof of having received  
25 those required immunizations which are medically possible to  
26 receive immediately. During a child's exclusion from school for

1 noncompliance with this subsection, the child's parents or  
2 legal guardian shall be considered in violation of Section 26-1  
3 and subject to any penalty imposed by Section 26-10. This  
4 subsection (5) does not apply to dental examinations and eye  
5 examinations. If the student is an out-of-state transfer  
6 student and does not have the proof required under this  
7 subsection (5) before October 15 of the current year or  
8 whatever date is set by the school district, then he or she may  
9 only attend classes (i) if he or she has proof that an  
10 appointment for the required vaccinations has been scheduled  
11 with a party authorized to submit proof of the required  
12 vaccinations. If the proof of vaccination required under this  
13 subsection (5) is not submitted within 30 days after the  
14 student is permitted to attend classes, then the student is not  
15 to be permitted to attend classes until proof of the  
16 vaccinations has been properly submitted. No school district or  
17 employee of a school district shall be held liable for any  
18 injury or illness to another person that results from admitting  
19 an out-of-state transfer student to class that has an  
20 appointment scheduled pursuant to this subsection (5).

21 (6) Every school shall report to the State Board of  
22 Education by November 15, in the manner which that agency shall  
23 require, the number of children who have received the necessary  
24 immunizations and the health examination (other than a dental  
25 examination or eye examination) as required, indicating, of  
26 those who have not received the immunizations and examination

1 as required, the number of children who are exempt from health  
2 examination and immunization requirements on religious or  
3 medical grounds as provided in subsection (8). On or before  
4 December 1 of each year, every public school district and  
5 registered nonpublic school shall make publicly available the  
6 immunization data they are required to submit to the State  
7 Board of Education by November 15. The immunization data made  
8 publicly available must be identical to the data the school  
9 district or school has reported to the State Board of  
10 Education.

11 Every school shall report to the State Board of Education  
12 by June 30, in the manner that the State Board requires, the  
13 number of children who have received the required dental  
14 examination, indicating, of those who have not received the  
15 required dental examination, the number of children who are  
16 exempt from the dental examination on religious grounds as  
17 provided in subsection (8) of this Section and the number of  
18 children who have received a waiver under subsection (1.5) of  
19 this Section.

20 Every school shall report to the State Board of Education  
21 by June 30, in the manner that the State Board requires, the  
22 number of children who have received the required eye  
23 examination, indicating, of those who have not received the  
24 required eye examination, the number of children who are exempt  
25 from the eye examination as provided in subsection (8) of this  
26 Section, the number of children who have received a waiver

1 under subsection (1.10) of this Section, and the total number  
2 of children in noncompliance with the eye examination  
3 requirement.

4 The reported information under this subsection (6) shall be  
5 provided to the Department of Public Health by the State Board  
6 of Education.

7 (7) Upon determining that the number of pupils who are  
8 required to be in compliance with subsection (5) of this  
9 Section is below 90% of the number of pupils enrolled in the  
10 school district, 10% of each State aid payment made pursuant to  
11 Section 18-8.05 to the school district for such year may be  
12 withheld by the State Board of Education until the number of  
13 students in compliance with subsection (5) is the applicable  
14 specified percentage or higher.

15 (8) Children of parents or legal guardians who object to  
16 health, dental, or eye examinations or any part thereof, to  
17 immunizations, or to vision and hearing screening tests on  
18 religious grounds shall not be required to undergo the  
19 examinations, tests, or immunizations to which they so object  
20 if such parents or legal guardians present to the appropriate  
21 local school authority a signed Certificate of Religious  
22 Exemption detailing the grounds for objection and the specific  
23 immunizations, tests, or examinations to which they object. The  
24 grounds for objection must set forth the specific religious  
25 belief that conflicts with the examination, test,  
26 immunization, or other medical intervention. The signed

1 certificate shall also reflect the parent's or legal guardian's  
2 understanding of the school's exclusion policies in the case of  
3 a vaccine-preventable disease outbreak or exposure. The  
4 certificate must also be signed by the authorized examining  
5 health care provider responsible for the performance of the  
6 child's health examination confirming that the provider  
7 provided education to the parent or legal guardian on the  
8 benefits of immunization and the health risks to the student  
9 and to the community of the communicable diseases for which  
10 immunization is required in this State. However, the health  
11 care provider's signature on the certificate reflects only that  
12 education was provided and does not allow a health care  
13 provider grounds to determine a religious exemption. Those  
14 receiving immunizations required under this Code shall be  
15 provided with the relevant vaccine information statements that  
16 are required to be disseminated by the federal National  
17 Childhood Vaccine Injury Act of 1986, which may contain  
18 information on circumstances when a vaccine should not be  
19 administered, prior to administering a vaccine. A healthcare  
20 provider may consider including without limitation the  
21 nationally accepted recommendations from federal agencies such  
22 as the Advisory Committee on Immunization Practices, the  
23 information outlined in the relevant vaccine information  
24 statement, and vaccine package inserts, along with the  
25 healthcare provider's clinical judgment, to determine whether  
26 any child may be more susceptible to experiencing an adverse

1 vaccine reaction than the general population, and, if so, the  
2 healthcare provider may exempt the child from an immunization  
3 or adopt an individualized immunization schedule. The  
4 Certificate of Religious Exemption shall be created by the  
5 Department of Public Health and shall be made available and  
6 used by parents and legal guardians by the beginning of the  
7 2015-2016 school year. Parents or legal guardians must submit  
8 the Certificate of Religious Exemption to their local school  
9 authority prior to entering kindergarten, sixth grade, and  
10 ninth grade for each child for which they are requesting an  
11 exemption. The religious objection stated need not be directed  
12 by the tenets of an established religious organization.  
13 However, general philosophical or moral reluctance to allow  
14 physical examinations, eye examinations, immunizations, vision  
15 and hearing screenings, or dental examinations does not provide  
16 a sufficient basis for an exception to statutory requirements.  
17 The local school authority is responsible for determining if  
18 the content of the Certificate of Religious Exemption  
19 constitutes a valid religious objection. The local school  
20 authority shall inform the parent or legal guardian of  
21 exclusion procedures, in accordance with the Department's  
22 rules under Part 690 of Title 77 of the Illinois Administrative  
23 Code, at the time the objection is presented.

24 If the physical condition of the child is such that any one  
25 or more of the immunizing agents should not be administered,  
26 the examining physician, advanced practice registered nurse,

1 or physician assistant responsible for the performance of the  
2 health examination shall endorse that fact upon the health  
3 examination form.

4 Exempting a child from the health, dental, or eye  
5 examination does not exempt the child from participation in the  
6 program of physical education training provided in Sections  
7 27-5 through 27-7 of this Code.

8 (9) For the purposes of this Section, "nursery schools"  
9 means those nursery schools operated by elementary school  
10 systems or secondary level school units or institutions of  
11 higher learning.

12 (Source: P.A. 98-673, eff. 6-30-14; 99-173, eff. 7-29-15;  
13 99-249, eff. 8-3-15; 99-642, eff. 7-28-16.)

14 (Text of Section after amendment by P.A. 99-927)

15 Sec. 27-8.1. Health examinations and immunizations.

16 (1) In compliance with rules and regulations which the  
17 Department of Public Health shall promulgate, and except as  
18 hereinafter provided, all children in Illinois shall have a  
19 health examination as follows: within one year prior to  
20 entering kindergarten or the first grade of any public,  
21 private, or parochial elementary school; upon entering the  
22 sixth and ninth grades of any public, private, or parochial  
23 school; prior to entrance into any public, private, or  
24 parochial nursery school; and, irrespective of grade,  
25 immediately prior to or upon entrance into any public, private,



1 or parochial school or nursery school, each child shall present  
2 proof of having been examined in accordance with this Section  
3 and the rules and regulations promulgated hereunder. Any child  
4 who received a health examination within one year prior to  
5 entering the fifth grade for the 2007-2008 school year is not  
6 required to receive an additional health examination in order  
7 to comply with the provisions of Public Act 95-422 when he or  
8 she attends school for the 2008-2009 school year, unless the  
9 child is attending school for the first time as provided in  
10 this paragraph.

11 A tuberculosis skin test screening shall be included as a  
12 required part of each health examination included under this  
13 Section if the child resides in an area designated by the  
14 Department of Public Health as having a high incidence of  
15 tuberculosis. Additional health examinations of pupils,  
16 including eye examinations, may be required when deemed  
17 necessary by school authorities. Parents are encouraged to have  
18 their children undergo eye examinations at the same points in  
19 time required for health examinations.

20 (1.5) In compliance with rules adopted by the Department of  
21 Public Health and except as otherwise provided in this Section,  
22 all children in kindergarten and the second and sixth grades of  
23 any public, private, or parochial school shall have a dental  
24 examination. Each of these children shall present proof of  
25 having been examined by a dentist in accordance with this  
26 Section and rules adopted under this Section before May 15th of

1 the school year. If a child in the second or sixth grade fails  
2 to present proof by May 15th, the school may hold the child's  
3 report card until one of the following occurs: (i) the child  
4 presents proof of a completed dental examination or (ii) the  
5 child presents proof that a dental examination will take place  
6 within 60 days after May 15th. The Department of Public Health  
7 shall establish, by rule, a waiver for children who show an  
8 undue burden or a lack of access to a dentist. Each public,  
9 private, and parochial school must give notice of this dental  
10 examination requirement to the parents and guardians of  
11 students at least 60 days before May 15th of each school year.

12 (1.10) Except as otherwise provided in this Section, all  
13 children enrolling in kindergarten in a public, private, or  
14 parochial school on or after the effective date of this  
15 amendatory Act of the 95th General Assembly and any student  
16 enrolling for the first time in a public, private, or parochial  
17 school on or after the effective date of this amendatory Act of  
18 the 95th General Assembly shall have an eye examination. Each  
19 of these children shall present proof of having been examined  
20 by a physician licensed to practice medicine in all of its  
21 branches or a licensed optometrist within the previous year, in  
22 accordance with this Section and rules adopted under this  
23 Section, before October 15th of the school year. If the child  
24 fails to present proof by October 15th, the school may hold the  
25 child's report card until one of the following occurs: (i) the  
26 child presents proof of a completed eye examination or (ii) the

1 child presents proof that an eye examination will take place  
2 within 60 days after October 15th. The Department of Public  
3 Health shall establish, by rule, a waiver for children who show  
4 an undue burden or a lack of access to a physician licensed to  
5 practice medicine in all of its branches who provides eye  
6 examinations or to a licensed optometrist. Each public,  
7 private, and parochial school must give notice of this eye  
8 examination requirement to the parents and guardians of  
9 students in compliance with rules of the Department of Public  
10 Health. Nothing in this Section shall be construed to allow a  
11 school to exclude a child from attending because of a parent's  
12 or guardian's failure to obtain an eye examination for the  
13 child.

14 (2) The Department of Public Health shall promulgate rules  
15 and regulations specifying the examinations and procedures  
16 that constitute a health examination, which shall include an  
17 age-appropriate developmental screening, an age-appropriate  
18 social and emotional screening, and the collection of data  
19 relating to obesity (including at a minimum, date of birth,  
20 gender, height, weight, blood pressure, and date of exam), and  
21 a dental examination and may recommend by rule that certain  
22 additional examinations be performed. The rules and  
23 regulations of the Department of Public Health shall specify  
24 that a tuberculosis skin test screening shall be included as a  
25 required part of each health examination included under this  
26 Section if the child resides in an area designated by the

1 Department of Public Health as having a high incidence of  
2 tuberculosis. With respect to the developmental screening and  
3 the social and emotional screening, the Department of Public  
4 Health must develop rules and appropriate revisions to the  
5 Child Health Examination form in conjunction with a statewide  
6 organization representing school boards; a statewide  
7 organization representing pediatricians; statewide  
8 organizations representing individuals holding Illinois  
9 educator licenses with school support personnel endorsements,  
10 including school social workers, school psychologists, and  
11 school nurses; a statewide organization representing  
12 children's mental health experts; a statewide organization  
13 representing school principals; the Director of Healthcare and  
14 Family Services or his or her designee, the State  
15 Superintendent of Education or his or her designee; and  
16 representatives of other appropriate State agencies and, at a  
17 minimum, must recommend the use of validated screening tools  
18 appropriate to the child's age or grade, and, with regard to  
19 the social and emotional screening, require recording only  
20 whether or not the screening was completed. The rules shall  
21 take into consideration the screening recommendations of the  
22 American Academy of Pediatrics and must be consistent with the  
23 State Board of Education's social and emotional learning  
24 standards. The Department of Public Health shall specify that a  
25 diabetes screening as defined by rule shall be included as a  
26 required part of each health examination. Diabetes testing is

1 not required.

2 Physicians licensed to practice medicine in all of its  
3 branches, licensed advanced practice registered nurses, or  
4 licensed physician assistants shall be responsible for the  
5 performance of the health examinations, other than dental  
6 examinations, eye examinations, and vision and hearing  
7 screening, and shall sign all report forms required by  
8 subsection (4) of this Section that pertain to those portions  
9 of the health examination for which the physician, advanced  
10 practice registered nurse, or physician assistant is  
11 responsible. If a registered nurse performs any part of a  
12 health examination, then a physician licensed to practice  
13 medicine in all of its branches must review and sign all  
14 required report forms. Licensed dentists shall perform all  
15 dental examinations and shall sign all report forms required by  
16 subsection (4) of this Section that pertain to the dental  
17 examinations. Physicians licensed to practice medicine in all  
18 its branches or licensed optometrists shall perform all eye  
19 examinations required by this Section and shall sign all report  
20 forms required by subsection (4) of this Section that pertain  
21 to the eye examination. For purposes of this Section, an eye  
22 examination shall at a minimum include history, visual acuity,  
23 subjective refraction to best visual acuity near and far,  
24 internal and external examination, and a glaucoma evaluation,  
25 as well as any other tests or observations that in the  
26 professional judgment of the doctor are necessary. Vision and

1 hearing screening tests, which shall not be considered  
2 examinations as that term is used in this Section, shall be  
3 conducted in accordance with rules and regulations of the  
4 Department of Public Health, and by individuals whom the  
5 Department of Public Health has certified. In these rules and  
6 regulations, the Department of Public Health shall require that  
7 individuals conducting vision screening tests give a child's  
8 parent or guardian written notification, before the vision  
9 screening is conducted, that states, "Vision screening is not a  
10 substitute for a complete eye and vision evaluation by an eye  
11 doctor. Your child is not required to undergo this vision  
12 screening if an optometrist or ophthalmologist has completed  
13 and signed a report form indicating that an examination has  
14 been administered within the previous 12 months."

15 (2.5) With respect to the developmental screening and the  
16 social and emotional screening portion of the health  
17 examination, each child may present proof of having been  
18 screened in accordance with this Section and the rules adopted  
19 under this Section before October 15th of the school year. With  
20 regard to the social and emotional screening only, the  
21 examining health care provider shall only record whether or not  
22 the screening was completed. If the child fails to present  
23 proof of the developmental screening or the social and  
24 emotional screening portions of the health examination by  
25 October 15th of the school year, qualified school support  
26 personnel may, with a parent's or guardian's consent, offer the

1 developmental screening or the social and emotional screening  
2 to the child. Each public, private, and parochial school must  
3 give notice of the developmental screening and social and  
4 emotional screening requirements to the parents and guardians  
5 of students in compliance with the rules of the Department of  
6 Public Health. Nothing in this Section shall be construed to  
7 allow a school to exclude a child from attending because of a  
8 parent's or guardian's failure to obtain a developmental  
9 screening or a social and emotional screening for the child.  
10 Once a developmental screening or a social and emotional  
11 screening is completed and proof has been presented to the  
12 school, the school may, with a parent's or guardian's consent,  
13 make available appropriate school personnel to work with the  
14 parent or guardian, the child, and the provider who signed the  
15 screening form to obtain any appropriate evaluations and  
16 services as indicated on the form and in other information and  
17 documentation provided by the parents, guardians, or provider.

18 (3) Every child shall, at or about the same time as he or  
19 she receives a health examination required by subsection (1) of  
20 this Section, present to the local school proof of having  
21 received such immunizations against preventable communicable  
22 diseases as the Department of Public Health shall require by  
23 rules and regulations promulgated pursuant to this Section and  
24 the Communicable Disease Prevention Act.

25 (4) The individuals conducting the health examination,  
26 dental examination, or eye examination shall record the fact of

1 having conducted the examination, and such additional  
2 information as required, including for a health examination  
3 data relating to obesity (including at a minimum, date of  
4 birth, gender, height, weight, blood pressure, and date of  
5 exam), on uniform forms which the Department of Public Health  
6 and the State Board of Education shall prescribe for statewide  
7 use. The examiner shall summarize on the report form any  
8 condition that he or she suspects indicates a need for special  
9 services, including for a health examination factors relating  
10 to obesity. The duty to summarize on the report form does not  
11 apply to social and emotional screenings. The confidentiality  
12 of the information and records relating to the developmental  
13 screening and the social and emotional screening shall be  
14 determined by the statutes, rules, and professional ethics  
15 governing the type of provider conducting the screening. The  
16 individuals confirming the administration of required  
17 immunizations shall record as indicated on the form that the  
18 immunizations were administered.

19 (5) If a child does not submit proof of having had either  
20 the health examination or the immunization as required, then  
21 the child shall be examined or receive the immunization, as the  
22 case may be, and present proof by October 15 of the current  
23 school year, or by an earlier date of the current school year  
24 established by a school district. To establish a date before  
25 October 15 of the current school year for the health  
26 examination or immunization as required, a school district must



1 give notice of the requirements of this Section 60 days prior  
2 to the earlier established date. If for medical reasons one or  
3 more of the required immunizations must be given after October  
4 15 of the current school year, or after an earlier established  
5 date of the current school year, then the child shall present,  
6 by October 15, or by the earlier established date, a schedule  
7 for the administration of the immunizations and a statement of  
8 the medical reasons causing the delay, both the schedule and  
9 the statement being issued by the physician, advanced practice  
10 registered nurse, physician assistant, registered nurse, or  
11 local health department that will be responsible for  
12 administration of the remaining required immunizations. If a  
13 child does not comply by October 15, or by the earlier  
14 established date of the current school year, with the  
15 requirements of this subsection, then the local school  
16 authority shall exclude that child from school until such time  
17 as the child presents proof of having had the health  
18 examination as required and presents proof of having received  
19 those required immunizations which are medically possible to  
20 receive immediately. During a child's exclusion from school for  
21 noncompliance with this subsection, the child's parents or  
22 legal guardian shall be considered in violation of Section 26-1  
23 and subject to any penalty imposed by Section 26-10. This  
24 subsection (5) does not apply to dental examinations, eye  
25 examinations, and the developmental screening and the social  
26 and emotional screening portions of the health examination. If

1 the student is an out-of-state transfer student and does not  
2 have the proof required under this subsection (5) before  
3 October 15 of the current year or whatever date is set by the  
4 school district, then he or she may only attend classes (i) if  
5 he or she has proof that an appointment for the required  
6 vaccinations has been scheduled with a party authorized to  
7 submit proof of the required vaccinations. If the proof of  
8 vaccination required under this subsection (5) is not submitted  
9 within 30 days after the student is permitted to attend  
10 classes, then the student is not to be permitted to attend  
11 classes until proof of the vaccinations has been properly  
12 submitted. No school district or employee of a school district  
13 shall be held liable for any injury or illness to another  
14 person that results from admitting an out-of-state transfer  
15 student to class that has an appointment scheduled pursuant to  
16 this subsection (5).

17 (6) Every school shall report to the State Board of  
18 Education by November 15, in the manner which that agency shall  
19 require, the number of children who have received the necessary  
20 immunizations and the health examination (other than a dental  
21 examination or eye examination) as required, indicating, of  
22 those who have not received the immunizations and examination  
23 as required, the number of children who are exempt from health  
24 examination and immunization requirements on religious or  
25 medical grounds as provided in subsection (8). On or before  
26 December 1 of each year, every public school district and

1 registered nonpublic school shall make publicly available the  
2 immunization data they are required to submit to the State  
3 Board of Education by November 15. The immunization data made  
4 publicly available must be identical to the data the school  
5 district or school has reported to the State Board of  
6 Education.

7 Every school shall report to the State Board of Education  
8 by June 30, in the manner that the State Board requires, the  
9 number of children who have received the required dental  
10 examination, indicating, of those who have not received the  
11 required dental examination, the number of children who are  
12 exempt from the dental examination on religious grounds as  
13 provided in subsection (8) of this Section and the number of  
14 children who have received a waiver under subsection (1.5) of  
15 this Section.

16 Every school shall report to the State Board of Education  
17 by June 30, in the manner that the State Board requires, the  
18 number of children who have received the required eye  
19 examination, indicating, of those who have not received the  
20 required eye examination, the number of children who are exempt  
21 from the eye examination as provided in subsection (8) of this  
22 Section, the number of children who have received a waiver  
23 under subsection (1.10) of this Section, and the total number  
24 of children in noncompliance with the eye examination  
25 requirement.

26 The reported information under this subsection (6) shall be

1 provided to the Department of Public Health by the State Board  
2 of Education.

3 (7) Upon determining that the number of pupils who are  
4 required to be in compliance with subsection (5) of this  
5 Section is below 90% of the number of pupils enrolled in the  
6 school district, 10% of each State aid payment made pursuant to  
7 Section 18-8.05 to the school district for such year may be  
8 withheld by the State Board of Education until the number of  
9 students in compliance with subsection (5) is the applicable  
10 specified percentage or higher.

11 (8) Children of parents or legal guardians who object to  
12 health, dental, or eye examinations or any part thereof, to  
13 immunizations, or to vision and hearing screening tests on  
14 religious grounds shall not be required to undergo the  
15 examinations, tests, or immunizations to which they so object  
16 if such parents or legal guardians present to the appropriate  
17 local school authority a signed Certificate of Religious  
18 Exemption detailing the grounds for objection and the specific  
19 immunizations, tests, or examinations to which they object. The  
20 grounds for objection must set forth the specific religious  
21 belief that conflicts with the examination, test,  
22 immunization, or other medical intervention. The signed  
23 certificate shall also reflect the parent's or legal guardian's  
24 understanding of the school's exclusion policies in the case of  
25 a vaccine-preventable disease outbreak or exposure. The  
26 certificate must also be signed by the authorized examining

1 health care provider responsible for the performance of the  
2 child's health examination confirming that the provider  
3 provided education to the parent or legal guardian on the  
4 benefits of immunization and the health risks to the student  
5 and to the community of the communicable diseases for which  
6 immunization is required in this State. However, the health  
7 care provider's signature on the certificate reflects only that  
8 education was provided and does not allow a health care  
9 provider grounds to determine a religious exemption. Those  
10 receiving immunizations required under this Code shall be  
11 provided with the relevant vaccine information statements that  
12 are required to be disseminated by the federal National  
13 Childhood Vaccine Injury Act of 1986, which may contain  
14 information on circumstances when a vaccine should not be  
15 administered, prior to administering a vaccine. A healthcare  
16 provider may consider including without limitation the  
17 nationally accepted recommendations from federal agencies such  
18 as the Advisory Committee on Immunization Practices, the  
19 information outlined in the relevant vaccine information  
20 statement, and vaccine package inserts, along with the  
21 healthcare provider's clinical judgment, to determine whether  
22 any child may be more susceptible to experiencing an adverse  
23 vaccine reaction than the general population, and, if so, the  
24 healthcare provider may exempt the child from an immunization  
25 or adopt an individualized immunization schedule. The  
26 Certificate of Religious Exemption shall be created by the

1 Department of Public Health and shall be made available and  
2 used by parents and legal guardians by the beginning of the  
3 2015-2016 school year. Parents or legal guardians must submit  
4 the Certificate of Religious Exemption to their local school  
5 authority prior to entering kindergarten, sixth grade, and  
6 ninth grade for each child for which they are requesting an  
7 exemption. The religious objection stated need not be directed  
8 by the tenets of an established religious organization.  
9 However, general philosophical or moral reluctance to allow  
10 physical examinations, eye examinations, immunizations, vision  
11 and hearing screenings, or dental examinations does not provide  
12 a sufficient basis for an exception to statutory requirements.  
13 The local school authority is responsible for determining if  
14 the content of the Certificate of Religious Exemption  
15 constitutes a valid religious objection. The local school  
16 authority shall inform the parent or legal guardian of  
17 exclusion procedures, in accordance with the Department's  
18 rules under Part 690 of Title 77 of the Illinois Administrative  
19 Code, at the time the objection is presented.

20 If the physical condition of the child is such that any one  
21 or more of the immunizing agents should not be administered,  
22 the examining physician, advanced practice registered nurse,  
23 or physician assistant responsible for the performance of the  
24 health examination shall endorse that fact upon the health  
25 examination form.

26 Exempting a child from the health, dental, or eye

1 examination does not exempt the child from participation in the  
2 program of physical education training provided in Sections  
3 27-5 through 27-7 of this Code.

4 (9) For the purposes of this Section, "nursery schools"  
5 means those nursery schools operated by elementary school  
6 systems or secondary level school units or institutions of  
7 higher learning.

8 (Source: P.A. 98-673, eff. 6-30-14; 99-173, eff. 7-29-15;  
9 99-249, eff. 8-3-15; 99-642, eff. 7-28-16; 99-927, eff.  
10 6-1-17.)

11 Section 90. The Care of Students with Diabetes Act is  
12 amended by changing Section 10 as follows:

13 (105 ILCS 145/10)

14 Sec. 10. Definitions. As used in this Act:

15 "Delegated care aide" means a school employee who has  
16 agreed to receive training in diabetes care and to assist  
17 students in implementing their diabetes care plan and has  
18 entered into an agreement with a parent or guardian and the  
19 school district or private school.

20 "Diabetes care plan" means a document that specifies the  
21 diabetes-related services needed by a student at school and at  
22 school-sponsored activities and identifies the appropriate  
23 staff to provide and supervise these services.

24 "Health care provider" means a physician licensed to

1 practice medicine in all of its branches, advanced practice  
2 registered nurse who has a written agreement with a  
3 collaborating physician who authorizes the provision of  
4 diabetes care, or a physician assistant who has a written  
5 supervision agreement with a supervising physician who  
6 authorizes the provision of diabetes care.

7 "Principal" means the principal of the school.

8 "School" means any primary or secondary public, charter, or  
9 private school located in this State.

10 "School employee" means a person who is employed by a  
11 public school district or private school, a person who is  
12 employed by a local health department and assigned to a school,  
13 or a person who contracts with a school or school district to  
14 perform services in connection with a student's diabetes care  
15 plan. This definition must not be interpreted as requiring a  
16 school district or private school to hire additional personnel  
17 for the sole purpose of serving as a designated care aide.

18 (Source: P.A. 96-1485, eff. 12-1-10.)

19 Section 95. The Nursing Education Scholarship Law is  
20 amended by changing Sections 3, 5, and 6.5 as follows:

21 (110 ILCS 975/3) (from Ch. 144, par. 2753)

22 Sec. 3. Definitions.

23 The following terms, whenever used or referred to, have the  
24 following meanings except where the context clearly indicates



1 otherwise:

2 (1) "Board" means the Board of Higher Education created by  
3 the Board of Higher Education Act.

4 (2) "Department" means the Illinois Department of Public  
5 Health.

6 (3) "Approved institution" means a public community  
7 college, private junior college, hospital-based diploma in  
8 nursing program, or public or private college or university  
9 located in this State that has approval by the Department of  
10 Professional Regulation for an associate degree in nursing  
11 program, associate degree in applied sciences in nursing  
12 program, hospital-based diploma in nursing program,  
13 baccalaureate degree in nursing program, graduate degree in  
14 nursing program, or certificate in practical nursing program.

15 (4) "Baccalaureate degree in nursing program" means a  
16 program offered by an approved institution and leading to a  
17 bachelor of science degree in nursing.

18 (5) "Enrollment" means the establishment and maintenance  
19 of an individual's status as a student in an approved  
20 institution, regardless of the terms used at the institution to  
21 describe such status.

22 (6) "Academic year" means the period of time from September  
23 1 of one year through August 31 of the next year or as  
24 otherwise defined by the academic institution.

25 (7) "Associate degree in nursing program or hospital-based  
26 diploma in nursing program" means a program offered by an

1 approved institution and leading to an associate degree in  
2 nursing, associate degree in applied sciences in nursing, or  
3 hospital-based diploma in nursing.

4 (8) "Graduate degree in nursing program" means a program  
5 offered by an approved institution and leading to a master of  
6 science degree in nursing or a doctorate of philosophy or  
7 doctorate of nursing degree in nursing.

8 (9) "Director" means the Director of the Illinois  
9 Department of Public Health.

10 (10) "Accepted for admission" means a student has completed  
11 the requirements for entry into an associate degree in nursing  
12 program, associate degree in applied sciences in nursing  
13 program, hospital-based diploma in nursing program,  
14 baccalaureate degree in nursing program, graduate degree in  
15 nursing program, or certificate in practical nursing program at  
16 an approved institution, as documented by the institution.

17 (11) "Fees" means those mandatory charges, in addition to  
18 tuition, that all enrolled students must pay, including  
19 required course or lab fees.

20 (12) "Full-time student" means a student enrolled for at  
21 least 12 hours per term or as otherwise determined by the  
22 academic institution.

23 (13) "Law" means the Nursing Education Scholarship Law.

24 (14) "Nursing employment obligation" means employment in  
25 this State as a registered professional nurse, licensed  
26 practical nurse, or advanced practice registered nurse in

1 direct patient care for at least one year for each year of  
2 scholarship assistance received through the Nursing Education  
3 Scholarship Program.

4 (15) "Part-time student" means a person who is enrolled for  
5 at least one-third of the number of hours required per term by  
6 a school for its full-time students.

7 (16) "Practical nursing program" means a program offered by  
8 an approved institution leading to a certificate in practical  
9 nursing.

10 (17) "Registered professional nurse" means a person who is  
11 currently licensed as a registered professional nurse by the  
12 Department of Professional Regulation under the Nurse Practice  
13 Act.

14 (18) "Licensed practical nurse" means a person who is  
15 currently licensed as a licensed practical nurse by the  
16 Department of Professional Regulation under the Nurse Practice  
17 Act.

18 (19) "School term" means an academic term, such as a  
19 semester, quarter, trimester, or number of clock hours, as  
20 defined by an approved institution.

21 (20) "Student in good standing" means a student maintaining  
22 a cumulative grade point average equivalent to at least the  
23 academic grade of a "C".

24 (21) "Total and permanent disability" means a physical or  
25 mental impairment, disease, or loss of a permanent nature that  
26 prevents nursing employment with or without reasonable

1 accommodation. Proof of disability shall be a declaration from  
2 the social security administration, Illinois Workers'  
3 Compensation Commission, Department of Defense, or an insurer  
4 authorized to transact business in Illinois who is providing  
5 disability insurance coverage to a contractor.

6 (22) "Tuition" means the established charges of an  
7 institution of higher learning for instruction at that  
8 institution.

9 (23) "Nurse educator" means a person who is currently  
10 licensed as a registered nurse by the Department of  
11 Professional Regulation under the Nurse Practice Act, who has a  
12 graduate degree in nursing, and who is employed by an approved  
13 academic institution to educate registered nursing students,  
14 licensed practical nursing students, and registered nurses  
15 pursuing graduate degrees.

16 (24) "Nurse educator employment obligation" means  
17 employment in this State as a nurse educator for at least 2  
18 years for each year of scholarship assistance received under  
19 Section 6.5 of this Law.

20 Rulemaking authority to implement this amendatory Act of  
21 the 96th General Assembly, if any, is conditioned on the rules  
22 being adopted in accordance with all provisions of the Illinois  
23 Administrative Procedure Act and all rules and procedures of  
24 the Joint Committee on Administrative Rules; any purported rule  
25 not so adopted, for whatever reason, is unauthorized.

26 (Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07;

1 96-805, eff. 10-30-09.)

2 (110 ILCS 975/5) (from Ch. 144, par. 2755)

3 Sec. 5. Nursing education scholarships. Beginning with the  
4 fall term of the 2004-2005 academic year, the Department, in  
5 accordance with rules and regulations promulgated by it for  
6 this program, shall provide scholarships to individuals  
7 selected from among those applicants who qualify for  
8 consideration by showing:

9 (1) that he or she has been a resident of this State  
10 for at least one year prior to application, and is a  
11 citizen or a lawful permanent resident alien of the United  
12 States;

13 (2) that he or she is enrolled in or accepted for  
14 admission to an associate degree in nursing program,  
15 hospital-based diploma in nursing program, baccalaureate  
16 degree in nursing program, graduate degree in nursing  
17 program, or practical nursing program at an approved  
18 institution; and

19 (3) that he or she agrees to meet the nursing  
20 employment obligation.

21 If in any year the number of qualified applicants exceeds  
22 the number of scholarships to be awarded, the Department shall,  
23 in consultation with the Illinois Nursing Workforce Center ~~for~~  
24 ~~Nursing~~ Advisory Board, consider the following factors in  
25 granting priority in awarding scholarships:

1           (A) Financial need, as shown on a standardized  
2           financial needs assessment form used by an approved  
3           institution, of students who will pursue their  
4           education on a full-time or close to full-time basis  
5           and who already have a certificate in practical  
6           nursing, a diploma in nursing, or an associate degree  
7           in nursing and are pursuing a higher degree.

8           (B) A student's status as a registered nurse who is  
9           pursuing a graduate degree in nursing to pursue  
10          employment in an approved institution that educates  
11          licensed practical nurses and that educates registered  
12          nurses in undergraduate and graduate nursing programs.

13          (C) A student's merit, as shown through his or her  
14          grade point average, class rank, and other academic and  
15          extracurricular activities. The Department may add to  
16          and further define these merit criteria by rule.

17          Unless otherwise indicated, scholarships shall be awarded  
18          to recipients at approved institutions for a period of up to 2  
19          years if the recipient is enrolled in an associate degree in  
20          nursing program, up to 3 years if the recipient is enrolled in  
21          a hospital-based diploma in nursing program, up to 4 years if  
22          the recipient is enrolled in a baccalaureate degree in nursing  
23          program, up to 5 years if the recipient is enrolled in a  
24          graduate degree in nursing program, and up to one year if the  
25          recipient is enrolled in a certificate in practical nursing  
26          program. At least 40% of the scholarships awarded shall be for

1 recipients who are pursuing baccalaureate degrees in nursing,  
2 30% of the scholarships awarded shall be for recipients who are  
3 pursuing associate degrees in nursing or a diploma in nursing,  
4 10% of the scholarships awarded shall be for recipients who are  
5 pursuing a certificate in practical nursing, and 20% of the  
6 scholarships awarded shall be for recipients who are pursuing a  
7 graduate degree in nursing.

8 (Source: P.A. 93-879, eff. 1-1-05; 94-1020, eff. 7-11-06.)

9 (110 ILCS 975/6.5)

10 Sec. 6.5. Nurse educator scholarships.

11 (a) Beginning with the fall term of the 2009-2010 academic  
12 year, the Department shall provide scholarships to individuals  
13 selected from among those applicants who qualify for  
14 consideration by showing the following:

15 (1) that he or she has been a resident of this State  
16 for at least one year prior to application and is a citizen  
17 or a lawful permanent resident alien of the United States;

18 (2) that he or she is enrolled in or accepted for  
19 admission to a graduate degree in nursing program at an  
20 approved institution; and

21 (3) that he or she agrees to meet the nurse educator  
22 employment obligation.

23 (b) If in any year the number of qualified applicants  
24 exceeds the number of scholarships to be awarded under this  
25 Section, the Department shall, in consultation with the

1 Illinois Nursing Workforce Center ~~for Nursing~~ Advisory Board,  
2 consider the following factors in granting priority in awarding  
3 scholarships:

4 (1) Financial need, as shown on a standardized  
5 financial needs assessment form used by an approved  
6 institution, of students who will pursue their education on  
7 a full-time or close to full-time basis and who already  
8 have a diploma in nursing and are pursuing a higher degree.

9 (2) A student's status as a registered nurse who is  
10 pursuing a graduate degree in nursing to pursue employment  
11 in an approved institution that educates licensed  
12 practical nurses and that educates registered nurses in  
13 undergraduate and graduate nursing programs.

14 (3) A student's merit, as shown through his or her  
15 grade point average, class rank, experience as a nurse,  
16 including supervisory experience, experience as a nurse in  
17 the United States military, and other academic and  
18 extracurricular activities.

19 (c) Unless otherwise indicated, scholarships under this  
20 Section shall be awarded to recipients at approved institutions  
21 for a period of up to 3 years.

22 (d) Within 12 months after graduation from a graduate  
23 degree in nursing program for nurse educators, any recipient  
24 who accepted a scholarship under this Section shall begin  
25 meeting the required nurse educator employment obligation. In  
26 order to defer his or her continuous employment obligation, a



1 recipient must request the deferment in writing from the  
2 Department. A recipient shall receive a deferment if he or she  
3 notifies the Department, within 30 days after enlisting, that  
4 he or she is spending up to 4 years in military service. A  
5 recipient shall receive a deferment if he or she notifies the  
6 Department, within 30 days after enrolling, that he or she is  
7 enrolled in an academic program leading to a graduate degree in  
8 nursing. The recipient must begin meeting the required nurse  
9 educator employment obligation no later than 6 months after the  
10 end of the deferment or deferments.

11 Any person who fails to fulfill the nurse educator  
12 employment obligation shall pay to the Department an amount  
13 equal to the amount of scholarship funds received per year for  
14 each unfulfilled year of the nurse educator employment  
15 obligation, together with interest at 7% per year on the unpaid  
16 balance. Payment must begin within 6 months following the date  
17 of the occurrence initiating the repayment. All repayments must  
18 be completed within 6 years from the date of the occurrence  
19 initiating the repayment. However, this repayment obligation  
20 may be deferred and re-evaluated every 6 months when the  
21 failure to fulfill the nurse educator employment obligation  
22 results from involuntarily leaving the profession due to a  
23 decrease in the number of nurses employed in this State or when  
24 the failure to fulfill the nurse educator employment obligation  
25 results from total and permanent disability. The repayment  
26 obligation shall be excused if the failure to fulfill the nurse

1 educator employment obligation results from the death or  
2 adjudication as incompetent of the person holding the  
3 scholarship. No claim for repayment may be filed against the  
4 estate of such a decedent or incompetent.

5 The Department may allow a nurse educator employment  
6 obligation fulfillment alternative if the nurse educator  
7 scholarship recipient is unsuccessful in finding work as a  
8 nurse educator. The Department shall maintain a database of all  
9 available nurse educator positions in this State.

10 (e) Each person applying for a scholarship under this  
11 Section must be provided with a copy of this Section at the  
12 time of application for the benefits of this scholarship.

13 (f) Rulemaking authority to implement this amendatory Act  
14 of the 96th General Assembly, if any, is conditioned on the  
15 rules being adopted in accordance with all provisions of the  
16 Illinois Administrative Procedure Act and all rules and  
17 procedures of the Joint Committee on Administrative Rules; any  
18 purported rule not so adopted, for whatever reason, is  
19 unauthorized.

20 (Source: P.A. 96-805, eff. 10-30-09.)

21 Section 100. The Ambulatory Surgical Treatment Center Act  
22 is amended by changing Section 6.5 as follows:

23 (210 ILCS 5/6.5)

24 Sec. 6.5. Clinical privileges; advanced practice

1 registered nurses. All ambulatory surgical treatment centers  
2 (ASTC) licensed under this Act shall comply with the following  
3 requirements:

4 (1) No ASTC policy, rule, regulation, or practice shall  
5 be inconsistent with the provision of adequate  
6 collaboration and consultation in accordance with Section  
7 54.5 of the Medical Practice Act of 1987.

8 (2) Operative surgical procedures shall be performed  
9 only by a physician licensed to practice medicine in all  
10 its branches under the Medical Practice Act of 1987, a  
11 dentist licensed under the Illinois Dental Practice Act, or  
12 a podiatric physician licensed under the Podiatric Medical  
13 Practice Act of 1987, with medical staff membership and  
14 surgical clinical privileges granted by the consulting  
15 committee of the ASTC. A licensed physician, dentist, or  
16 podiatric physician may be assisted by a physician licensed  
17 to practice medicine in all its branches, dentist, dental  
18 assistant, podiatric physician, licensed advanced practice  
19 registered nurse, licensed physician assistant, licensed  
20 registered nurse, licensed practical nurse, surgical  
21 assistant, surgical technician, or other individuals  
22 granted clinical privileges to assist in surgery by the  
23 consulting committee of the ASTC. Payment for services  
24 rendered by an assistant in surgery who is not an  
25 ambulatory surgical treatment center employee shall be  
26 paid at the appropriate non-physician modifier rate if the

1 payor would have made payment had the same services been  
2 provided by a physician.

3 (2.5) A registered nurse licensed under the Nurse  
4 Practice Act and qualified by training and experience in  
5 operating room nursing shall be present in the operating  
6 room and function as the circulating nurse during all  
7 invasive or operative procedures. For purposes of this  
8 paragraph (2.5), "circulating nurse" means a registered  
9 nurse who is responsible for coordinating all nursing care,  
10 patient safety needs, and the needs of the surgical team in  
11 the operating room during an invasive or operative  
12 procedure.

13 (3) An advanced practice registered nurse is not  
14 required to possess prescriptive authority or a written  
15 collaborative agreement meeting the requirements of the  
16 Nurse Practice Act to provide advanced practice registered  
17 nursing services in an ambulatory surgical treatment  
18 center. An advanced practice registered nurse must possess  
19 clinical privileges granted by the consulting medical  
20 staff committee and ambulatory surgical treatment center  
21 in order to provide services. Individual advanced practice  
22 registered nurses may also be granted clinical privileges  
23 to order, select, and administer medications, including  
24 controlled substances, to provide delineated care. The  
25 attending physician must determine the advanced practice  
26 registered nurse's role in providing care for his or her

1 patients, except as otherwise provided in the consulting  
2 staff policies. The consulting medical staff committee  
3 shall periodically review the services of advanced  
4 practice registered nurses granted privileges.

5 (4) The anesthesia service shall be under the direction  
6 of a physician licensed to practice medicine in all its  
7 branches who has had specialized preparation or experience  
8 in the area or who has completed a residency in  
9 anesthesiology. An anesthesiologist, Board certified or  
10 Board eligible, is recommended. Anesthesia services may  
11 only be administered pursuant to the order of a physician  
12 licensed to practice medicine in all its branches, licensed  
13 dentist, or licensed podiatric physician.

14 (A) The individuals who, with clinical privileges  
15 granted by the medical staff and ASTC, may administer  
16 anesthesia services are limited to the following:

17 (i) an anesthesiologist; or

18 (ii) a physician licensed to practice medicine  
19 in all its branches; or

20 (iii) a dentist with authority to administer  
21 anesthesia under Section 8.1 of the Illinois  
22 Dental Practice Act; or

23 (iv) a licensed certified registered nurse  
24 anesthetist; or

25 (v) a podiatric physician licensed under the  
26 Podiatric Medical Practice Act of 1987.

1           (B) For anesthesia services, an anesthesiologist  
2 shall participate through discussion of and agreement  
3 with the anesthesia plan and shall remain physically  
4 present and be available on the premises during the  
5 delivery of anesthesia services for diagnosis,  
6 consultation, and treatment of emergency medical  
7 conditions. In the absence of 24-hour availability of  
8 anesthesiologists with clinical privileges, an  
9 alternate policy (requiring participation, presence,  
10 and availability of a physician licensed to practice  
11 medicine in all its branches) shall be developed by the  
12 medical staff consulting committee in consultation  
13 with the anesthesia service and included in the medical  
14 staff consulting committee policies.

15           (C) A certified registered nurse anesthetist is  
16 not required to possess prescriptive authority or a  
17 written collaborative agreement meeting the  
18 requirements of Section 65-35 of the Nurse Practice Act  
19 to provide anesthesia services ordered by a licensed  
20 physician, dentist, or podiatric physician. Licensed  
21 certified registered nurse anesthetists are authorized  
22 to select, order, and administer drugs and apply the  
23 appropriate medical devices in the provision of  
24 anesthesia services under the anesthesia plan agreed  
25 with by the anesthesiologist or, in the absence of an  
26 available anesthesiologist with clinical privileges,

1           agreed with by the operating physician, operating  
2           dentist, or operating podiatric physician in  
3           accordance with the medical staff consulting committee  
4           policies of a licensed ambulatory surgical treatment  
5           center.

6           (Source: P.A. 98-214, eff. 8-9-13; 99-642, eff. 7-28-16.)

7           Section 105. The Assisted Living and Shared Housing Act is  
8           amended by changing Section 10 as follows:

9           (210 ILCS 9/10)

10          Sec. 10. Definitions. For purposes of this Act:

11          "Activities of daily living" means eating, dressing,  
12          bathing, toileting, transferring, or personal hygiene.

13          "Assisted living establishment" or "establishment" means a  
14          home, building, residence, or any other place where sleeping  
15          accommodations are provided for at least 3 unrelated adults, at  
16          least 80% of whom are 55 years of age or older and where the  
17          following are provided consistent with the purposes of this  
18          Act:

19                 (1) services consistent with a social model that is  
20                 based on the premise that the resident's unit in assisted  
21                 living and shared housing is his or her own home;

22                 (2) community-based residential care for persons who  
23                 need assistance with activities of daily living, including  
24                 personal, supportive, and intermittent health-related

1 services available 24 hours per day, if needed, to meet the  
2 scheduled and unscheduled needs of a resident;

3 (3) mandatory services, whether provided directly by  
4 the establishment or by another entity arranged for by the  
5 establishment, with the consent of the resident or  
6 resident's representative; and

7 (4) a physical environment that is a homelike setting  
8 that includes the following and such other elements as  
9 established by the Department: individual living units  
10 each of which shall accommodate small kitchen appliances  
11 and contain private bathing, washing, and toilet  
12 facilities, or private washing and toilet facilities with a  
13 common bathing room readily accessible to each resident.  
14 Units shall be maintained for single occupancy except in  
15 cases in which 2 residents choose to share a unit.  
16 Sufficient common space shall exist to permit individual  
17 and group activities.

18 "Assisted living establishment" or "establishment" does  
19 not mean any of the following:

20 (1) A home, institution, or similar place operated by  
21 the federal government or the State of Illinois.

22 (2) A long term care facility licensed under the  
23 Nursing Home Care Act, a facility licensed under the  
24 Specialized Mental Health Rehabilitation Act of 2013, a  
25 facility licensed under the ID/DD Community Care Act, or a  
26 facility licensed under the MC/DD Act. However, a facility



1 licensed under any of those Acts may convert distinct parts  
2 of the facility to assisted living. If the facility elects  
3 to do so, the facility shall retain the Certificate of Need  
4 for its nursing and sheltered care beds that were  
5 converted.

6 (3) A hospital, sanitarium, or other institution, the  
7 principal activity or business of which is the diagnosis,  
8 care, and treatment of human illness and that is required  
9 to be licensed under the Hospital Licensing Act.

10 (4) A facility for child care as defined in the Child  
11 Care Act of 1969.

12 (5) A community living facility as defined in the  
13 Community Living Facilities Licensing Act.

14 (6) A nursing home or sanitarium operated solely by and  
15 for persons who rely exclusively upon treatment by  
16 spiritual means through prayer in accordance with the creed  
17 or tenants of a well-recognized church or religious  
18 denomination.

19 (7) A facility licensed by the Department of Human  
20 Services as a community-integrated living arrangement as  
21 defined in the Community-Integrated Living Arrangements  
22 Licensure and Certification Act.

23 (8) A supportive residence licensed under the  
24 Supportive Residences Licensing Act.

25 (9) The portion of a life care facility as defined in  
26 the Life Care Facilities Act not licensed as an assisted

1 living establishment under this Act; a life care facility  
2 may apply under this Act to convert sections of the  
3 community to assisted living.

4 (10) A free-standing hospice facility licensed under  
5 the Hospice Program Licensing Act.

6 (11) A shared housing establishment.

7 (12) A supportive living facility as described in  
8 Section 5-5.01a of the Illinois Public Aid Code.

9 "Department" means the Department of Public Health.

10 "Director" means the Director of Public Health.

11 "Emergency situation" means imminent danger of death or  
12 serious physical harm to a resident of an establishment.

13 "License" means any of the following types of licenses  
14 issued to an applicant or licensee by the Department:

15 (1) "Probationary license" means a license issued to an  
16 applicant or licensee that has not held a license under  
17 this Act prior to its application or pursuant to a license  
18 transfer in accordance with Section 50 of this Act.

19 (2) "Regular license" means a license issued by the  
20 Department to an applicant or licensee that is in  
21 substantial compliance with this Act and any rules  
22 promulgated under this Act.

23 "Licensee" means a person, agency, association,  
24 corporation, partnership, or organization that has been issued  
25 a license to operate an assisted living or shared housing  
26 establishment.

1 "Licensed health care professional" means a registered  
2 professional nurse, an advanced practice registered nurse, a  
3 physician assistant, and a licensed practical nurse.

4 "Mandatory services" include the following:

5 (1) 3 meals per day available to the residents prepared  
6 by the establishment or an outside contractor;

7 (2) housekeeping services including, but not limited  
8 to, vacuuming, dusting, and cleaning the resident's unit;

9 (3) personal laundry and linen services available to  
10 the residents provided or arranged for by the  
11 establishment;

12 (4) security provided 24 hours each day including, but  
13 not limited to, locked entrances or building or contract  
14 security personnel;

15 (5) an emergency communication response system, which  
16 is a procedure in place 24 hours each day by which a  
17 resident can notify building management, an emergency  
18 response vendor, or others able to respond to his or her  
19 need for assistance; and

20 (6) assistance with activities of daily living as  
21 required by each resident.

22 "Negotiated risk" is the process by which a resident, or  
23 his or her representative, may formally negotiate with  
24 providers what risks each are willing and unwilling to assume  
25 in service provision and the resident's living environment. The  
26 provider assures that the resident and the resident's

1 representative, if any, are informed of the risks of these  
2 decisions and of the potential consequences of assuming these  
3 risks.

4 "Owner" means the individual, partnership, corporation,  
5 association, or other person who owns an assisted living or  
6 shared housing establishment. In the event an assisted living  
7 or shared housing establishment is operated by a person who  
8 leases or manages the physical plant, which is owned by another  
9 person, "owner" means the person who operates the assisted  
10 living or shared housing establishment, except that if the  
11 person who owns the physical plant is an affiliate of the  
12 person who operates the assisted living or shared housing  
13 establishment and has significant control over the day to day  
14 operations of the assisted living or shared housing  
15 establishment, the person who owns the physical plant shall  
16 incur jointly and severally with the owner all liabilities  
17 imposed on an owner under this Act.

18 "Physician" means a person licensed under the Medical  
19 Practice Act of 1987 to practice medicine in all of its  
20 branches.

21 "Resident" means a person residing in an assisted living or  
22 shared housing establishment.

23 "Resident's representative" means a person, other than the  
24 owner, agent, or employee of an establishment or of the health  
25 care provider unless related to the resident, designated in  
26 writing by a resident to be his or her representative. This

1 designation may be accomplished through the Illinois Power of  
2 Attorney Act, pursuant to the guardianship process under the  
3 Probate Act of 1975, or pursuant to an executed designation of  
4 representative form specified by the Department.

5 "Self" means the individual or the individual's designated  
6 representative.

7 "Shared housing establishment" or "establishment" means a  
8 publicly or privately operated free-standing residence for 16  
9 or fewer persons, at least 80% of whom are 55 years of age or  
10 older and who are unrelated to the owners and one manager of  
11 the residence, where the following are provided:

12 (1) services consistent with a social model that is  
13 based on the premise that the resident's unit is his or her  
14 own home;

15 (2) community-based residential care for persons who  
16 need assistance with activities of daily living, including  
17 housing and personal, supportive, and intermittent  
18 health-related services available 24 hours per day, if  
19 needed, to meet the scheduled and unscheduled needs of a  
20 resident; and

21 (3) mandatory services, whether provided directly by  
22 the establishment or by another entity arranged for by the  
23 establishment, with the consent of the resident or the  
24 resident's representative.

25 "Shared housing establishment" or "establishment" does not  
26 mean any of the following:

1           (1) A home, institution, or similar place operated by  
2 the federal government or the State of Illinois.

3           (2) A long term care facility licensed under the  
4 Nursing Home Care Act, a facility licensed under the  
5 Specialized Mental Health Rehabilitation Act of 2013, a  
6 facility licensed under the ID/DD Community Care Act, or a  
7 facility licensed under the MC/DD Act. A facility licensed  
8 under any of those Acts may, however, convert sections of  
9 the facility to assisted living. If the facility elects to  
10 do so, the facility shall retain the Certificate of Need  
11 for its nursing beds that were converted.

12           (3) A hospital, sanitarium, or other institution, the  
13 principal activity or business of which is the diagnosis,  
14 care, and treatment of human illness and that is required  
15 to be licensed under the Hospital Licensing Act.

16           (4) A facility for child care as defined in the Child  
17 Care Act of 1969.

18           (5) A community living facility as defined in the  
19 Community Living Facilities Licensing Act.

20           (6) A nursing home or sanitarium operated solely by and  
21 for persons who rely exclusively upon treatment by  
22 spiritual means through prayer in accordance with the creed  
23 or tenants of a well-recognized church or religious  
24 denomination.

25           (7) A facility licensed by the Department of Human  
26 Services as a community-integrated living arrangement as

1 defined in the Community-Integrated Living Arrangements  
2 Licensure and Certification Act.

3 (8) A supportive residence licensed under the  
4 Supportive Residences Licensing Act.

5 (9) A life care facility as defined in the Life Care  
6 Facilities Act; a life care facility may apply under this  
7 Act to convert sections of the community to assisted  
8 living.

9 (10) A free-standing hospice facility licensed under  
10 the Hospice Program Licensing Act.

11 (11) An assisted living establishment.

12 (12) A supportive living facility as described in  
13 Section 5-5.01a of the Illinois Public Aid Code.

14 "Total assistance" means that staff or another individual  
15 performs the entire activity of daily living without  
16 participation by the resident.

17 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)

18 Section 110. The Illinois Clinical Laboratory and Blood  
19 Bank Act is amended by changing Section 7-101 as follows:

20 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

21 Sec. 7-101. Examination of specimens. A clinical  
22 laboratory shall examine specimens only at the request of (i) a  
23 licensed physician, (ii) a licensed dentist, (iii) a licensed  
24 podiatric physician, (iv) a licensed optometrist, (v) a

1 licensed physician assistant, (v-A) a licensed advanced  
2 practice registered nurse, (vi) an authorized law enforcement  
3 agency or, in the case of blood alcohol, at the request of the  
4 individual for whom the test is to be performed in compliance  
5 with Sections 11-501 and 11-501.1 of the Illinois Vehicle Code,  
6 or (vii) a genetic counselor with the specific authority from a  
7 referral to order a test or tests pursuant to subsection (b) of  
8 Section 20 of the Genetic Counselor Licensing Act. If the  
9 request to a laboratory is oral, the physician or other  
10 authorized person shall submit a written request to the  
11 laboratory within 48 hours. If the laboratory does not receive  
12 the written request within that period, it shall note that fact  
13 in its records. For purposes of this Section, a request made by  
14 electronic mail or fax constitutes a written request.

15 (Source: P.A. 98-185, eff. 1-1-14; 98-214, eff. 8-9-13; 98-756,  
16 eff. 7-16-14; 98-767, eff. 1-1-15; 99-173, eff. 7-29-15.)

17 Section 115. The Nursing Home Care Act is amended by  
18 changing Section 3-206.05 as follows:

19 (210 ILCS 45/3-206.05)

20 Sec. 3-206.05. Safe resident handling policy.

21 (a) In this Section:

22 "Health care worker" means an individual providing direct  
23 resident care services who may be required to lift, transfer,  
24 reposition, or move a resident.



1 "Nurse" means an advanced practice registered nurse, a  
2 registered nurse, or a licensed practical nurse licensed under  
3 the Nurse Practice Act.

4 "Safe lifting equipment and accessories" means mechanical  
5 equipment designed to lift, move, reposition, and transfer  
6 residents, including, but not limited to, fixed and portable  
7 ceiling lifts, sit-to-stand lifts, slide sheets and boards,  
8 slings, and repositioning and turning sheets.

9 "Safe lifting team" means at least 2 individuals who are  
10 trained and proficient in the use of both safe lifting  
11 techniques and safe lifting equipment and accessories.

12 "Adjustable equipment" means products and devices that may  
13 be adapted for use by individuals with physical and other  
14 disabilities in order to optimize accessibility. Adjustable  
15 equipment includes, but is not limited to, the following:

16 (1) Wheelchairs with adjustable footrest height and  
17 seat width and depth.

18 (2) Height-adjustable, drop-arm commode chairs and  
19 height-adjustable shower gurneys or shower benches to  
20 enable individuals with mobility disabilities to use a  
21 toilet and to shower safely and with increased comfort.

22 (3) Accessible weight scales that accommodate  
23 wheelchair users.

24 (4) Height-adjustable beds that can be lowered to  
25 accommodate individuals with mobility disabilities in  
26 getting in and out of bed and that utilize drop-down side

1 railings for stability and positioning support.

2 (5) Universally designed or adaptable call buttons and  
3 motorized bed position and height controls that can be  
4 operated by persons with limited or no reach range, fine  
5 motor ability, or vision.

6 (6) Height-adjustable platform tables for physical  
7 therapy with drop-down side railings for stability and  
8 positioning support.

9 (7) Therapeutic rehabilitation and exercise machines  
10 with foot straps to secure the user's feet to the pedals  
11 and with cuffs or splints to augment the user's grip  
12 strength on handles.

13 (b) A facility must adopt and ensure implementation of a  
14 policy to identify, assess, and develop strategies to control  
15 risk of injury to residents and nurses and other health care  
16 workers associated with the lifting, transferring,  
17 repositioning, or movement of a resident. The policy shall  
18 establish a process that, at a minimum, includes all of the  
19 following:

20 (1) Analysis of the risk of injury to residents and  
21 nurses and other health care workers taking into account  
22 the resident handling needs of the resident populations  
23 served by the facility and the physical environment in  
24 which the resident handling and movement occurs.

25 (2) Education and training of nurses and other direct  
26 resident care providers in the identification, assessment,

1 and control of risks of injury to residents and nurses and  
2 other health care workers during resident handling and on  
3 safe lifting policies and techniques and current lifting  
4 equipment.

5 (3) Evaluation of alternative ways to reduce risks  
6 associated with resident handling, including evaluation of  
7 equipment and the environment.

8 (4) Restriction, to the extent feasible with existing  
9 equipment and aids, of manual resident handling or movement  
10 of all or most of a resident's weight except for emergency,  
11 life-threatening, or otherwise exceptional circumstances.

12 (5) Procedures for a nurse to refuse to perform or be  
13 involved in resident handling or movement that the nurse in  
14 good faith believes will expose a resident or nurse or  
15 other health care worker to an unacceptable risk of injury.

16 (6) Development of strategies to control risk of injury  
17 to residents and nurses and other health care workers  
18 associated with the lifting, transferring, repositioning,  
19 or movement of a resident.

20 (7) In developing architectural plans for construction  
21 or remodeling of a facility or unit of a facility in which  
22 resident handling and movement occurs, consideration of  
23 the feasibility of incorporating resident handling  
24 equipment or the physical space and construction design  
25 needed to incorporate that equipment.

26 (8) Fostering and maintaining resident safety,

1 dignity, self-determination, and choice, including the  
2 following policies, strategies, and procedures:

3 (A) The existence and availability of a trained  
4 safe lifting team.

5 (B) A policy of advising residents of a range of  
6 transfer and lift options, including adjustable  
7 diagnostic and treatment equipment, mechanical lifts,  
8 and provision of a trained safe lifting team.

9 (C) The right of a competent resident, or the  
10 guardian of a resident adjudicated incompetent, to  
11 choose among the range of transfer and lift options  
12 consistent with the procedures set forth under  
13 subdivision (b)(5) and the policies set forth under  
14 this paragraph (8), subject to the provisions of  
15 subparagraph (E) of this paragraph (8).

16 (D) Procedures for documenting, upon admission and  
17 as status changes, a mobility assessment and plan for  
18 lifting, transferring, repositioning, or movement of a  
19 resident, including the choice of the resident or the  
20 resident's guardian among the range of transfer and  
21 lift options.

22 (E) Incorporation of such safe lifting procedures,  
23 techniques, and equipment as are consistent with  
24 applicable federal law.

25 (c) Safe lifting teams must receive specialized, in-depth  
26 training that includes, but need not be limited to, the

1 following:

2 (1) Types and operation of equipment.

3 (2) Safe manual lifting and moving techniques.

4 (3) Ergonomic principles in the assessment of risk both  
5 to nurses and other workers and to residents.

6 (4) The selection, safe use, location, and condition of  
7 appropriate pieces of equipment individualized to each  
8 resident's medical and physical conditions and  
9 preferences.

10 (5) Procedures for advising residents of the full range  
11 of transfer and lift options and for documenting  
12 individualized lifting plans that include resident choice.

13 Specialized, in-depth training may rely on federal  
14 standards and guidelines such as the United States Department  
15 of Labor Guidelines for Nursing Homes, supplemented by federal  
16 requirements for barrier removal, independent access, and  
17 means of accommodation optimizing independent movement and  
18 transfer.

19 (Source: P.A. 96-389, eff. 1-1-10; 97-866, eff. 1-1-13.)

20 Section 120. The Emergency Medical Services (EMS) Systems  
21 Act is amended by changing Sections 3.10 and 3.117 as follows:

22 (210 ILCS 50/3.10)

23 Sec. 3.10. Scope of Services.

24 (a) "Advanced Life Support (ALS) Services" means an

1 advanced level of pre-hospital and inter-hospital emergency  
2 care and non-emergency medical services that includes basic  
3 life support care, cardiac monitoring, cardiac defibrillation,  
4 electrocardiography, intravenous therapy, administration of  
5 medications, drugs and solutions, use of adjunctive medical  
6 devices, trauma care, and other authorized techniques and  
7 procedures, as outlined in the provisions of the National EMS  
8 Education Standards relating to Advanced Life Support and any  
9 modifications to that curriculum specified in rules adopted by  
10 the Department pursuant to this Act.

11 That care shall be initiated as authorized by the EMS  
12 Medical Director in a Department approved advanced life support  
13 EMS System, under the written or verbal direction of a  
14 physician licensed to practice medicine in all of its branches  
15 or under the verbal direction of an Emergency Communications  
16 Registered Nurse.

17 (b) "Intermediate Life Support (ILS) Services" means an  
18 intermediate level of pre-hospital and inter-hospital  
19 emergency care and non-emergency medical services that  
20 includes basic life support care plus intravenous cannulation  
21 and fluid therapy, invasive airway management, trauma care, and  
22 other authorized techniques and procedures, as outlined in the  
23 Intermediate Life Support national curriculum of the United  
24 States Department of Transportation and any modifications to  
25 that curriculum specified in rules adopted by the Department  
26 pursuant to this Act.

1           That care shall be initiated as authorized by the EMS  
2 Medical Director in a Department approved intermediate or  
3 advanced life support EMS System, under the written or verbal  
4 direction of a physician licensed to practice medicine in all  
5 of its branches or under the verbal direction of an Emergency  
6 Communications Registered Nurse.

7           (c) "Basic Life Support (BLS) Services" means a basic level  
8 of pre-hospital and inter-hospital emergency care and  
9 non-emergency medical services that includes medical  
10 monitoring, clinical observation, airway management,  
11 cardiopulmonary resuscitation (CPR), control of shock and  
12 bleeding and splinting of fractures, as outlined in the  
13 provisions of the National EMS Education Standards relating to  
14 Basic Life Support and any modifications to that curriculum  
15 specified in rules adopted by the Department pursuant to this  
16 Act.

17           That care shall be initiated, where authorized by the EMS  
18 Medical Director in a Department approved EMS System, under the  
19 written or verbal direction of a physician licensed to practice  
20 medicine in all of its branches or under the verbal direction  
21 of an Emergency Communications Registered Nurse.

22           (d) "Emergency Medical Responder Services" means a  
23 preliminary level of pre-hospital emergency care that includes  
24 cardiopulmonary resuscitation (CPR), monitoring vital signs  
25 and control of bleeding, as outlined in the Emergency Medical  
26 Responder (EMR) curriculum of the National EMS Education

1 Standards and any modifications to that curriculum specified in  
2 rules adopted by the Department pursuant to this Act.

3 (e) "Pre-hospital care" means those medical services  
4 rendered to patients for analytic, resuscitative, stabilizing,  
5 or preventive purposes, precedent to and during transportation  
6 of such patients to health care facilities.

7 (f) "Inter-hospital care" means those medical services  
8 rendered to patients for analytic, resuscitative, stabilizing,  
9 or preventive purposes, during transportation of such patients  
10 from one hospital to another hospital.

11 (f-5) "Critical care transport" means the pre-hospital or  
12 inter-hospital transportation of a critically injured or ill  
13 patient by a vehicle service provider, including the provision  
14 of medically necessary supplies and services, at a level of  
15 service beyond the scope of the Paramedic. When medically  
16 indicated for a patient, as determined by a physician licensed  
17 to practice medicine in all of its branches, an advanced  
18 practice registered nurse, or a physician's assistant, in  
19 compliance with subsections (b) and (c) of Section 3.155 of  
20 this Act, critical care transport may be provided by:

21 (1) Department-approved critical care transport  
22 providers, not owned or operated by a hospital, utilizing  
23 Paramedics with additional training, nurses, or other  
24 qualified health professionals; or

25 (2) Hospitals, when utilizing any vehicle service  
26 provider or any hospital-owned or operated vehicle service



1 provider. Nothing in Public Act 96-1469 requires a hospital  
2 to use, or to be, a Department-approved critical care  
3 transport provider when transporting patients, including  
4 those critically injured or ill. Nothing in this Act shall  
5 restrict or prohibit a hospital from providing, or  
6 arranging for, the medically appropriate transport of any  
7 patient, as determined by a physician licensed to practice  
8 in all of its branches, an advanced practice registered  
9 nurse, or a physician's assistant.

10 (g) "Non-emergency medical services" means medical care,  
11 clinical observation, or medical monitoring rendered to  
12 patients whose conditions do not meet this Act's definition of  
13 emergency, before or during transportation of such patients to  
14 or from health care facilities visited for the purpose of  
15 obtaining medical or health care services which are not  
16 emergency in nature, using a vehicle regulated by this Act.

17 (g-5) The Department shall have the authority to promulgate  
18 minimum standards for critical care transport providers  
19 through rules adopted pursuant to this Act. All critical care  
20 transport providers must function within a Department-approved  
21 EMS System. Nothing in Department rules shall restrict a  
22 hospital's ability to furnish personnel, equipment, and  
23 medical supplies to any vehicle service provider, including a  
24 critical care transport provider. Minimum critical care  
25 transport provider standards shall include, but are not limited  
26 to:

- 1 (1) Personnel staffing and licensure.
- 2 (2) Education, certification, and experience.
- 3 (3) Medical equipment and supplies.
- 4 (4) Vehicular standards.
- 5 (5) Treatment and transport protocols.
- 6 (6) Quality assurance and data collection.

7 (h) The provisions of this Act shall not apply to the use  
8 of an ambulance or SEMSV, unless and until emergency or  
9 non-emergency medical services are needed during the use of the  
10 ambulance or SEMSV.

11 (Source: P.A. 98-973, eff. 8-15-14; 99-661, eff. 1-1-17.)

12 (210 ILCS 50/3.117)

13 Sec. 3.117. Hospital Designations.

14 (a) The Department shall attempt to designate Primary  
15 Stroke Centers in all areas of the State.

16 (1) The Department shall designate as many certified  
17 Primary Stroke Centers as apply for that designation  
18 provided they are certified by a nationally-recognized  
19 certifying body, approved by the Department, and  
20 certification criteria are consistent with the most  
21 current nationally-recognized, evidence-based stroke  
22 guidelines related to reducing the occurrence,  
23 disabilities, and death associated with stroke.

24 (2) A hospital certified as a Primary Stroke Center by  
25 a nationally-recognized certifying body approved by the

1 Department, shall send a copy of the Certificate and annual  
2 fee to the Department and shall be deemed, within 30  
3 business days of its receipt by the Department, to be a  
4 State-designated Primary Stroke Center.

5 (3) A center designated as a Primary Stroke Center  
6 shall pay an annual fee as determined by the Department  
7 that shall be no less than \$100 and no greater than \$500.  
8 All fees shall be deposited into the Stroke Data Collection  
9 Fund.

10 (3.5) With respect to a hospital that is a designated  
11 Primary Stroke Center, the Department shall have the  
12 authority and responsibility to do the following:

13 (A) Suspend or revoke a hospital's Primary Stroke  
14 Center designation upon receiving notice that the  
15 hospital's Primary Stroke Center certification has  
16 lapsed or has been revoked by the State recognized  
17 certifying body.

18 (B) Suspend a hospital's Primary Stroke Center  
19 designation, in extreme circumstances where patients  
20 may be at risk for immediate harm or death, until such  
21 time as the certifying body investigates and makes a  
22 final determination regarding certification.

23 (C) Restore any previously suspended or revoked  
24 Department designation upon notice to the Department  
25 that the certifying body has confirmed or restored the  
26 Primary Stroke Center certification of that previously

1 designated hospital.

2 (D) Suspend a hospital's Primary Stroke Center  
3 designation at the request of a hospital seeking to  
4 suspend its own Department designation.

5 (4) Primary Stroke Center designation shall remain  
6 valid at all times while the hospital maintains its  
7 certification as a Primary Stroke Center, in good standing,  
8 with the certifying body. The duration of a Primary Stroke  
9 Center designation shall coincide with the duration of its  
10 Primary Stroke Center certification. Each designated  
11 Primary Stroke Center shall have its designation  
12 automatically renewed upon the Department's receipt of a  
13 copy of the accrediting body's certification renewal.

14 (5) A hospital that no longer meets  
15 nationally-recognized, evidence-based standards for  
16 Primary Stroke Centers, or loses its Primary Stroke Center  
17 certification, shall notify the Department and the  
18 Regional EMS Advisory Committee within 5 business days.

19 (a-5) The Department shall attempt to designate  
20 Comprehensive Stroke Centers in all areas of the State.

21 (1) The Department shall designate as many certified  
22 Comprehensive Stroke Centers as apply for that  
23 designation, provided that the Comprehensive Stroke  
24 Centers are certified by a nationally-recognized  
25 certifying body approved by the Department, and provided  
26 that the certifying body's certification criteria are

1 consistent with the most current nationally-recognized and  
2 evidence-based stroke guidelines for reducing the  
3 occurrence of stroke and the disabilities and death  
4 associated with stroke.

5 (2) A hospital certified as a Comprehensive Stroke  
6 Center shall send a copy of the Certificate and annual fee  
7 to the Department and shall be deemed, within 30 business  
8 days of its receipt by the Department, to be a  
9 State-designated Comprehensive Stroke Center.

10 (3) A hospital designated as a Comprehensive Stroke  
11 Center shall pay an annual fee as determined by the  
12 Department that shall be no less than \$100 and no greater  
13 than \$500. All fees shall be deposited into the Stroke Data  
14 Collection Fund.

15 (4) With respect to a hospital that is a designated  
16 Comprehensive Stroke Center, the Department shall have the  
17 authority and responsibility to do the following:

18 (A) Suspend or revoke the hospital's Comprehensive  
19 Stroke Center designation upon receiving notice that  
20 the hospital's Comprehensive Stroke Center  
21 certification has lapsed or has been revoked by the  
22 State recognized certifying body.

23 (B) Suspend the hospital's Comprehensive Stroke  
24 Center designation, in extreme circumstances in which  
25 patients may be at risk for immediate harm or death,  
26 until such time as the certifying body investigates and

1 makes a final determination regarding certification.

2 (C) Restore any previously suspended or revoked  
3 Department designation upon notice to the Department  
4 that the certifying body has confirmed or restored the  
5 Comprehensive Stroke Center certification of that  
6 previously designated hospital.

7 (D) Suspend the hospital's Comprehensive Stroke  
8 Center designation at the request of a hospital seeking  
9 to suspend its own Department designation.

10 (5) Comprehensive Stroke Center designation shall  
11 remain valid at all times while the hospital maintains its  
12 certification as a Comprehensive Stroke Center, in good  
13 standing, with the certifying body. The duration of a  
14 Comprehensive Stroke Center designation shall coincide  
15 with the duration of its Comprehensive Stroke Center  
16 certification. Each designated Comprehensive Stroke Center  
17 shall have its designation automatically renewed upon the  
18 Department's receipt of a copy of the certifying body's  
19 certification renewal.

20 (6) A hospital that no longer meets  
21 nationally-recognized, evidence-based standards for  
22 Comprehensive Stroke Centers, or loses its Comprehensive  
23 Stroke Center certification, shall notify the Department  
24 and the Regional EMS Advisory Committee within 5 business  
25 days.

26 (b) Beginning on the first day of the month that begins 12

1 months after the adoption of rules authorized by this  
2 subsection, the Department shall attempt to designate  
3 hospitals as Acute Stroke-Ready Hospitals in all areas of the  
4 State. Designation may be approved by the Department after a  
5 hospital has been certified as an Acute Stroke-Ready Hospital  
6 or through application and designation by the Department. For  
7 any hospital that is designated as an Emergent Stroke Ready  
8 Hospital at the time that the Department begins the designation  
9 of Acute Stroke-Ready Hospitals, the Emergent Stroke Ready  
10 designation shall remain intact for the duration of the  
11 12-month period until that designation expires. Until the  
12 Department begins the designation of hospitals as Acute  
13 Stroke-Ready Hospitals, hospitals may achieve Emergent Stroke  
14 Ready Hospital designation utilizing the processes and  
15 criteria provided in Public Act 96-514.

16 (1) (Blank).

17 (2) Hospitals may apply for, and receive, Acute  
18 Stroke-Ready Hospital designation from the Department,  
19 provided that the hospital attests, on a form developed by  
20 the Department in consultation with the State Stroke  
21 Advisory Subcommittee, that it meets, and will continue to  
22 meet, the criteria for Acute Stroke-Ready Hospital  
23 designation and pays an annual fee.

24 A hospital designated as an Acute Stroke-Ready  
25 Hospital shall pay an annual fee as determined by the  
26 Department that shall be no less than \$100 and no greater

1           than \$500. All fees shall be deposited into the Stroke Data  
2           Collection Fund.

3           (2.5) A hospital may apply for, and receive, Acute  
4           Stroke-Ready Hospital designation from the Department,  
5           provided that the hospital provides proof of current Acute  
6           Stroke-Ready Hospital certification and the hospital pays  
7           an annual fee.

8           (A) Acute Stroke-Ready Hospital designation shall  
9           remain valid at all times while the hospital maintains  
10          its certification as an Acute Stroke-Ready Hospital,  
11          in good standing, with the certifying body.

12          (B) The duration of an Acute Stroke-Ready Hospital  
13          designation shall coincide with the duration of its  
14          Acute Stroke-Ready Hospital certification.

15          (C) Each designated Acute Stroke-Ready Hospital  
16          shall have its designation automatically renewed upon  
17          the Department's receipt of a copy of the certifying  
18          body's certification renewal and Application for  
19          Stroke Center Designation form.

20          (D) A hospital must submit a copy of its  
21          certification renewal from the certifying body as soon  
22          as practical but no later than 30 business days after  
23          that certification is received by the hospital. Upon  
24          the Department's receipt of the renewal certification,  
25          the Department shall renew the hospital's Acute  
26          Stroke-Ready Hospital designation.



1 (E) A hospital designated as an Acute Stroke-Ready  
2 Hospital shall pay an annual fee as determined by the  
3 Department that shall be no less than \$100 and no  
4 greater than \$500. All fees shall be deposited into the  
5 Stroke Data Collection Fund.

6 (3) Hospitals seeking Acute Stroke-Ready Hospital  
7 designation that do not have certification shall develop  
8 policies and procedures that are consistent with  
9 nationally-recognized, evidence-based protocols for the  
10 provision of emergent stroke care. Hospital policies  
11 relating to emergent stroke care and stroke patient  
12 outcomes shall be reviewed at least annually, or more often  
13 as needed, by a hospital committee that oversees quality  
14 improvement. Adjustments shall be made as necessary to  
15 advance the quality of stroke care delivered. Criteria for  
16 Acute Stroke-Ready Hospital designation of hospitals shall  
17 be limited to the ability of a hospital to:

18 (A) create written acute care protocols related to  
19 emergent stroke care;

20 (A-5) participate in the data collection system  
21 provided in Section 3.118, if available;

22 (B) maintain a written transfer agreement with one  
23 or more hospitals that have neurosurgical expertise;

24 (C) designate a Clinical Director of Stroke Care  
25 who shall be a clinical member of the hospital staff  
26 with training or experience, as defined by the

1 facility, in the care of patients with cerebrovascular  
2 disease. This training or experience may include, but  
3 is not limited to, completion of a fellowship or other  
4 specialized training in the area of cerebrovascular  
5 disease, attendance at national courses, or prior  
6 experience in neuroscience intensive care units. The  
7 Clinical Director of Stroke Care may be a neurologist,  
8 neurosurgeon, emergency medicine physician, internist,  
9 radiologist, advanced practice registered nurse, or  
10 physician's assistant;

11 (C-5) provide rapid access to an acute stroke team,  
12 as defined by the facility, that considers and reflects  
13 nationally-recognized, evidenced-based protocols or  
14 guidelines;

15 (D) administer thrombolytic therapy, or  
16 subsequently developed medical therapies that meet  
17 nationally-recognized, evidence-based stroke  
18 guidelines;

19 (E) conduct brain image tests at all times;

20 (F) conduct blood coagulation studies at all  
21 times;

22 (G) maintain a log of stroke patients, which shall  
23 be available for review upon request by the Department  
24 or any hospital that has a written transfer agreement  
25 with the Acute Stroke-Ready Hospital;

26 (H) admit stroke patients to a unit that can

1 provide appropriate care that considers and reflects  
2 nationally-recognized, evidence-based protocols or  
3 guidelines or transfer stroke patients to an Acute  
4 Stroke-Ready Hospital, Primary Stroke Center, or  
5 Comprehensive Stroke Center, or another facility that  
6 can provide the appropriate care that considers and  
7 reflects nationally-recognized, evidence-based  
8 protocols or guidelines; and

9 (I) demonstrate compliance with  
10 nationally-recognized quality indicators.

11 (4) With respect to Acute Stroke-Ready Hospital  
12 designation, the Department shall have the authority and  
13 responsibility to do the following:

14 (A) Require hospitals applying for Acute  
15 Stroke-Ready Hospital designation to attest, on a form  
16 developed by the Department in consultation with the  
17 State Stroke Advisory Subcommittee, that the hospital  
18 meets, and will continue to meet, the criteria for an  
19 Acute Stroke-Ready Hospital.

20 (A-5) Require hospitals applying for Acute  
21 Stroke-Ready Hospital designation via national Acute  
22 Stroke-Ready Hospital certification to provide proof  
23 of current Acute Stroke-Ready Hospital certification,  
24 in good standing.

25 The Department shall require a hospital that is  
26 already certified as an Acute Stroke-Ready Hospital to

1 send a copy of the Certificate to the Department.

2 Within 30 business days of the Department's  
3 receipt of a hospital's Acute Stroke-Ready Certificate  
4 and Application for Stroke Center Designation form  
5 that indicates that the hospital is a certified Acute  
6 Stroke-Ready Hospital, in good standing, the hospital  
7 shall be deemed a State-designated Acute Stroke-Ready  
8 Hospital. The Department shall send a designation  
9 notice to each hospital that it designates as an Acute  
10 Stroke-Ready Hospital and shall add the names of  
11 designated Acute Stroke-Ready Hospitals to the website  
12 listing immediately upon designation. The Department  
13 shall immediately remove the name of a hospital from  
14 the website listing when a hospital loses its  
15 designation after notice and, if requested by the  
16 hospital, a hearing.

17 The Department shall develop an Application for  
18 Stroke Center Designation form that contains a  
19 statement that "The above named facility meets the  
20 requirements for Acute Stroke-Ready Hospital  
21 Designation as provided in Section 3.117 of the  
22 Emergency Medical Services (EMS) Systems Act" and  
23 shall instruct the applicant facility to provide: the  
24 hospital name and address; the hospital CEO or  
25 Administrator's typed name and signature; the hospital  
26 Clinical Director of Stroke Care's typed name and

1 signature; and a contact person's typed name, email  
2 address, and phone number.

3 The Application for Stroke Center Designation form  
4 shall contain a statement that instructs the hospital  
5 to "Provide proof of current Acute Stroke-Ready  
6 Hospital certification from a nationally-recognized  
7 certifying body approved by the Department".

8 (B) Designate a hospital as an Acute Stroke-Ready  
9 Hospital no more than 30 business days after receipt of  
10 an attestation that meets the requirements for  
11 attestation, unless the Department, within 30 days of  
12 receipt of the attestation, chooses to conduct an  
13 onsite survey prior to designation. If the Department  
14 chooses to conduct an onsite survey prior to  
15 designation, then the onsite survey shall be conducted  
16 within 90 days of receipt of the attestation.

17 (C) Require annual written attestation, on a form  
18 developed by the Department in consultation with the  
19 State Stroke Advisory Subcommittee, by Acute  
20 Stroke-Ready Hospitals to indicate compliance with  
21 Acute Stroke-Ready Hospital criteria, as described in  
22 this Section, and automatically renew Acute  
23 Stroke-Ready Hospital designation of the hospital.

24 (D) Issue an Emergency Suspension of Acute  
25 Stroke-Ready Hospital designation when the Director,  
26 or his or her designee, has determined that the

1 hospital no longer meets the Acute Stroke-Ready  
2 Hospital criteria and an immediate and serious danger  
3 to the public health, safety, and welfare exists. If  
4 the Acute Stroke-Ready Hospital fails to eliminate the  
5 violation immediately or within a fixed period of time,  
6 not exceeding 10 days, as determined by the Director,  
7 the Director may immediately revoke the Acute  
8 Stroke-Ready Hospital designation. The Acute  
9 Stroke-Ready Hospital may appeal the revocation within  
10 15 business days after receiving the Director's  
11 revocation order, by requesting an administrative  
12 hearing.

13 (E) After notice and an opportunity for an  
14 administrative hearing, suspend, revoke, or refuse to  
15 renew an Acute Stroke-Ready Hospital designation, when  
16 the Department finds the hospital is not in substantial  
17 compliance with current Acute Stroke-Ready Hospital  
18 criteria.

19 (c) The Department shall consult with the State Stroke  
20 Advisory Subcommittee for developing the designation,  
21 re-designation, and de-designation processes for Comprehensive  
22 Stroke Centers, Primary Stroke Centers, and Acute Stroke-Ready  
23 Hospitals.

24 (d) The Department shall consult with the State Stroke  
25 Advisory Subcommittee as subject matter experts at least  
26 annually regarding stroke standards of care.

1 (Source: P.A. 98-756, eff. 7-16-14; 98-1001, eff. 1-1-15.)

2 Section 125. The Home Health, Home Services, and Home  
3 Nursing Agency Licensing Act is amended by changing Sections  
4 2.05 and 2.11 as follows:

5 (210 ILCS 55/2.05) (from Ch. 111 1/2, par. 2802.05)

6 Sec. 2.05. "Home health services" means services provided  
7 to a person at his residence according to a plan of treatment  
8 for illness or infirmity prescribed by a physician licensed to  
9 practice medicine in all its branches, a licensed physician  
10 assistant, or a licensed advanced practice registered nurse.  
11 Such services include part time and intermittent nursing  
12 services and other therapeutic services such as physical  
13 therapy, occupational therapy, speech therapy, medical social  
14 services, or services provided by a home health aide.

15 (Source: P.A. 98-261, eff. 8-9-13; 99-173, eff. 7-29-15.)

16 (210 ILCS 55/2.11)

17 Sec. 2.11. "Home nursing agency" means an agency that  
18 provides services directly, or acts as a placement agency, in  
19 order to deliver skilled nursing and home health aide services  
20 to persons in their personal residences. A home nursing agency  
21 provides services that would require a licensed nurse to  
22 perform. Home health aide services are provided under the  
23 direction of a registered professional nurse or advanced

1 practice registered ~~Advanced Practice~~ nurse. A home nursing  
2 agency does not require licensure as a home health agency under  
3 this Act. "Home nursing agency" does not include an  
4 individually licensed nurse acting as a private contractor or a  
5 person that provides or procures temporary employment in health  
6 care facilities, as defined in the Nurse Agency Licensing Act.  
7 (Source: P.A. 94-379, eff. 1-1-06; 95-951, eff. 8-29-08.)

8 Section 130. The End Stage Renal Disease Facility Act is  
9 amended by changing Section 25 as follows:

10 (210 ILCS 62/25)

11 Sec. 25. Minimum staffing. An end stage renal disease  
12 facility shall be under the medical direction of a physician  
13 experienced in renal disease treatment, as required for  
14 licensure under this Act. Additionally, at a minimum, every  
15 facility licensed under this Act shall ensure that whenever  
16 patients are undergoing dialysis all of the following are met:

17 (1) one currently licensed physician, registered  
18 nurse, physician assistant, advanced practice registered  
19 nurse, or licensed practical nurse experienced in  
20 rendering end stage renal disease care is physically  
21 present on the premises to oversee patient care; and

22 (2) adequate staff is present to meet the medical and  
23 non-medical needs of each patient, as provided by this Act  
24 and the rules adopted pursuant to this Act.



1 (Source: P.A. 92-794, eff. 7-1-03.)

2 Section 135. The Hospital Licensing Act is amended by  
3 changing Sections 6.14g, 6.23a, 6.25, 10, 10.7, 10.8, and 10.9  
4 as follows:

5 (210 ILCS 85/6.14g)

6 Sec. 6.14g. Reports to the Department; opioid overdoses.

7 (a) As used in this Section:

8 "Overdose" has the same meaning as provided in Section 414  
9 of the Illinois Controlled Substances Act.

10 "Health care professional" includes a physician licensed  
11 to practice medicine in all its branches, a physician  
12 assistant, or an advanced practice registered nurse licensed in  
13 the State.

14 (b) When treatment is provided in a hospital's emergency  
15 department, a health care professional who treats a drug  
16 overdose or hospital administrator or designee shall report the  
17 case to the Department of Public Health within 48 hours of  
18 providing treatment for the drug overdose or at such time the  
19 drug overdose is confirmed. The Department shall by rule create  
20 a form for this purpose which requires the following  
21 information, if known: (1) whether an opioid antagonist was  
22 administered; (2) the cause of the overdose; and (3) the  
23 demographic information of the person treated. The Department  
24 shall create the form with input from the statewide association

1 representing a majority of hospitals in Illinois. The person  
2 completing the form may not disclose the name, address, or any  
3 other personal information of the individual experiencing the  
4 overdose.

5 (c) The identity of the person and entity reporting under  
6 this subsection shall not be disclosed to the subject of the  
7 report. For the purposes of this subsection, the health care  
8 professional, hospital administrator, or designee making the  
9 report and his or her employer shall not be held criminally,  
10 civilly, or professionally liable for reporting under this  
11 subsection, except for willful or wanton misconduct.

12 (d) The Department shall provide a semiannual report to the  
13 General Assembly summarizing the reports received. The  
14 Department shall also provide on its website a monthly report  
15 of drug overdose figures. The figures shall be organized by the  
16 overdose location, the age of the victim, the cause of the  
17 overdose, and any other factors the Department deems  
18 appropriate.

19 (Source: P.A. 99-480, eff. 9-9-15.)

20 (210 ILCS 85/6.23a)

21 Sec. 6.23a. Sepsis screening protocols.

22 (a) Each hospital shall adopt, implement, and periodically  
23 update evidence-based protocols for the early recognition and  
24 treatment of patients with sepsis, severe sepsis, or septic  
25 shock (sepsis protocols) that are based on generally accepted

1 standards of care. Sepsis protocols must include components  
2 specific to the identification, care, and treatment of adults  
3 and of children, and must clearly identify where and when  
4 components will differ for adults and for children seeking  
5 treatment in the emergency department or as an inpatient. These  
6 protocols must also include the following components:

7 (1) a process for the screening and early recognition  
8 of patients with sepsis, severe sepsis, or septic shock;

9 (2) a process to identify and document individuals  
10 appropriate for treatment through sepsis protocols,  
11 including explicit criteria defining those patients who  
12 should be excluded from the protocols, such as patients  
13 with certain clinical conditions or who have elected  
14 palliative care;

15 (3) guidelines for hemodynamic support with explicit  
16 physiologic and treatment goals, methodology for invasive  
17 or non-invasive hemodynamic monitoring, and timeframe  
18 goals;

19 (4) for infants and children, guidelines for fluid  
20 resuscitation consistent with current, evidence-based  
21 guidelines for severe sepsis and septic shock with defined  
22 therapeutic goals for children;

23 (5) identification of the infectious source and  
24 delivery of early broad spectrum antibiotics with timely  
25 re-evaluation to adjust to narrow spectrum antibiotics  
26 targeted to identified infectious sources; and

1           (6) criteria for use, based on accepted evidence of  
2           vasoactive agents.

3           (b) Each hospital shall ensure that professional staff with  
4           direct patient care responsibilities and, as appropriate,  
5           staff with indirect patient care responsibilities, including,  
6           but not limited to, laboratory and pharmacy staff, are  
7           periodically trained to implement the sepsis protocols  
8           required under subsection (a). The hospital shall ensure  
9           updated training of staff if the hospital initiates substantive  
10          changes to the sepsis protocols.

11          (c) Each hospital shall be responsible for the collection  
12          and utilization of quality measures related to the recognition  
13          and treatment of severe sepsis for purposes of internal quality  
14          improvement.

15          (d) The evidence-based protocols adopted under this  
16          Section shall be provided to the Department upon the  
17          Department's request.

18          (e) Hospitals submitting sepsis data as required by the  
19          Centers for Medicare and Medicaid Services Hospital Inpatient  
20          Quality Reporting program as of fiscal year 2016 are presumed  
21          to meet the sepsis protocol requirements outlined in this  
22          Section.

23          (f) Subject to appropriation, the Department shall:

24                (1) recommend evidence-based sepsis definitions and  
25                metrics that incorporate evidence-based findings,  
26                including appropriate antibiotic stewardship, and that

1 align with the National Quality Forum, the Centers for  
2 Medicare and Medicaid Services, the Agency for Healthcare  
3 Research and Quality, and the Joint Commission;

4 (2) establish and use a methodology for collecting,  
5 analyzing, and disclosing the information collected under  
6 this Section, including collection methods, formatting,  
7 and methods and means for aggregate data release and  
8 dissemination;

9 (3) complete a digest of efforts and recommendations no  
10 later than 12 months after the effective date of this  
11 amendatory Act of the 99th General Assembly; the digest may  
12 include Illinois-specific data, trends, conditions, or  
13 other clinical factors; a summary shall be provided to the  
14 Governor and General Assembly and shall be publicly  
15 available on the Department's website; and

16 (4) consult and seek input and feedback prior to the  
17 proposal, publication, or issuance of any guidance,  
18 methodologies, metrics, rulemaking, or any other  
19 information authorized under this Section from statewide  
20 organizations representing hospitals, physicians, advanced  
21 practice registered nurses, pharmacists, and long-term  
22 care facilities. Public and private hospitals,  
23 epidemiologists, infection prevention professionals,  
24 health care informatics and health care data  
25 professionals, and academic researchers may be consulted.

26 If the Department receives an appropriation and carries out

1 the requirements of paragraphs (1), (2), (3), and (4), then the  
2 Department may adopt rules concerning the collection of data  
3 from hospitals regarding sepsis and requiring that each  
4 hospital shall be responsible for reporting to the Department.

5 Any publicly released hospital-specific information under  
6 this Section is subject to data provisions specified in Section  
7 25 of the Hospital Report Card Act.

8 (Source: P.A. 99-828, eff. 8-18-16.)

9 (210 ILCS 85/6.25)

10 Sec. 6.25. Safe patient handling policy.

11 (a) In this Section:

12 "Health care worker" means an individual providing direct  
13 patient care services who may be required to lift, transfer,  
14 reposition, or move a patient.

15 "Nurse" means an advanced practice registered nurse, a  
16 registered nurse, or a licensed practical nurse licensed under  
17 the Nurse Practice Act.

18 "Safe lifting equipment and accessories" means mechanical  
19 equipment designed to lift, move, reposition, and transfer  
20 patients, including, but not limited to, fixed and portable  
21 ceiling lifts, sit-to-stand lifts, slide sheets and boards,  
22 slings, and repositioning and turning sheets.

23 "Safe lifting team" means at least 2 individuals who are  
24 trained in the use of both safe lifting techniques and safe  
25 lifting equipment and accessories, including the

1 responsibility for knowing the location and condition of such  
2 equipment and accessories.

3 (b) A hospital must adopt and ensure implementation of a  
4 policy to identify, assess, and develop strategies to control  
5 risk of injury to patients and nurses and other health care  
6 workers associated with the lifting, transferring,  
7 repositioning, or movement of a patient. The policy shall  
8 establish a process that, at a minimum, includes all of the  
9 following:

10 (1) Analysis of the risk of injury to patients and  
11 nurses and other health care workers posted by the patient  
12 handling needs of the patient populations served by the  
13 hospital and the physical environment in which the patient  
14 handling and movement occurs.

15 (2) Education and training of nurses and other direct  
16 patient care providers in the identification, assessment,  
17 and control of risks of injury to patients and nurses and  
18 other health care workers during patient handling and on  
19 safe lifting policies and techniques and current lifting  
20 equipment.

21 (3) Evaluation of alternative ways to reduce risks  
22 associated with patient handling, including evaluation of  
23 equipment and the environment.

24 (4) Restriction, to the extent feasible with existing  
25 equipment and aids, of manual patient handling or movement  
26 of all or most of a patient's weight except for emergency,

1 life-threatening, or otherwise exceptional circumstances.

2 (5) Collaboration with and an annual report to the  
3 nurse staffing committee.

4 (6) Procedures for a nurse to refuse to perform or be  
5 involved in patient handling or movement that the nurse in  
6 good faith believes will expose a patient or nurse or other  
7 health care worker to an unacceptable risk of injury.

8 (7) Submission of an annual report to the hospital's  
9 governing body or quality assurance committee on  
10 activities related to the identification, assessment, and  
11 development of strategies to control risk of injury to  
12 patients and nurses and other health care workers  
13 associated with the lifting, transferring, repositioning,  
14 or movement of a patient.

15 (8) In developing architectural plans for construction  
16 or remodeling of a hospital or unit of a hospital in which  
17 patient handling and movement occurs, consideration of the  
18 feasibility of incorporating patient handling equipment or  
19 the physical space and construction design needed to  
20 incorporate that equipment.

21 (9) Fostering and maintaining patient safety, dignity,  
22 self-determination, and choice, including the following  
23 policies, strategies, and procedures:

24 (A) the existence and availability of a trained  
25 safe lifting team;

26 (B) a policy of advising patients of a range of



1 transfer and lift options, including adjustable  
2 diagnostic and treatment equipment, mechanical lifts,  
3 and provision of a trained safe lifting team;

4 (C) the right of a competent patient, or guardian  
5 of a patient adjudicated incompetent, to choose among  
6 the range of transfer and lift options, subject to the  
7 provisions of subparagraph (E) of this paragraph (9);

8 (D) procedures for documenting, upon admission and  
9 as status changes, a mobility assessment and plan for  
10 lifting, transferring, repositioning, or movement of a  
11 patient, including the choice of the patient or  
12 patient's guardian among the range of transfer and lift  
13 options; and

14 (E) incorporation of such safe lifting procedures,  
15 techniques, and equipment as are consistent with  
16 applicable federal law.

17 (Source: P.A. 96-389, eff. 1-1-10; 96-1000, eff. 7-2-10;  
18 97-122, eff. 1-1-12.)

19 (210 ILCS 85/10) (from Ch. 111 1/2, par. 151)

20 Sec. 10. Board creation; Department rules.

21 (a) The Governor shall appoint a Hospital Licensing Board  
22 composed of 14 persons, which shall advise and consult with the  
23 Director in the administration of this Act. The Secretary of  
24 Human Services (or his or her designee) shall serve on the  
25 Board, along with one additional representative of the

1 Department of Human Services to be designated by the Secretary.  
2 Four appointive members shall represent the general public and  
3 2 of these shall be members of hospital governing boards; one  
4 appointive member shall be a registered professional nurse or  
5 advanced practice registered nurse as defined in the Nurse  
6 Practice Act, who is employed in a hospital; 3 appointive  
7 members shall be hospital administrators actively engaged in  
8 the supervision or administration of hospitals; 2 appointive  
9 members shall be practicing physicians, licensed in Illinois to  
10 practice medicine in all of its branches; and one appointive  
11 member shall be a physician licensed to practice podiatric  
12 medicine under the Podiatric Medical Practice Act of 1987; and  
13 one appointive member shall be a dentist licensed to practice  
14 dentistry under the Illinois Dental Practice Act. In making  
15 Board appointments, the Governor shall give consideration to  
16 recommendations made through the Director by professional  
17 organizations concerned with hospital administration for the  
18 hospital administrative and governing board appointments,  
19 registered professional nurse organizations for the registered  
20 professional nurse appointment, professional medical  
21 organizations for the physician appointments, and professional  
22 dental organizations for the dentist appointment.

23 (b) Each appointive member shall hold office for a term of  
24 3 years, except that any member appointed to fill a vacancy  
25 occurring prior to the expiration of the term for which his  
26 predecessor was appointed shall be appointed for the remainder

1 of such term and the terms of office of the members first  
2 taking office shall expire, as designated at the time of  
3 appointment, 2 at the end of the first year, 2 at the end of the  
4 second year, and 3 at the end of the third year, after the date  
5 of appointment. The initial terms of office of the 2 additional  
6 members representing the general public provided for in this  
7 Section shall expire at the end of the third year after the  
8 date of appointment. The term of office of each original  
9 appointee shall commence July 1, 1953; the term of office of  
10 the original registered professional nurse appointee shall  
11 commence July 1, 1969; the term of office of the original  
12 licensed podiatric physician appointee shall commence July 1,  
13 1981; the term of office of the original dentist appointee  
14 shall commence July 1, 1987; and the term of office of each  
15 successor shall commence on July 1 of the year in which his  
16 predecessor's term expires. Board members, while serving on  
17 business of the Board, shall receive actual and necessary  
18 travel and subsistence expenses while so serving away from  
19 their places of residence. The Board shall meet as frequently  
20 as the Director deems necessary, but not less than once a year.  
21 Upon request of 5 or more members, the Director shall call a  
22 meeting of the Board.

23 (c) The Director shall prescribe rules, regulations,  
24 standards, and statements of policy needed to implement,  
25 interpret, or make specific the provisions and purposes of this  
26 Act. The Department shall adopt rules which set forth standards

1 for determining when the public interest, safety or welfare  
2 requires emergency action in relation to termination of a  
3 research program or experimental procedure conducted by a  
4 hospital licensed under this Act. No rule, regulation, or  
5 standard shall be adopted by the Department concerning the  
6 operation of hospitals licensed under this Act which has not  
7 had prior approval of the Hospital Licensing Board, nor shall  
8 the Department adopt any rule, regulation or standard relating  
9 to the establishment of a hospital without consultation with  
10 the Hospital Licensing Board.

11 (d) Within one year after August 7, 1984 (the effective  
12 date of Public Act 83-1248) ~~this amendatory Act of 1984~~, all  
13 hospitals licensed under this Act and providing perinatal care  
14 shall comply with standards of perinatal care promulgated by  
15 the Department. The Director shall promulgate rules or  
16 regulations under this Act which are consistent with the  
17 Developmental Disability Prevention Act ~~"An Act relating to the~~  
18 ~~prevention of developmental disabilities"~~, approved September  
19 ~~6, 1973, as amended.~~

20 (Source: P.A. 98-214, eff. 8-9-13; revised 10-26-16.)

21 (210 ILCS 85/10.7)

22 Sec. 10.7. Clinical privileges; advanced practice  
23 registered nurses. All hospitals licensed under this Act shall  
24 comply with the following requirements:

25 (1) No hospital policy, rule, regulation, or practice

1 shall be inconsistent with the provision of adequate  
2 collaboration and consultation in accordance with Section  
3 54.5 of the Medical Practice Act of 1987.

4 (2) Operative surgical procedures shall be performed  
5 only by a physician licensed to practice medicine in all  
6 its branches under the Medical Practice Act of 1987, a  
7 dentist licensed under the Illinois Dental Practice Act, or  
8 a podiatric physician licensed under the Podiatric Medical  
9 Practice Act of 1987, with medical staff membership and  
10 surgical clinical privileges granted at the hospital. A  
11 licensed physician, dentist, or podiatric physician may be  
12 assisted by a physician licensed to practice medicine in  
13 all its branches, dentist, dental assistant, podiatric  
14 physician, licensed advanced practice registered nurse,  
15 licensed physician assistant, licensed registered nurse,  
16 licensed practical nurse, surgical assistant, surgical  
17 technician, or other individuals granted clinical  
18 privileges to assist in surgery at the hospital. Payment  
19 for services rendered by an assistant in surgery who is not  
20 a hospital employee shall be paid at the appropriate  
21 non-physician modifier rate if the payor would have made  
22 payment had the same services been provided by a physician.

23 (2.5) A registered nurse licensed under the Nurse  
24 Practice Act and qualified by training and experience in  
25 operating room nursing shall be present in the operating  
26 room and function as the circulating nurse during all

1       invasive or operative procedures. For purposes of this  
2       paragraph (2.5), "circulating nurse" means a registered  
3       nurse who is responsible for coordinating all nursing care,  
4       patient safety needs, and the needs of the surgical team in  
5       the operating room during an invasive or operative  
6       procedure.

7       (3) An advanced practice registered nurse is not  
8       required to possess prescriptive authority or a written  
9       collaborative agreement meeting the requirements of the  
10      Nurse Practice Act to provide advanced practice registered  
11      nursing services in a hospital. An advanced practice  
12      registered nurse must possess clinical privileges  
13      recommended by the medical staff and granted by the  
14      hospital in order to provide services. Individual advanced  
15      practice registered nurses may also be granted clinical  
16      privileges to order, select, and administer medications,  
17      including controlled substances, to provide delineated  
18      care. The attending physician must determine the advanced  
19      practice registered nurse's role in providing care for his  
20      or her patients, except as otherwise provided in medical  
21      staff bylaws. The medical staff shall periodically review  
22      the services of advanced practice registered nurses  
23      granted privileges. This review shall be conducted in  
24      accordance with item (2) of subsection (a) of Section 10.8  
25      of this Act for advanced practice registered nurses  
26      employed by the hospital.

1           (4) The anesthesia service shall be under the direction  
2           of a physician licensed to practice medicine in all its  
3           branches who has had specialized preparation or experience  
4           in the area or who has completed a residency in  
5           anesthesiology. An anesthesiologist, Board certified or  
6           Board eligible, is recommended. Anesthesia services may  
7           only be administered pursuant to the order of a physician  
8           licensed to practice medicine in all its branches, licensed  
9           dentist, or licensed podiatric physician.

10           (A) The individuals who, with clinical privileges  
11           granted at the hospital, may administer anesthesia  
12           services are limited to the following:

13                   (i) an anesthesiologist; or

14                   (ii) a physician licensed to practice medicine  
15                   in all its branches; or

16                   (iii) a dentist with authority to administer  
17                   anesthesia under Section 8.1 of the Illinois  
18                   Dental Practice Act; or

19                   (iv) a licensed certified registered nurse  
20                   anesthetist; or

21                   (v) a podiatric physician licensed under the  
22                   Podiatric Medical Practice Act of 1987.

23           (B) For anesthesia services, an anesthesiologist  
24           shall participate through discussion of and agreement  
25           with the anesthesia plan and shall remain physically  
26           present and be available on the premises during the

1 delivery of anesthesia services for diagnosis,  
2 consultation, and treatment of emergency medical  
3 conditions. In the absence of 24-hour availability of  
4 anesthesiologists with medical staff privileges, an  
5 alternate policy (requiring participation, presence,  
6 and availability of a physician licensed to practice  
7 medicine in all its branches) shall be developed by the  
8 medical staff and licensed hospital in consultation  
9 with the anesthesia service.

10 (C) A certified registered nurse anesthetist is  
11 not required to possess prescriptive authority or a  
12 written collaborative agreement meeting the  
13 requirements of Section 65-35 of the Nurse Practice Act  
14 to provide anesthesia services ordered by a licensed  
15 physician, dentist, or podiatric physician. Licensed  
16 certified registered nurse anesthetists are authorized  
17 to select, order, and administer drugs and apply the  
18 appropriate medical devices in the provision of  
19 anesthesia services under the anesthesia plan agreed  
20 with by the anesthesiologist or, in the absence of an  
21 available anesthesiologist with clinical privileges,  
22 agreed with by the operating physician, operating  
23 dentist, or operating podiatric physician in  
24 accordance with the hospital's alternative policy.

25 (Source: P.A. 98-214, eff. 8-9-13; 99-642, eff. 7-28-16.)



1 (210 ILCS 85/10.8)

2 Sec. 10.8. Requirements for employment of physicians.

3 (a) Physician employment by hospitals and hospital  
4 affiliates. Employing entities may employ physicians to  
5 practice medicine in all of its branches provided that the  
6 following requirements are met:

7 (1) The employed physician is a member of the medical  
8 staff of either the hospital or hospital affiliate. If a  
9 hospital affiliate decides to have a medical staff, its  
10 medical staff shall be organized in accordance with written  
11 bylaws where the affiliate medical staff is responsible for  
12 making recommendations to the governing body of the  
13 affiliate regarding all quality assurance activities and  
14 safeguarding professional autonomy. The affiliate medical  
15 staff bylaws may not be unilaterally changed by the  
16 governing body of the affiliate. Nothing in this Section  
17 requires hospital affiliates to have a medical staff.

18 (2) Independent physicians, who are not employed by an  
19 employing entity, periodically review the quality of the  
20 medical services provided by the employed physician to  
21 continuously improve patient care.

22 (3) The employing entity and the employed physician  
23 sign a statement acknowledging that the employer shall not  
24 unreasonably exercise control, direct, or interfere with  
25 the employed physician's exercise and execution of his or  
26 her professional judgment in a manner that adversely

1 affects the employed physician's ability to provide  
2 quality care to patients. This signed statement shall take  
3 the form of a provision in the physician's employment  
4 contract or a separate signed document from the employing  
5 entity to the employed physician. This statement shall  
6 state: "As the employer of a physician, (employer's name)  
7 shall not unreasonably exercise control, direct, or  
8 interfere with the employed physician's exercise and  
9 execution of his or her professional judgment in a manner  
10 that adversely affects the employed physician's ability to  
11 provide quality care to patients."

12 (4) The employing entity shall establish a mutually  
13 agreed upon independent review process with criteria under  
14 which an employed physician may seek review of the alleged  
15 violation of this Section by physicians who are not  
16 employed by the employing entity. The affiliate may arrange  
17 with the hospital medical staff to conduct these reviews.  
18 The independent physicians shall make findings and  
19 recommendations to the employing entity and the employed  
20 physician within 30 days of the conclusion of the gathering  
21 of the relevant information.

22 (b) Definitions. For the purpose of this Section:

23 "Employing entity" means a hospital licensed under the  
24 Hospital Licensing Act or a hospital affiliate.

25 "Employed physician" means a physician who receives an IRS  
26 W-2 form, or any successor federal income tax form, from an

1 employing entity.

2 "Hospital" means a hospital licensed under the Hospital  
3 Licensing Act, except county hospitals as defined in subsection  
4 (c) of Section 15-1 of the Illinois Public Aid Code.

5 "Hospital affiliate" means a corporation, partnership,  
6 joint venture, limited liability company, or similar  
7 organization, other than a hospital, that is devoted primarily  
8 to the provision, management, or support of health care  
9 services and that directly or indirectly controls, is  
10 controlled by, or is under common control of the hospital.

11 "Control" means having at least an equal or a majority  
12 ownership or membership interest. A hospital affiliate shall be  
13 100% owned or controlled by any combination of hospitals, their  
14 parent corporations, or physicians licensed to practice  
15 medicine in all its branches in Illinois. "Hospital affiliate"  
16 does not include a health maintenance organization regulated  
17 under the Health Maintenance Organization Act.

18 "Physician" means an individual licensed to practice  
19 medicine in all its branches in Illinois.

20 "Professional judgment" means the exercise of a  
21 physician's independent clinical judgment in providing  
22 medically appropriate diagnoses, care, and treatment to a  
23 particular patient at a particular time. Situations in which an  
24 employing entity does not interfere with an employed  
25 physician's professional judgment include, without limitation,  
26 the following:

1           (1) practice restrictions based upon peer review of the  
2           physician's clinical practice to assess quality of care and  
3           utilization of resources in accordance with applicable  
4           bylaws;

5           (2) supervision of physicians by appropriately  
6           licensed medical directors, medical school faculty,  
7           department chairpersons or directors, or supervising  
8           physicians;

9           (3) written statements of ethical or religious  
10          directives; and

11          (4) reasonable referral restrictions that do not, in  
12          the reasonable professional judgment of the physician,  
13          adversely affect the health or welfare of the patient.

14          (c) Private enforcement. An employed physician aggrieved  
15          by a violation of this Act may seek to obtain an injunction or  
16          reinstatement of employment with the employing entity as the  
17          court may deem appropriate. Nothing in this Section limits or  
18          abrogates any common law cause of action. Nothing in this  
19          Section shall be deemed to alter the law of negligence.

20          (d) Department enforcement. The Department may enforce the  
21          provisions of this Section, but nothing in this Section shall  
22          require or permit the Department to license, certify, or  
23          otherwise investigate the activities of a hospital affiliate  
24          not otherwise required to be licensed by the Department.

25          (e) Retaliation prohibited. No employing entity shall  
26          retaliate against any employed physician for requesting a

1 hearing or review under this Section. No action may be taken  
2 that affects the ability of a physician to practice during this  
3 review, except in circumstances where the medical staff bylaws  
4 authorize summary suspension.

5 (f) Physician collaboration. No employing entity shall  
6 adopt or enforce, either formally or informally, any policy,  
7 rule, regulation, or practice inconsistent with the provision  
8 of adequate collaboration, including medical direction of  
9 licensed advanced practice registered nurses or supervision of  
10 licensed physician assistants and delegation to other  
11 personnel under Section 54.5 of the Medical Practice Act of  
12 1987.

13 (g) Physician disciplinary actions. Nothing in this  
14 Section shall be construed to limit or prohibit the governing  
15 body of an employing entity or its medical staff, if any, from  
16 taking disciplinary actions against a physician as permitted by  
17 law.

18 (h) Physician review. Nothing in this Section shall be  
19 construed to prohibit a hospital or hospital affiliate from  
20 making a determination not to pay for a particular health care  
21 service or to prohibit a medical group, independent practice  
22 association, hospital medical staff, or hospital governing  
23 body from enforcing reasonable peer review or utilization  
24 review protocols or determining whether the employed physician  
25 complied with those protocols.

26 (i) Review. Nothing in this Section may be used or

1 construed to establish that any activity of a hospital or  
2 hospital affiliate is subject to review under the Illinois  
3 Health Facilities Planning Act.

4 (j) Rules. The Department shall adopt any rules necessary  
5 to implement this Section.

6 (Source: P.A. 92-455, eff. 9-30-01; revised 10-26-16.)

7 (210 ILCS 85/10.9)

8 Sec. 10.9. Nurse mandated overtime prohibited.

9 (a) Definitions. As used in this Section:

10 "Mandated overtime" means work that is required by the  
11 hospital in excess of an agreed-to, predetermined work shift.  
12 Time spent by nurses required to be available as a condition of  
13 employment in specialized units, such as surgical nursing  
14 services, shall not be counted or considered in calculating the  
15 amount of time worked for the purpose of applying the  
16 prohibition against mandated overtime under subsection (b).

17 "Nurse" means any advanced practice registered nurse,  
18 registered professional nurse, or licensed practical nurse, as  
19 defined in the Nurse Practice Act, who receives an hourly wage  
20 and has direct responsibility to oversee or carry out nursing  
21 care. For the purposes of this Section, "advanced practice  
22 registered nurse" does not include a certified registered nurse  
23 anesthetist who is primarily engaged in performing the duties  
24 of a nurse anesthetist.

25 "Unforeseen emergent circumstance" means (i) any declared

1 national, State, or municipal disaster or other catastrophic  
2 event, or any implementation of a hospital's disaster plan,  
3 that will substantially affect or increase the need for health  
4 care services or (ii) any circumstance in which patient care  
5 needs require specialized nursing skills through the  
6 completion of a procedure. An "unforeseen emergent  
7 circumstance" does not include situations in which the hospital  
8 fails to have enough nursing staff to meet the usual and  
9 reasonably predictable nursing needs of its patients.

10 (b) Mandated overtime prohibited. No nurse may be required  
11 to work mandated overtime except in the case of an unforeseen  
12 emergent circumstance when such overtime is required only as a  
13 last resort. Such mandated overtime shall not exceed 4 hours  
14 beyond an agreed-to, predetermined work shift.

15 (c) Off-duty period. When a nurse is mandated to work up to  
16 12 consecutive hours, the nurse must be allowed at least 8  
17 consecutive hours of off-duty time immediately following the  
18 completion of a shift.

19 (d) Retaliation prohibited. No hospital may discipline,  
20 discharge, or take any other adverse employment action against  
21 a nurse solely because the nurse refused to work mandated  
22 overtime as prohibited under subsection (b).

23 (e) Violations. Any employee of a hospital that is subject  
24 to this Act may file a complaint with the Department of Public  
25 Health regarding an alleged violation of this Section. The  
26 complaint must be filed within 45 days following the occurrence

1 of the incident giving rise to the alleged violation. The  
2 Department must forward notification of the alleged violation  
3 to the hospital in question within 3 business days after the  
4 complaint is filed. Upon receiving a complaint of a violation  
5 of this Section, the Department may take any action authorized  
6 under Section 7 or 9 of this Act.

7 (f) Proof of violation. Any violation of this Section must  
8 be proved by clear and convincing evidence that a nurse was  
9 required to work overtime against his or her will. The hospital  
10 may defeat the claim of a violation by presenting clear and  
11 convincing evidence that an unforeseen emergent circumstance,  
12 which required overtime work, existed at the time the employee  
13 was required or compelled to work.

14 (Source: P.A. 94-349, eff. 7-28-05; 95-639, eff. 10-5-07.)

15 Section 140. The Illinois Insurance Code is amended by  
16 changing Section 356g.5 as follows:

17 (215 ILCS 5/356g.5)

18 Sec. 356g.5. Clinical breast exam.

19 (a) The General Assembly finds that clinical breast  
20 examinations are a critical tool in the early detection of  
21 breast cancer, while the disease is in its earlier and  
22 potentially more treatable stages. Insurer reimbursement of  
23 clinical breast examinations is essential to the effort to  
24 reduce breast cancer deaths in Illinois.



1 (b) Every insurer shall provide, in each group or  
2 individual policy, contract, or certificate of accident or  
3 health insurance issued or renewed for persons who are  
4 residents of Illinois, coverage for complete and thorough  
5 clinical breast examinations as indicated by guidelines of  
6 practice, performed by a physician licensed to practice  
7 medicine in all its branches, a licensed advanced practice  
8 registered nurse, or a licensed physician assistant, to check  
9 for lumps and other changes for the purpose of early detection  
10 and prevention of breast cancer as follows:

11 (1) at least every 3 years for women at least 20 years  
12 of age but less than 40 years of age; and

13 (2) annually for women 40 years of age or older.

14 (c) Upon approval of a nationally recognized separate and  
15 distinct clinical breast exam code that is compliant with all  
16 State and federal laws, rules, and regulations, public and  
17 private insurance plans shall take action to cover clinical  
18 breast exams on a separate and distinct basis.

19 (Source: P.A. 99-173, eff. 7-29-15.)

20 Section 145. The Illinois Dental Practice Act is amended by  
21 changing Sections 4 and 8.1 as follows:

22 (225 ILCS 25/4) (from Ch. 111, par. 2304)

23 (Section scheduled to be repealed on January 1, 2026)

24 Sec. 4. Definitions. As used in this Act:

1 "Address of record" means the designated address recorded  
2 by the Department in the applicant's or licensee's application  
3 file or license file as maintained by the Department's  
4 licensure maintenance unit. It is the duty of the applicant or  
5 licensee to inform the Department of any change of address and  
6 those changes must be made either through the Department's  
7 website or by contacting the Department.

8 "Department" means the Department of Financial and  
9 Professional Regulation.

10 "Secretary" means the Secretary of Financial and  
11 Professional Regulation.

12 "Board" means the Board of Dentistry.

13 "Dentist" means a person who has received a general license  
14 pursuant to paragraph (a) of Section 11 of this Act and who may  
15 perform any intraoral and extraoral procedure required in the  
16 practice of dentistry and to whom is reserved the  
17 responsibilities specified in Section 17.

18 "Dental hygienist" means a person who holds a license under  
19 this Act to perform dental services as authorized by Section  
20 18.

21 "Dental assistant" means an appropriately trained person  
22 who, under the supervision of a dentist, provides dental  
23 services as authorized by Section 17.

24 "Dental laboratory" means a person, firm or corporation  
25 which:

26 (i) engages in making, providing, repairing or

1 altering dental prosthetic appliances and other artificial  
2 materials and devices which are returned to a dentist for  
3 insertion into the human oral cavity or which come in  
4 contact with its adjacent structures and tissues; and

5 (ii) utilizes or employs a dental technician to provide  
6 such services; and

7 (iii) performs such functions only for a dentist or  
8 dentists.

9 "Supervision" means supervision of a dental hygienist or a  
10 dental assistant requiring that a dentist authorize the  
11 procedure, remain in the dental facility while the procedure is  
12 performed, and approve the work performed by the dental  
13 hygienist or dental assistant before dismissal of the patient,  
14 but does not mean that the dentist must be present at all times  
15 in the treatment room.

16 "General supervision" means supervision of a dental  
17 hygienist requiring that the patient be a patient of record,  
18 that the dentist examine the patient in accordance with Section  
19 18 prior to treatment by the dental hygienist, and that the  
20 dentist authorize the procedures which are being carried out by  
21 a notation in the patient's record, but not requiring that a  
22 dentist be present when the authorized procedures are being  
23 performed. The issuance of a prescription to a dental  
24 laboratory by a dentist does not constitute general  
25 supervision.

26 "Public member" means a person who is not a health

1 professional. For purposes of board membership, any person with  
2 a significant financial interest in a health service or  
3 profession is not a public member.

4 "Dentistry" means the healing art which is concerned with  
5 the examination, diagnosis, treatment planning and care of  
6 conditions within the human oral cavity and its adjacent  
7 tissues and structures, as further specified in Section 17.

8 "Branches of dentistry" means the various specialties of  
9 dentistry which, for purposes of this Act, shall be limited to  
10 the following: endodontics, oral and maxillofacial surgery,  
11 orthodontics and dentofacial orthopedics, pediatric dentistry,  
12 periodontics, prosthodontics, and oral and maxillofacial  
13 radiology.

14 "Specialist" means a dentist who has received a specialty  
15 license pursuant to Section 11(b).

16 "Dental technician" means a person who owns, operates or is  
17 employed by a dental laboratory and engages in making,  
18 providing, repairing or altering dental prosthetic appliances  
19 and other artificial materials and devices which are returned  
20 to a dentist for insertion into the human oral cavity or which  
21 come in contact with its adjacent structures and tissues.

22 "Impaired dentist" or "impaired dental hygienist" means a  
23 dentist or dental hygienist who is unable to practice with  
24 reasonable skill and safety because of a physical or mental  
25 disability as evidenced by a written determination or written  
26 consent based on clinical evidence, including deterioration

1 through the aging process, loss of motor skills, abuse of drugs  
2 or alcohol, or a psychiatric disorder, of sufficient degree to  
3 diminish the person's ability to deliver competent patient  
4 care.

5 "Nurse" means a registered professional nurse, a certified  
6 registered nurse anesthetist licensed as an advanced practice  
7 registered nurse, or a licensed practical nurse licensed under  
8 the Nurse Practice Act.

9 "Patient of record" means a patient for whom the patient's  
10 most recent dentist has obtained a relevant medical and dental  
11 history and on whom the dentist has performed an examination  
12 and evaluated the condition to be treated.

13 "Dental responder" means a dentist or dental hygienist who  
14 is appropriately certified in disaster preparedness,  
15 immunizations, and dental humanitarian medical response  
16 consistent with the Society of Disaster Medicine and Public  
17 Health and training certified by the National Incident  
18 Management System or the National Disaster Life Support  
19 Foundation.

20 "Mobile dental van or portable dental unit" means any  
21 self-contained or portable dental unit in which dentistry is  
22 practiced that can be moved, towed, or transported from one  
23 location to another in order to establish a location where  
24 dental services can be provided.

25 "Public health dental hygienist" means a hygienist who  
26 holds a valid license to practice in the State, has 2 years of

1 full-time clinical experience or an equivalent of 4,000 hours  
2 of clinical experience and has completed at least 42 clock  
3 hours of additional structured courses in dental education  
4 approved by rule by the Department in advanced areas specific  
5 to public health dentistry, including, but not limited to,  
6 emergency procedures for medically compromised patients,  
7 pharmacology, medical recordkeeping procedures, geriatric  
8 dentistry, pediatric dentistry, pathology, and other areas of  
9 study as determined by the Department, and works in a public  
10 health setting pursuant to a written public health supervision  
11 agreement as defined by rule by the Department with a dentist  
12 working in or contracted with a local or State government  
13 agency or institution or who is providing services as part of a  
14 certified school-based program or school-based oral health  
15 program.

16 "Public health setting" means a federally qualified health  
17 center; a federal, State, or local public health facility; Head  
18 Start; a special supplemental nutrition program for Women,  
19 Infants, and Children (WIC) facility; or a certified  
20 school-based health center or school-based oral health  
21 program.

22 "Public health supervision" means the supervision of a  
23 public health dental hygienist by a licensed dentist who has a  
24 written public health supervision agreement with that public  
25 health dental hygienist while working in an approved facility  
26 or program that allows the public health dental hygienist to

1 treat patients, without a dentist first examining the patient  
2 and being present in the facility during treatment, (1) who are  
3 eligible for Medicaid or (2) who are uninsured and whose  
4 household income is not greater than 200% of the federal  
5 poverty level.

6 (Source: P.A. 99-25, eff. 1-1-16; 99-492, eff. 12-31-15;  
7 99-680, eff. 1-1-17.)

8 (225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)

9 (Section scheduled to be repealed on January 1, 2026)

10 Sec. 8.1. Permit for the administration of anesthesia and  
11 sedation.

12 (a) No licensed dentist shall administer general  
13 anesthesia, deep sedation, or conscious sedation without first  
14 applying for and obtaining a permit for such purpose from the  
15 Department. The Department shall issue such permit only after  
16 ascertaining that the applicant possesses the minimum  
17 qualifications necessary to protect public safety. A person  
18 with a dental degree who administers anesthesia, deep sedation,  
19 or conscious sedation in an approved hospital training program  
20 under the supervision of either a licensed dentist holding such  
21 permit or a physician licensed to practice medicine in all its  
22 branches shall not be required to obtain such permit.

23 (b) In determining the minimum permit qualifications that  
24 are necessary to protect public safety, the Department, by  
25 rule, shall:

1           (1) establish the minimum educational and training  
2 requirements necessary for a dentist to be issued an  
3 appropriate permit;

4           (2) establish the standards for properly equipped  
5 dental facilities (other than licensed hospitals and  
6 ambulatory surgical treatment centers) in which general  
7 anesthesia, deep sedation, or conscious sedation is  
8 administered, as necessary to protect public safety;

9           (3) establish minimum requirements for all persons who  
10 assist the dentist in the administration of general  
11 anesthesia, deep sedation, or conscious sedation,  
12 including minimum training requirements for each member of  
13 the dental team, monitoring requirements, recordkeeping  
14 requirements, and emergency procedures; ~~and~~

15           (4) ensure that the dentist and all persons assisting  
16 the dentist or monitoring the administration of general  
17 anesthesia, deep sedation, or conscious sedation maintain  
18 current certification in Basic Life Support (BLS); ~~and~~

19           (5) establish continuing education requirements in  
20 sedation techniques for dentists who possess a permit under  
21 this Section.

22           When establishing requirements under this Section, the  
23 Department shall consider the current American Dental  
24 Association guidelines on sedation and general anesthesia, the  
25 current "Guidelines for Monitoring and Management of Pediatric  
26 Patients During and After Sedation for Diagnostic and



1 Therapeutic Procedures" established by the American Academy of  
2 Pediatrics and the American Academy of Pediatric Dentistry, and  
3 the current parameters of care and Office Anesthesia Evaluation  
4 (OAE) Manual established by the American Association of Oral  
5 and Maxillofacial Surgeons.

6 (c) A licensed dentist must hold an appropriate permit  
7 issued under this Section in order to perform dentistry while a  
8 nurse anesthetist administers conscious sedation, and a valid  
9 written collaborative agreement must exist between the dentist  
10 and the nurse anesthetist, in accordance with the Nurse  
11 Practice Act.

12 A licensed dentist must hold an appropriate permit issued  
13 under this Section in order to perform dentistry while a nurse  
14 anesthetist administers deep sedation or general anesthesia,  
15 and a valid written collaborative agreement must exist between  
16 the dentist and the nurse anesthetist, in accordance with the  
17 Nurse Practice Act.

18 For the purposes of this subsection (c), "nurse  
19 anesthetist" means a licensed certified registered nurse  
20 anesthetist who holds a license as an advanced practice  
21 registered nurse.

22 (Source: P.A. 95-399, eff. 1-1-08; 95-639, eff. 1-1-08; 96-328,  
23 eff. 8-11-09; revised 10-27-16.)

24 Section 150. The Health Care Worker Self-Referral Act is  
25 amended by changing Section 15 as follows:

1 (225 ILCS 47/15)

2 Sec. 15. Definitions. In this Act:

3 (a) "Board" means the Health Facilities and Services Review  
4 Board.

5 (b) "Entity" means any individual, partnership, firm,  
6 corporation, or other business that provides health services  
7 but does not include an individual who is a health care worker  
8 who provides professional services to an individual.

9 (c) "Group practice" means a group of 2 or more health care  
10 workers legally organized as a partnership, professional  
11 corporation, not-for-profit corporation, faculty practice plan  
12 or a similar association in which:

13 (1) each health care worker who is a member or employee  
14 or an independent contractor of the group provides  
15 substantially the full range of services that the health  
16 care worker routinely provides, including consultation,  
17 diagnosis, or treatment, through the use of office space,  
18 facilities, equipment, or personnel of the group;

19 (2) the services of the health care workers are  
20 provided through the group, and payments received for  
21 health services are treated as receipts of the group; and

22 (3) the overhead expenses and the income from the  
23 practice are distributed by methods previously determined  
24 by the group.

25 (d) "Health care worker" means any individual licensed

1 under the laws of this State to provide health services,  
2 including but not limited to: dentists licensed under the  
3 Illinois Dental Practice Act; dental hygienists licensed under  
4 the Illinois Dental Practice Act; nurses and advanced practice  
5 registered nurses licensed under the Nurse Practice Act;  
6 occupational therapists licensed under the Illinois  
7 Occupational Therapy Practice Act; optometrists licensed under  
8 the Illinois Optometric Practice Act of 1987; pharmacists  
9 licensed under the Pharmacy Practice Act; physical therapists  
10 licensed under the Illinois Physical Therapy Act; physicians  
11 licensed under the Medical Practice Act of 1987; physician  
12 assistants licensed under the Physician Assistant Practice Act  
13 of 1987; podiatric physicians licensed under the Podiatric  
14 Medical Practice Act of 1987; clinical psychologists licensed  
15 under the Clinical Psychologist Licensing Act; clinical social  
16 workers licensed under the Clinical Social Work and Social Work  
17 Practice Act; speech-language pathologists and audiologists  
18 licensed under the Illinois Speech-Language Pathology and  
19 Audiology Practice Act; or hearing instrument dispensers  
20 licensed under the Hearing Instrument Consumer Protection Act,  
21 or any of their successor Acts.

22 (e) "Health services" means health care procedures and  
23 services provided by or through a health care worker.

24 (f) "Immediate family member" means a health care worker's  
25 spouse, child, child's spouse, or a parent.

26 (g) "Investment interest" means an equity or debt security

1 issued by an entity, including, without limitation, shares of  
2 stock in a corporation, units or other interests in a  
3 partnership, bonds, debentures, notes, or other equity  
4 interests or debt instruments except that investment interest  
5 for purposes of Section 20 does not include interest in a  
6 hospital licensed under the laws of the State of Illinois.

7 (h) "Investor" means an individual or entity directly or  
8 indirectly owning a legal or beneficial ownership or investment  
9 interest, (such as through an immediate family member, trust,  
10 or another entity related to the investor).

11 (i) "Office practice" includes the facility or facilities  
12 at which a health care worker, on an ongoing basis, provides or  
13 supervises the provision of professional health services to  
14 individuals.

15 (j) "Referral" means any referral of a patient for health  
16 services, including, without limitation:

17 (1) The forwarding of a patient by one health care  
18 worker to another health care worker or to an entity  
19 outside the health care worker's office practice or group  
20 practice that provides health services.

21 (2) The request or establishment by a health care  
22 worker of a plan of care outside the health care worker's  
23 office practice or group practice that includes the  
24 provision of any health services.

25 (Source: P.A. 98-214, eff. 8-9-13.)

1 Section 155. The Medical Practice Act of 1987 is amended by  
2 changing Sections 8.1, 22, 54.2, and 54.5 as follows:

3 (225 ILCS 60/8.1)

4 (Section scheduled to be repealed on December 31, 2017)

5 Sec. 8.1. Matters concerning advanced practice registered  
6 nurses. Any proposed rules, amendments, second notice  
7 materials and adopted rule or amendment materials, and policy  
8 statements concerning advanced practice registered nurses  
9 shall be presented to the Licensing Board for review and  
10 comment. The recommendations of both the Board of Nursing and  
11 the Licensing Board shall be presented to the Secretary for  
12 consideration in making final decisions. Whenever the Board of  
13 Nursing and the Licensing Board disagree on a proposed rule or  
14 policy, the Secretary shall convene a joint meeting of the  
15 officers of each Board to discuss the resolution of any such  
16 disagreements.

17 (Source: P.A. 97-622, eff. 11-23-11.)

18 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

19 (Section scheduled to be repealed on December 31, 2017)

20 Sec. 22. Disciplinary action.

21 (A) The Department may revoke, suspend, place on probation,  
22 reprimand, refuse to issue or renew, or take any other  
23 disciplinary or non-disciplinary action as the Department may  
24 deem proper with regard to the license or permit of any person

1 issued under this Act, including imposing fines not to exceed  
2 \$10,000 for each violation, upon any of the following grounds:

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

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

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

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

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

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

24 (2) Performance of an abortion procedure in a wilful  
25 and wanton manner on a woman who was not pregnant at the  
26 time the abortion procedure was performed.

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

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

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

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

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

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

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

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

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

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

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

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

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

26           (16) Abandonment of a patient.



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

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

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

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

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

24          (22)       Wilful   omission   to   file   or   record,   or   wilfully  
25       impeding   the   filing   or   recording,   or   inducing   another  
26       person   to   omit   to   file   or   record,   medical   reports   as

1 required by law, or wilfully failing to report an instance  
2 of suspected abuse or neglect as required by law.

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

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

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

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

24 (27) Mental illness or disability which results in the  
25 inability to practice under this Act with reasonable  
26 judgment, skill or safety.

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

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

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

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

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

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

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

1 similar to acts or conduct which would constitute grounds  
2 for action as defined in this Section.

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

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

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

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

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

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

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

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

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

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

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

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

19 Except for actions involving the ground numbered (26), all  
20 proceedings to suspend, revoke, place on probationary status,  
21 or take any other disciplinary action as the Department may  
22 deem proper, with regard to a license on any of the foregoing  
23 grounds, must be commenced within 5 years next after receipt by  
24 the Department of a complaint alleging the commission of or  
25 notice of the conviction order for any of the acts described  
26 herein. Except for the grounds numbered (8), (9), (26), and

1 (29), no action shall be commenced more than 10 years after the  
2 date of the incident or act alleged to have violated this  
3 Section. For actions involving the ground numbered (26), a  
4 pattern of practice or other behavior includes all incidents  
5 alleged to be part of the pattern of practice or other behavior  
6 that occurred, or a report pursuant to Section 23 of this Act  
7 received, within the 10-year period preceding the filing of the  
8 complaint. In the event of the settlement of any claim or cause  
9 of action in favor of the claimant or the reduction to final  
10 judgment of any civil action in favor of the plaintiff, such  
11 claim, cause of action or civil action being grounded on the  
12 allegation that a person licensed under this Act was negligent  
13 in providing care, the Department shall have an additional  
14 period of 2 years from the date of notification to the  
15 Department under Section 23 of this Act of such settlement or  
16 final judgment in which to investigate and commence formal  
17 disciplinary proceedings under Section 36 of this Act, except  
18 as otherwise provided by law. The time during which the holder  
19 of the license was outside the State of Illinois shall not be  
20 included within any period of time limiting the commencement of  
21 disciplinary action by the Department.

22 The entry of an order or judgment by any circuit court  
23 establishing that any person holding a license under this Act  
24 is a person in need of mental treatment operates as a  
25 suspension of that license. That person may resume their  
26 practice only upon the entry of a Departmental order based upon

1 a finding by the Disciplinary Board that they have been  
2 determined to be recovered from mental illness by the court and  
3 upon the Disciplinary Board's recommendation that they be  
4 permitted to resume their practice.

5 The Department may refuse to issue or take disciplinary  
6 action concerning the license of any person who fails to file a  
7 return, or to pay the tax, penalty or interest shown in a filed  
8 return, or to pay any final assessment of tax, penalty or  
9 interest, as required by any tax Act administered by the  
10 Illinois Department of Revenue, until such time as the  
11 requirements of any such tax Act are satisfied as determined by  
12 the Illinois Department of Revenue.

13 The Department, upon the recommendation of the  
14 Disciplinary Board, shall adopt rules which set forth standards  
15 to be used in determining:

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

18 (b) what constitutes dishonorable, unethical or  
19 unprofessional conduct of a character likely to deceive,  
20 defraud, or harm the public;

21 (c) what constitutes immoral conduct in the commission  
22 of any act, including, but not limited to, commission of an  
23 act of sexual misconduct related to the licensee's  
24 practice; and

25 (d) what constitutes gross negligence in the practice  
26 of medicine.

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

4           In enforcing this Section, the Disciplinary Board or the  
5 Licensing Board, upon a showing of a possible violation, may  
6 compel, in the case of the Disciplinary Board, any individual  
7 who is licensed to practice under this Act or holds a permit to  
8 practice under this Act, or, in the case of the Licensing  
9 Board, any individual who has applied for licensure or a permit  
10 pursuant to this Act, to submit to a mental or physical  
11 examination and evaluation, or both, which may include a  
12 substance abuse or sexual offender evaluation, as required by  
13 the Licensing Board or Disciplinary Board and at the expense of  
14 the Department. The Disciplinary Board or Licensing Board shall  
15 specifically designate the examining physician licensed to  
16 practice medicine in all of its branches or, if applicable, the  
17 multidisciplinary team involved in providing the mental or  
18 physical examination and evaluation, or both. The  
19 multidisciplinary team shall be led by a physician licensed to  
20 practice medicine in all of its branches and may consist of one  
21 or more or a combination of physicians licensed to practice  
22 medicine in all of its branches, licensed chiropractic  
23 physicians, licensed clinical psychologists, licensed clinical  
24 social workers, licensed clinical professional counselors, and  
25 other professional and administrative staff. Any examining  
26 physician or member of the multidisciplinary team may require



1 any person ordered to submit to an examination and evaluation  
2 pursuant to this Section to submit to any additional  
3 supplemental testing deemed necessary to complete any  
4 examination or evaluation process, including, but not limited  
5 to, blood testing, urinalysis, psychological testing, or  
6 neuropsychological testing. The Disciplinary Board, the  
7 Licensing Board, or the Department may order the examining  
8 physician or any member of the multidisciplinary team to  
9 provide to the Department, the Disciplinary Board, or the  
10 Licensing Board any and all records, including business  
11 records, that relate to the examination and evaluation,  
12 including any supplemental testing performed. The Disciplinary  
13 Board, the Licensing Board, or the Department may order the  
14 examining physician or any member of the multidisciplinary team  
15 to present testimony concerning this examination and  
16 evaluation of the licensee, permit holder, or applicant,  
17 including testimony concerning any supplemental testing or  
18 documents relating to the examination and evaluation. No  
19 information, report, record, or other documents in any way  
20 related to the examination and evaluation shall be excluded by  
21 reason of any common law or statutory privilege relating to  
22 communication between the licensee, permit holder, or  
23 applicant and the examining physician or any member of the  
24 multidisciplinary team. No authorization is necessary from the  
25 licensee, permit holder, or applicant ordered to undergo an  
26 evaluation and examination for the examining physician or any

1 member of the multidisciplinary team to provide information,  
2 reports, records, or other documents or to provide any  
3 testimony regarding the examination and evaluation. The  
4 individual to be examined may have, at his or her own expense,  
5 another physician of his or her choice present during all  
6 aspects of the examination. Failure of any individual to submit  
7 to mental or physical examination and evaluation, or both, when  
8 directed, shall result in an automatic suspension, without  
9 hearing, until such time as the individual submits to the  
10 examination. If the Disciplinary Board or Licensing Board finds  
11 a physician unable to practice following an examination and  
12 evaluation because of the reasons set forth in this Section,  
13 the Disciplinary Board or Licensing Board shall require such  
14 physician to submit to care, counseling, or treatment by  
15 physicians, or other health care professionals, approved or  
16 designated by the Disciplinary Board, as a condition for  
17 issued, continued, reinstated, or renewed licensure to  
18 practice. Any physician, whose license was granted pursuant to  
19 Sections 9, 17, or 19 of this Act, or, continued, reinstated,  
20 renewed, disciplined or supervised, subject to such terms,  
21 conditions or restrictions who shall fail to comply with such  
22 terms, conditions or restrictions, or to complete a required  
23 program of care, counseling, or treatment, as determined by the  
24 Chief Medical Coordinator or Deputy Medical Coordinators,  
25 shall be referred to the Secretary for a determination as to  
26 whether the licensee shall have their license suspended

1 immediately, pending a hearing by the Disciplinary Board. In  
2 instances in which the Secretary immediately suspends a license  
3 under this Section, a hearing upon such person's license must  
4 be convened by the Disciplinary Board within 15 days after such  
5 suspension and completed without appreciable delay. The  
6 Disciplinary Board shall have the authority to review the  
7 subject physician's record of treatment and counseling  
8 regarding the impairment, to the extent permitted by applicable  
9 federal statutes and regulations safeguarding the  
10 confidentiality of medical records.

11 An individual licensed under this Act, affected under this  
12 Section, shall be afforded an opportunity to demonstrate to the  
13 Disciplinary Board that they can resume practice in compliance  
14 with acceptable and prevailing standards under the provisions  
15 of their license.

16 The Department may promulgate rules for the imposition of  
17 fines in disciplinary cases, not to exceed \$10,000 for each  
18 violation of this Act. Fines may be imposed in conjunction with  
19 other forms of disciplinary action, but shall not be the  
20 exclusive disposition of any disciplinary action arising out of  
21 conduct resulting in death or injury to a patient. Any funds  
22 collected from such fines shall be deposited in the Illinois  
23 State Medical Disciplinary Fund.

24 All fines imposed under this Section shall be paid within  
25 60 days after the effective date of the order imposing the fine  
26 or in accordance with the terms set forth in the order imposing

1 the fine.

2 (B) The Department shall revoke the license or permit  
3 issued under this Act to practice medicine or a chiropractic  
4 physician who has been convicted a second time of committing  
5 any felony under the Illinois Controlled Substances Act or the  
6 Methamphetamine Control and Community Protection Act, or who  
7 has been convicted a second time of committing a Class 1 felony  
8 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A  
9 person whose license or permit is revoked under this subsection  
10 B shall be prohibited from practicing medicine or treating  
11 human ailments without the use of drugs and without operative  
12 surgery.

13 (C) The Department shall not revoke, suspend, place on  
14 probation, reprimand, refuse to issue or renew, or take any  
15 other disciplinary or non-disciplinary action against the  
16 license or permit issued under this Act to practice medicine to  
17 a physician based solely upon the recommendation of the  
18 physician to an eligible patient regarding, or prescription  
19 for, or treatment with, an investigational drug, biological  
20 product, or device.

21 (D) The Disciplinary Board shall recommend to the  
22 Department civil penalties and any other appropriate  
23 discipline in disciplinary cases when the Board finds that a  
24 physician willfully performed an abortion with actual  
25 knowledge that the person upon whom the abortion has been  
26 performed is a minor or an incompetent person without notice as

1 required under the Parental Notice of Abortion Act of 1995.  
2 Upon the Board's recommendation, the Department shall impose,  
3 for the first violation, a civil penalty of \$1,000 and for a  
4 second or subsequent violation, a civil penalty of \$5,000.

5 (Source: P.A. 98-601, eff. 12-30-13; 98-668, eff. 6-25-14;  
6 98-1140, eff. 12-30-14; 99-270, eff. 1-1-16; 99-933, eff.  
7 1-27-17.)

8 (225 ILCS 60/54.2)

9 (Section scheduled to be repealed on December 31, 2017)

10 Sec. 54.2. Physician delegation of authority.

11 (a) Nothing in this Act shall be construed to limit the  
12 delegation of patient care tasks or duties by a physician, to a  
13 licensed practical nurse, a registered professional nurse, or  
14 other licensed person practicing within the scope of his or her  
15 individual licensing Act. Delegation by a physician licensed to  
16 practice medicine in all its branches to physician assistants  
17 or advanced practice registered nurses is also addressed in  
18 Section 54.5 of this Act. No physician may delegate any patient  
19 care task or duty that is statutorily or by rule mandated to be  
20 performed by a physician.

21 (b) In an office or practice setting and within a  
22 physician-patient relationship, a physician may delegate  
23 patient care tasks or duties to an unlicensed person who  
24 possesses appropriate training and experience provided a  
25 health care professional, who is practicing within the scope of

1 such licensed professional's individual licensing Act, is on  
2 site to provide assistance.

3 (c) Any such patient care task or duty delegated to a  
4 licensed or unlicensed person must be within the scope of  
5 practice, education, training, or experience of the delegating  
6 physician and within the context of a physician-patient  
7 relationship.

8 (d) Nothing in this Section shall be construed to affect  
9 referrals for professional services required by law.

10 (e) The Department shall have the authority to promulgate  
11 rules concerning a physician's delegation, including but not  
12 limited to, the use of light emitting devices for patient care  
13 or treatment.

14 (f) Nothing in this Act shall be construed to limit the  
15 method of delegation that may be authorized by any means,  
16 including, but not limited to, oral, written, electronic,  
17 standing orders, protocols, guidelines, or verbal orders.

18 (Source: P.A. 96-618, eff. 1-1-10; 97-622, eff. 11-23-11.)

19 (225 ILCS 60/54.5)

20 (Section scheduled to be repealed on December 31, 2017)

21 Sec. 54.5. Physician delegation of authority to physician  
22 assistants, advanced practice registered nurses, and  
23 prescribing psychologists.

24 (a) Physicians licensed to practice medicine in all its  
25 branches may delegate care and treatment responsibilities to a

1 physician assistant under guidelines in accordance with the  
2 requirements of the Physician Assistant Practice Act of 1987. A  
3 physician licensed to practice medicine in all its branches may  
4 enter into supervising physician agreements with no more than 5  
5 physician assistants as set forth in subsection (a) of Section  
6 7 of the Physician Assistant Practice Act of 1987.

7 (b) A physician licensed to practice medicine in all its  
8 branches in active clinical practice may collaborate with an  
9 advanced practice registered nurse in accordance with the  
10 requirements of the Nurse Practice Act. Collaboration is for  
11 the purpose of providing medical consultation, and no  
12 employment relationship is required. A written collaborative  
13 agreement shall conform to the requirements of Section 65-35 of  
14 the Nurse Practice Act. The written collaborative agreement  
15 shall be for services in the same area of practice or specialty  
16 as the collaborating physician in his or her clinical medical  
17 practice. A written collaborative agreement shall be adequate  
18 with respect to collaboration with advanced practice  
19 registered nurses if all of the following apply:

20 (1) The agreement is written to promote the exercise of  
21 professional judgment by the advanced practice registered  
22 nurse commensurate with his or her education and  
23 experience.

24 (2) The advanced ~~advance~~ practice registered nurse  
25 provides services based upon a written collaborative  
26 agreement with the collaborating physician, except as set

1           forth in subsection (b-5) of this Section. With respect to  
2           labor and delivery, the collaborating physician must  
3           provide delivery services in order to participate with a  
4           certified nurse midwife.

5           (3) Methods of communication are available with the  
6           collaborating physician in person or through  
7           telecommunications for consultation, collaboration, and  
8           referral as needed to address patient care needs.

9           (b-5) An anesthesiologist or physician licensed to  
10          practice medicine in all its branches may collaborate with a  
11          certified registered nurse anesthetist in accordance with  
12          Section 65-35 of the Nurse Practice Act for the provision of  
13          anesthesia services. With respect to the provision of  
14          anesthesia services, the collaborating anesthesiologist or  
15          physician shall have training and experience in the delivery of  
16          anesthesia services consistent with Department rules.  
17          Collaboration shall be adequate if:

18                 (1) an anesthesiologist or a physician participates in  
19                 the joint formulation and joint approval of orders or  
20                 guidelines and periodically reviews such orders and the  
21                 services provided patients under such orders; and

22                 (2) for anesthesia services, the anesthesiologist or  
23                 physician participates through discussion of and agreement  
24                 with the anesthesia plan and is physically present and  
25                 available on the premises during the delivery of anesthesia  
26                 services for diagnosis, consultation, and treatment of



1 emergency medical conditions. Anesthesia services in a  
2 hospital shall be conducted in accordance with Section 10.7  
3 of the Hospital Licensing Act and in an ambulatory surgical  
4 treatment center in accordance with Section 6.5 of the  
5 Ambulatory Surgical Treatment Center Act.

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

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

14 (d) (Blank).

15 (e) A physician shall not be liable for the acts or  
16 omissions of a prescribing psychologist, physician assistant,  
17 or advanced practice registered nurse solely on the basis of  
18 having signed a supervision agreement or guidelines or a  
19 collaborative agreement, an order, a standing medical order, a  
20 standing delegation order, or other order or guideline  
21 authorizing a prescribing psychologist, physician assistant,  
22 or advanced practice registered nurse to perform acts, unless  
23 the physician has reason to believe the prescribing  
24 psychologist, physician assistant, or advanced practice  
25 registered nurse lacked the competency to perform the act or  
26 acts or commits willful and wanton misconduct.

1 (f) A collaborating physician may, but is not required to,  
2 delegate prescriptive authority to an advanced practice  
3 registered nurse as part of a written collaborative agreement,  
4 and the delegation of prescriptive authority shall conform to  
5 the requirements of Section 65-40 of the Nurse Practice Act.

6 (g) A supervising physician may, but is not required to,  
7 delegate prescriptive authority to a physician assistant as  
8 part of a written supervision agreement, and the delegation of  
9 prescriptive authority shall conform to the requirements of  
10 Section 7.5 of the Physician Assistant Practice Act of 1987.

11 (h) (Blank).

12 (i) A collaborating physician shall delegate prescriptive  
13 authority to a prescribing psychologist as part of a written  
14 collaborative agreement, and the delegation of prescriptive  
15 authority shall conform to the requirements of Section 4.3 of  
16 the Clinical Psychologist Licensing Act.

17 (Source: P.A. 98-192, eff. 1-1-14; 98-668, eff. 6-25-14;  
18 99-173, eff. 7-29-15.)

19 Section 160. The Nurse Practice Act is amended by changing  
20 Sections 50-10, 50-15, 50-20, 50-50, 50-55, 50-60, 50-65,  
21 50-70, 50-75, 55-10, 55-20, 55-30, 60-5, 60-10, 60-25, 60-35,  
22 65-5, 65-10, 65-15, 65-20, 65-25, 65-30, 65-35, 65-35.1, 65-40,  
23 65-45, 65-50, 65-55, 65-65, 70-5, 70-10, 70-20, 70-35, 70-40,  
24 70-50, 70-60, 70-75, 70-80, 70-85, 70-100, 70-140, 70-145,  
25 70-160, 75-10, 75-15, 75-20, 80-15, and 80-35 and the heading

1 of Articles 65 and 75 and by adding Sections 50-13, 50-26,  
2 55-11, 60-11, 70-81, and 70-103 as follows:

3 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

4 (Section scheduled to be repealed on January 1, 2018)

5 Sec. 50-10. Definitions. Each of the following terms, when  
6 used in this Act, shall have the meaning ascribed to it in this  
7 Section, except where the context clearly indicates otherwise:

8 "Academic year" means the customary annual schedule of  
9 courses at a college, university, or approved school,  
10 customarily regarded as the school year as distinguished from  
11 the calendar year.

12 "Address of record" means the designated address recorded  
13 by the Department in the applicant's or licensee's application  
14 file or license file as maintained by the Department's  
15 licensure maintenance unit.

16 "Advanced practice registered nurse" or "APRN" ~~"APN"~~ means  
17 a person who has met the qualifications for a (i) certified  
18 nurse midwife (CNM); (ii) certified nurse practitioner (CNP);  
19 (iii) certified registered nurse anesthetist (CRNA); or (iv)  
20 clinical nurse specialist (CNS) and has been licensed by the  
21 Department. All advanced practice registered nurses licensed  
22 and practicing in the State of Illinois shall use the title  
23 APRN ~~APN~~ and may use specialty credentials CNM, CNP, CRNA, or  
24 CNS after their name. All advanced practice registered nurses  
25 may only practice in accordance with national certification and

1 this Act.

2 "Advisory Board" means the Illinois Nursing Workforce  
3 Center Advisory Board.

4 "Approved program of professional nursing education" and  
5 "approved program of practical nursing education" are programs  
6 of professional or practical nursing, respectively, approved  
7 by the Department under the provisions of this Act.

8 "Board" means the Board of Nursing appointed by the  
9 Secretary.

10 "Center" means the Illinois Nursing Workforce Center.

11 "Collaboration" means a process involving 2 or more health  
12 care professionals working together, each contributing one's  
13 respective area of expertise to provide more comprehensive  
14 patient care.

15 "Competence" means an expected and measurable level of  
16 performance that integrates knowledge, skills, abilities, and  
17 judgment based on established scientific knowledge and  
18 expectations for nursing practice.

19 "Comprehensive nursing assessment" means the gathering of  
20 information about the patient's physiological, psychological,  
21 sociological, and spiritual status on an ongoing basis by a  
22 registered professional nurse and is the first step in  
23 implementing and guiding the nursing plan of care.

24 "Consultation" means the process whereby an advanced  
25 practice registered nurse seeks the advice or opinion of  
26 another health care professional.

1 "Credentialed" means the process of assessing and  
2 validating the qualifications of a health care professional.

3 ~~"Current nursing practice update course" means a planned~~  
4 ~~nursing education curriculum approved by the Department~~  
5 ~~consisting of activities that have educational objectives,~~  
6 ~~instructional methods, content or subject matter, clinical~~  
7 ~~practice, and evaluation methods, related to basic review and~~  
8 ~~updating content and specifically planned for those nurses~~  
9 ~~previously licensed in the United States or its territories and~~  
10 ~~preparing for reentry into nursing practice.~~

11 "Dentist" means a person licensed to practice dentistry  
12 under the Illinois Dental Practice Act.

13 "Department" means the Department of Financial and  
14 Professional Regulation.

15 "Email address of record" means the designated email  
16 address recorded by the Department in the applicant's  
17 application file or the licensee's license file, as maintained  
18 by the Department's licensure maintenance unit.

19 "Focused nursing assessment" means an appraisal of an  
20 individual's status and current situation, contributing to the  
21 comprehensive nursing assessment performed by the registered  
22 professional nurse or advanced practice registered nurse or the  
23 assessment by the physician assistant, physician, dentist,  
24 podiatric physician, or other licensed health care  
25 professional, as determined by the Department, supporting  
26 ongoing data collection, and deciding who needs to be informed

1 of the information and when to inform.

2 "Hospital affiliate" means a corporation, partnership,  
3 joint venture, limited liability company, or similar  
4 organization, other than a hospital, that is devoted primarily  
5 to the provision, management, or support of health care  
6 services and that directly or indirectly controls, is  
7 controlled by, or is under common control of the hospital. For  
8 the purposes of this definition, "control" means having at  
9 least an equal or a majority ownership or membership interest.  
10 A hospital affiliate shall be 100% owned or controlled by any  
11 combination of hospitals, their parent corporations, or  
12 physicians licensed to practice medicine in all its branches in  
13 Illinois. "Hospital affiliate" does not include a health  
14 maintenance organization regulated under the Health  
15 Maintenance Organization Act.

16 "Impaired nurse" means a nurse licensed under this Act who  
17 is unable to practice with reasonable skill and safety because  
18 of a physical or mental disability as evidenced by a written  
19 determination or written consent based on clinical evidence,  
20 including loss of motor skills, abuse of drugs or alcohol, or a  
21 psychiatric disorder, of sufficient degree to diminish his or  
22 her ability to deliver competent patient care.

23 "License-pending advanced practice registered nurse" means  
24 a registered professional nurse who has completed all  
25 requirements for licensure as an advanced practice registered  
26 nurse except the certification examination and has applied to

1 take the next available certification exam and received a  
2 temporary permit license from the Department.

3 "License-pending registered nurse" means a person who has  
4 passed the Department-approved registered nurse licensure exam  
5 and has applied for a license from the Department. A  
6 license-pending registered nurse shall use the title "RN lic  
7 pend" on all documentation related to nursing practice.

8 "Nursing intervention" means any treatment based on  
9 clinical nursing judgment or knowledge that a nurse performs.  
10 An individual or entity shall not mandate that a registered  
11 professional nurse delegate nursing interventions if the  
12 registered professional nurse determines it is inappropriate  
13 to do so. A nurse shall not be subject to disciplinary or any  
14 other adverse action for refusing to delegate a nursing  
15 intervention based on patient safety.

16 "Physician" means a person licensed to practice medicine in  
17 all its branches under the Medical Practice Act of 1987.

18 "Podiatric physician" means a person licensed to practice  
19 podiatry under the Podiatric Medical Practice Act of 1987.

20 "Practical nurse" or "licensed practical nurse" means a  
21 person who is licensed as a practical nurse under this Act and  
22 practices practical nursing as defined in this Act. Only a  
23 practical nurse licensed under this Act is entitled to use the  
24 title "licensed practical nurse" and the abbreviation  
25 "L.P.N.".

26 "Practical nursing" means the performance of nursing

1 interventions ~~acts~~ requiring the ~~basic~~ nursing knowledge,  
2 judgment, and skill acquired by means of completion of an  
3 approved practical nursing education program. Practical  
4 nursing includes assisting in the nursing process under the  
5 guidance of ~~as delegated by~~ a registered professional nurse or  
6 an advanced practice registered nurse. The practical nurse may  
7 work under the direction of a licensed physician, dentist,  
8 podiatric physician, or other health care professional  
9 determined by the Department.

10 "Privileged" means the authorization granted by the  
11 governing body of a healthcare facility, agency, or  
12 organization to provide specific patient care services within  
13 well-defined limits, based on qualifications reviewed in the  
14 credentialing process.

15 "Registered Nurse" or "Registered Professional Nurse"  
16 means a person who is licensed as a professional nurse under  
17 this Act and practices nursing as defined in this Act. Only a  
18 registered nurse licensed under this Act is entitled to use the  
19 titles "registered nurse" and "registered professional nurse"  
20 and the abbreviation, "R.N.".

21 "Registered professional nursing practice" means a  
22 scientific process founded on a professional body of knowledge  
23 that includes, but is not limited to, the protection,  
24 promotion, and optimization of health and abilities,  
25 prevention of illness and injury, development and  
26 implementation of the nursing plan of care, facilitation of



1 nursing interventions to alleviate suffering, care  
2 coordination, and advocacy in the care of individuals,  
3 families, groups, communities, and populations. "Registered  
4 professional nursing practice" does not include the act of  
5 medical diagnosis or prescription of medical therapeutic or  
6 corrective measures. ~~is a scientific process founded on a~~  
7 ~~professional body of knowledge; it is a learned profession~~  
8 ~~based on the understanding of the human condition across the~~  
9 ~~life span and environment and includes all nursing specialties~~  
10 ~~and means the performance of any nursing act based upon~~  
11 ~~professional knowledge, judgment, and skills acquired by means~~  
12 ~~of completion of an approved professional nursing education~~  
13 ~~program. A registered professional nurse provides holistic~~  
14 ~~nursing care through the nursing process to individuals,~~  
15 ~~groups, families, or communities, that includes but is not~~  
16 ~~limited to: (1) the assessment of healthcare needs, nursing~~  
17 ~~diagnosis, planning, implementation, and nursing evaluation;~~  
18 ~~(2) the promotion, maintenance, and restoration of health; (3)~~  
19 ~~counseling, patient education, health education, and patient~~  
20 ~~advocacy; (4) the administration of medications and treatments~~  
21 ~~as prescribed by a physician licensed to practice medicine in~~  
22 ~~all of its branches, a licensed dentist, a licensed podiatric~~  
23 ~~physician, or a licensed optometrist or as prescribed by a~~  
24 ~~physician assistant or by an advanced practice nurse; (5) the~~  
25 ~~coordination and management of the nursing plan of care; (6)~~  
26 ~~the delegation to and supervision of individuals who assist the~~

1 ~~registered professional nurse implementing the plan of care;~~  
2 ~~and (7) teaching nursing students. The foregoing shall not be~~  
3 ~~deemed to include those acts of medical diagnosis or~~  
4 ~~prescription of therapeutic or corrective measures.~~

5 "Professional assistance program for nurses" means a  
6 professional assistance program that meets criteria  
7 established by the Board of Nursing and approved by the  
8 Secretary, which provides a non-disciplinary treatment  
9 approach for nurses licensed under this Act whose ability to  
10 practice is compromised by alcohol or chemical substance  
11 addiction.

12 "Secretary" means the Secretary of Financial and  
13 Professional Regulation.

14 "Unencumbered license" means a license issued in good  
15 standing.

16 "Written collaborative agreement" means a written  
17 agreement between an advanced practice registered nurse and a  
18 collaborating physician, dentist, or podiatric physician  
19 pursuant to Section 65-35.

20 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15;  
21 99-330, eff. 1-1-16; 99-642, eff. 7-28-16.)

22 (225 ILCS 65/50-13 new)

23 Sec. 50-13. Address of record; email address of record. All  
24 applicants and licensees shall:

25 (1) provide a valid address and email address to the

1 Department, which shall serve as the address of record and  
2 email address of record, respectively, at the time of  
3 application for licensure or renewal of a license; and

4 (2) inform the Department of any change of address of  
5 record or email address of record within 14 days after such  
6 change either through the Department's website or by  
7 contacting the Department's licensure maintenance unit.

8 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

9 (Section scheduled to be repealed on January 1, 2018)

10 Sec. 50-15. Policy; application of Act.

11 (a) For the protection of life and the promotion of health,  
12 and the prevention of illness and communicable diseases, any  
13 person practicing or offering to practice advanced,  
14 professional, or practical nursing in Illinois shall submit  
15 evidence that he or she is qualified to practice, and shall be  
16 licensed as provided under this Act. No person shall practice  
17 or offer to practice advanced, professional, or practical  
18 nursing in Illinois or use any title, sign, card or device to  
19 indicate that such a person is practicing professional or  
20 practical nursing unless such person has been licensed under  
21 the provisions of this Act.

22 (b) This Act does not prohibit the following:

23 (1) The practice of nursing in Federal employment in  
24 the discharge of the employee's duties by a person who is  
25 employed by the United States government or any bureau,

1 division or agency thereof and is a legally qualified and  
2 licensed nurse of another state or territory and not in  
3 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of  
4 this Act.

5 (2) Nursing that is included in the program of study by  
6 students enrolled in programs of nursing or in current  
7 nurse practice update courses approved by the Department.

8 (3) The furnishing of nursing assistance in an  
9 emergency.

10 (4) The practice of nursing by a nurse who holds an  
11 active license in another state when providing services to  
12 patients in Illinois during a bonafide emergency or in  
13 immediate preparation for or during interstate transit.

14 (5) The incidental care of the sick by members of the  
15 family, domestic servants or housekeepers, or care of the  
16 sick where treatment is by prayer or spiritual means.

17 (6) Persons from being employed as unlicensed  
18 assistive personnel in private homes, long term care  
19 facilities, nurseries, hospitals or other institutions.

20 (7) The practice of practical nursing by one who is a  
21 licensed practical nurse under the laws of another U.S.  
22 jurisdiction and has applied in writing to the Department,  
23 in form and substance satisfactory to the Department, for a  
24 license as a licensed practical nurse and who is qualified  
25 to receive such license under this Act, until (i) the  
26 expiration of 6 months after the filing of such written

1 application, (ii) the withdrawal of such application, or  
2 (iii) the denial of such application by the Department.

3 (8) The practice of advanced practice registered  
4 nursing by one who is an advanced practice registered nurse  
5 under the laws of another ~~state, territory of the~~ United  
6 States jurisdiction or a foreign jurisdiction, ~~or country~~  
7 and has applied in writing to the Department, in form and  
8 substance satisfactory to the Department, for a license as  
9 an advanced practice registered nurse and who is qualified  
10 to receive such license under this Act, until (i) the  
11 expiration of 6 months after the filing of such written  
12 application, (ii) the withdrawal of such application, or  
13 (iii) the denial of such application by the Department.

14 (9) The practice of professional nursing by one who is  
15 a registered professional nurse under the laws of another  
16 ~~state, territory of the~~ United States jurisdiction or a  
17 foreign jurisdiction ~~or country~~ and has applied in writing  
18 to the Department, in form and substance satisfactory to  
19 the Department, for a license as a registered professional  
20 nurse and who is qualified to receive such license under  
21 Section 55-10, until (1) the expiration of 6 months after  
22 the filing of such written application, (2) the withdrawal  
23 of such application, or (3) the denial of such application  
24 by the Department.

25 (10) The practice of professional nursing that is  
26 included in a program of study by one who is a registered

1 professional nurse under the laws of another ~~state or~~  
2 ~~territory of the~~ United States jurisdiction or a foreign  
3 jurisdiction ~~country, territory or province~~ and who is  
4 enrolled in a graduate nursing education program or a  
5 program for the completion of a baccalaureate nursing  
6 degree in this State, which includes clinical supervision  
7 by faculty as determined by the educational institution  
8 offering the program and the health care organization where  
9 the practice of nursing occurs.

10 (11) Any person licensed in this State under any other  
11 Act from engaging in the practice for which she or he is  
12 licensed.

13 (12) Delegation to authorized direct care staff  
14 trained under Section 15.4 of the Mental Health and  
15 Developmental Disabilities Administrative Act consistent  
16 with the policies of the Department.

17 (13) (Blank). ~~The practice, services, or activities of~~  
18 ~~persons practicing the specified occupations set forth in~~  
19 ~~subsection (a) of, and pursuant to a licensing exemption~~  
20 ~~granted in subsection (b) or (d) of, Section 2105-350 of~~  
21 ~~the Department of Professional Regulation Law of the Civil~~  
22 ~~Administrative Code of Illinois, but only for so long as~~  
23 ~~the 2016 Olympic and Paralympic Games Professional~~  
24 ~~Licensure Exemption Law is operable.~~

25 (14) County correctional personnel from delivering  
26 prepackaged medication for self-administration to an

1 individual detainee in a correctional facility.

2 Nothing in this Act shall be construed to limit the  
3 delegation of tasks or duties by a physician, dentist, or  
4 podiatric physician to a licensed practical nurse, a registered  
5 professional nurse, or other persons.

6 (Source: P.A. 98-214, eff. 8-9-13.)

7 (225 ILCS 65/50-20) (was 225 ILCS 65/5-20)

8 (Section scheduled to be repealed on January 1, 2018)

9 Sec. 50-20. Unlicensed practice; violation; civil penalty.

10 (a) In addition to any other penalty provided by law, any  
11 ~~Any~~ person who practices, offers to practice, attempts to  
12 practice, or holds oneself out to practice nursing without  
13 being licensed under this Act shall, ~~in addition to any other~~  
14 ~~penalty provided by law,~~ pay a civil penalty to the Department  
15 in an amount not to exceed \$10,000 for each offense as  
16 determined by the Department. The civil penalty shall be  
17 assessed by the Department after a hearing is held in  
18 accordance with the provisions set forth in this Act regarding  
19 the provision of a hearing for the discipline of a licensee.

20 (b) The Department has the authority and power to  
21 investigate any and all unlicensed activity.

22 (c) The civil penalty shall be paid within 60 days after  
23 the effective date of the order imposing the civil penalty. The  
24 order shall constitute a judgment and may be filed and  
25 execution had thereon in the same manner as any judgment from

1 any court of record.

2 (Source: P.A. 95-639, eff. 10-5-07.)

3 (225 ILCS 65/50-26 new)

4 Sec. 50-26. Application for license. Applications for  
5 licenses shall be made to the Department on forms prescribed by  
6 the Department and accompanied by the required fee. All  
7 applications shall contain the information that, in the  
8 judgment of the Department, will enable the Department to pass  
9 on the qualifications of the applicant for a license under this  
10 Act.

11 If an applicant fails to obtain a license under this Act  
12 within 3 years after filing his or her application, the  
13 application shall be denied. The applicant may make a new  
14 application, which shall be accompanied by the required  
15 nonrefundable fee. The applicant shall be required to meet the  
16 qualifications required for licensure at the time of  
17 reapplication.

18 (225 ILCS 65/50-50) (was 225 ILCS 65/10-5)

19 (Section scheduled to be repealed on January 1, 2018)

20 Sec. 50-50. Prohibited acts.

21 (a) No person shall:

22 (1) Practice as an advanced practice registered nurse  
23 without a valid license as an advanced practice registered  
24 nurse, except as provided in Section 50-15 of this Act;



1           (2) Practice professional nursing without a valid  
2 license as a registered professional nurse except as  
3 provided in Section 50-15 of this Act;

4           (3) Practice practical nursing without a valid license  
5 as a licensed practical nurse or practice practical  
6 nursing, except as provided in Section 50-15 of this Act;

7           (4) Practice nursing under cover of any diploma,  
8 license, or record illegally or fraudulently obtained or  
9 signed or issued unlawfully or under fraudulent  
10 representation;

11           (5) Practice nursing during the time her or his license  
12 is suspended, revoked, expired, or on inactive status;

13           (6) Use any words, abbreviations, figures, letters,  
14 title, sign, card, or device tending to imply that she or  
15 he is a registered professional nurse, including the titles  
16 or initials, "Nurse", "Registered Nurse", "Professional  
17 Nurse", "Registered Professional Nurse", "Certified  
18 Nurse", "Trained Nurse", "Graduate Nurse", "P.N." or  
19 "R.N." or "R.P.N." or similar titles or initials with  
20 intention of indicating practice without a valid license as  
21 a registered professional nurse;

22           (7) Use any words, abbreviations, figures, letters,  
23 titles, signs, cards, or devices tending to imply that she  
24 or he is an advanced practice registered nurse, including  
25 the titles or initials "Advanced Practice Registered  
26 Nurse", "A.P.R.N." "~~A.P.N.~~", or similar titles or

1 initials, with the intention of indicating practice as an  
2 advanced practice registered nurse without a valid license  
3 as an advanced practice registered nurse under this Act.  
4 For purposes of this provision, the terms "advanced  
5 practice nurse" and "A.P.N." are considered to be similar  
6 titles or initials protected by this subsection (a).

7 (8) Use any words, abbreviations figures, letters,  
8 title, sign, card, or device tending to imply that she or  
9 he is a licensed practical nurse including the titles or  
10 initials "Practical Nurse" ┐ "Licensed Practical Nurse" ┐  
11 "P.N." ┐ or "L.P.N." ┐ or similar titles or initials with  
12 intention of indicated practice as a licensed practical  
13 nurse without a valid license as a licensed practical nurse  
14 under this Act;

15 (9) Advertise services regulated under this Act  
16 without including in every advertisement his or her title  
17 as it appears on the license or the initials authorized  
18 under this Act;

19 (10) Obtain or furnish a license by or for money or any  
20 other thing of value other than the fees required under  
21 this Act, or by any fraudulent representation or act;

22 (11) Make any willfully ~~wilfully~~ false oath or  
23 affirmation required by this Act;

24 (12) Conduct a nursing education program preparing  
25 persons for licensure that has not been approved by the  
26 Department;

1 (13) Represent that any school or course is approved or  
2 accredited as a school or course for the education of  
3 registered professional nurses or licensed practical  
4 nurses unless such school or course is approved by the  
5 Department under the provisions of this Act;

6 (14) Attempt or offer to do any of the acts enumerated  
7 in this Section, or knowingly aid, abet, assist in the  
8 doing of any such acts or in the attempt or offer to do any  
9 of such acts;

10 (15) Employ persons not licensed under this Act to  
11 practice professional nursing or practical nursing; ~~and~~

12 (16) (Blank); ~~Otherwise intentionally violate any~~  
13 ~~provision of this Act.~~

14 (17) Retaliate against any nurse who reports unsafe,  
15 unethical, or illegal health care practices or  
16 conditions; ~~:-~~

17 (18) Be deemed a supervisor when delegating nursing  
18 interventions or guiding the practice of a licensed  
19 practical nurse ~~activities or tasks~~ as authorized under  
20 this Act; and

21 (19) Discipline or take other adverse action against a  
22 nurse who refused to delegate a nursing intervention based  
23 on patient safety; and

24 (20) Otherwise intentionally violate any provision of  
25 this Act.

26 (b) Any person, including a firm, association, l or

1 corporation who violates any provision of this Section shall be  
2 guilty of a Class A misdemeanor.

3 (Source: P.A. 95-639, eff. 10-5-07.)

4 (225 ILCS 65/50-55) (was 225 ILCS 65/10-10)

5 (Section scheduled to be repealed on January 1, 2018)

6 Sec. 50-55. Department powers and duties. Subject to the  
7 provisions of this Act, the ~~(a) The Department is authorized to~~  
8 ~~shall~~ exercise the following functions, powers, and duties:  
9 ~~prescribed by the Civil Administrative Code of Illinois for~~  
10 ~~administration of licensing acts and shall exercise other~~  
11 ~~powers and duties necessary for effectuating the purpose of~~  
12 ~~this Act. None of the functions, powers, or duties of the~~  
13 ~~Department with respect to licensure and examination shall be~~  
14 ~~exercised by the Department except upon review by the Board.~~

15 (1) Conduct or authorize examinations to ascertain the  
16 fitness and qualifications of applicants for all licenses  
17 governed by this Act, pass upon the qualifications of  
18 applicants for licenses, and issue licenses to applicants  
19 found to be fit and qualified.

20 (2) Adopt ~~The Department shall adopt~~ rules required for  
21 the administration ~~to implement, interpret, or make~~  
22 ~~specific the provisions and purposes of this Act, in~~  
23 consultation with; ~~however no such rules shall be adopted~~  
24 ~~by the Department except upon review by the Board~~ where  
25 necessary.

1           (3) Prescribe rules for a method of examination of  
2           candidates.

3           (4) Prescribe rules defining what constitutes an  
4           approved program, school, college, or department of a  
5           university, except that no program, school, college, or  
6           department of a university that refuses admittance to  
7           applicants solely on account of race, color, creed, sex, or  
8           national origin shall be approved.

9           (5) Conduct hearings on proceedings to revoke or  
10           suspend licenses or on objection to the issuance of  
11           licenses and to revoke, suspend, or refuse to issue such  
12           licenses.

13           (6) Prepare ~~(b) The Department shall prepare~~ and  
14           maintain a list of approved programs of professional  
15           nursing education and programs of practical nursing  
16           education in this State, whose graduates, if they have the  
17           other necessary qualifications provided in this Act, shall  
18           be eligible to apply for a license to practice nursing in  
19           this State.

20           (7) Act ~~(c) The Department may act~~ upon the  
21           recommendations of the Board of Nursing and the Illinois  
22           Nursing Workforce Center ~~for Nursing~~ Advisory Board.

23           (8) Exercise the powers and duties prescribed by the  
24           Civil Administrative Code of Illinois for the  
25           administration of licensing Acts.

26           (Source: P.A. 94-1020, eff. 7-11-06; 95-639, eff. 10-5-07.)

1 (225 ILCS 65/50-60) (was 225 ILCS 65/10-15)

2 (Section scheduled to be repealed on January 1, 2018)

3 Sec. 50-60. Nursing Coordinator;~~Assistant Nursing~~  
4 ~~Coordinator~~. The Secretary shall appoint, pursuant to the  
5 Personnel Code, a Nursing Coordinator ~~and an Assistant Nursing~~  
6 ~~Coordinator~~. The Nursing Coordinator ~~and Assistant Nursing~~  
7 ~~Coordinator~~ shall be a registered professional nurse ~~nurses~~  
8 licensed in this State who has ~~have~~ graduated from an approved  
9 school of nursing and holds ~~hold~~ at least a master's degree in  
10 nursing from an accredited college or university.

11 (Source: P.A. 95-639, eff. 10-5-07.)

12 (225 ILCS 65/50-65) (was 225 ILCS 65/10-25)

13 (Section scheduled to be repealed on January 1, 2018)

14 Sec. 50-65. Board.

15 (a) The ~~The term of each member of the Board of Nursing and~~  
16 ~~the Advanced Practice Nursing Board serving before the~~  
17 ~~effective date of this amendatory Act of the 95th General~~  
18 ~~Assembly shall terminate on the effective date of this~~  
19 ~~amendatory Act of the 95th General Assembly. Beginning on the~~  
20 ~~effective date of this amendatory Act of the 95th General~~  
21 ~~Assembly,~~ the Secretary shall solicit recommendations from  
22 nursing organizations and appoint the Board of Nursing, which  
23 shall consist of 13 members, one of whom shall be a practical  
24 nurse; one of whom shall be a practical nurse educator; one of

1 whom shall be a registered professional nurse in practice; one  
2 of whom shall be an associate degree nurse educator; one of  
3 whom shall be a baccalaureate degree nurse educator; one of  
4 whom shall be a nurse who is actively engaged in direct care;  
5 one of whom shall be a registered professional nurse actively  
6 engaged in direct care; one of whom shall be a nursing  
7 administrator; 4 of whom shall be advanced practice registered  
8 nurses representing CNS, CNP, CNM, and CRNA practice; and one  
9 of whom shall be a public member who is not employed in and has  
10 no material interest in any health care field. The Board shall  
11 receive actual and necessary expenses incurred in the  
12 performance of their duties.

13 ~~Members of the Board of Nursing and the Advanced Practice~~  
14 ~~Nursing Board whose terms were terminated by this amendatory~~  
15 ~~Act of the 95th General Assembly shall be considered for~~  
16 ~~membership positions on the Board.~~

17 All nursing members of the Board must be (i) residents of  
18 this State, (ii) licensed in good standing to practice nursing  
19 in this State, (iii) graduates of an approved nursing program,  
20 with a minimum of 5 years' ~~years~~ experience in the field of  
21 nursing, and (iv) at the time of appointment to the Board,  
22 actively engaged in nursing or work related to nursing.

23 Membership terms shall be for 3 years, except that in  
24 making initial appointments, the Secretary shall appoint all  
25 members for initial terms of 2, 3, and 4 years and these terms  
26 shall be staggered as follows: 3 shall be appointed for terms

1 of 2 years; 4 shall be appointed for terms of 3 years; and 6  
2 shall be appointed for terms of 4 years. No member shall be  
3 appointed to more than 2 consecutive terms. In the case of a  
4 vacated position, an individual may be appointed to serve the  
5 unexpired portion of that term; if the term is less than half  
6 of a full term, the individual is eligible to serve 2 full  
7 terms.

8 The Secretary may remove any member of the Board for  
9 misconduct, incapacity, or neglect of duty. The Secretary shall  
10 reduce to writing any causes for removal.

11 The Board shall meet annually to elect a chairperson and  
12 vice chairperson. The Board shall hold regularly scheduled  
13 meetings during the year. A simple majority of the Board shall  
14 constitute a quorum at any meeting. Any action taken by the  
15 Board must be on the affirmative vote of a simple majority of  
16 members. Voting by proxy shall not be permitted. In the case of  
17 an emergency where all Board members cannot meet in person, the  
18 Board may convene a meeting via an electronic format in  
19 accordance with the Open Meetings Act.

20 (b) The Board may perform each of the following activities:

21 (1) Recommend to the Department the adoption and the  
22 revision of rules necessary for the administration of this  
23 Act;

24 (2) Recommend the approval, denial of approval,  
25 withdrawal of approval, or discipline of nursing education  
26 programs;



1 (c) The Board shall participate in disciplinary  
2 conferences and hearings and make recommendations to the  
3 Department regarding disciplinary action taken against a  
4 licensee as provided under this Act. Disciplinary conference  
5 hearings and proceedings regarding scope of practice issues  
6 shall be conducted by a Board member at the same or higher  
7 licensure level as the respondent. Participation in an informal  
8 conference shall not bar members of the Board from future  
9 participation or decisions relating to that matter.

10 (d) (Blank). ~~With the exception of emergency rules, any~~  
11 ~~proposed rules, amendments, second notice materials, and~~  
12 ~~adopted rule or amendment materials or policy statements~~  
13 ~~concerning advanced practice nurses shall be presented to the~~  
14 ~~Medical Licensing Board for review and comment. The~~  
15 ~~recommendations of both the Board of Nursing and the Medical~~  
16 ~~Licensing Board shall be presented to the Secretary for~~  
17 ~~consideration in making final decisions. Whenever the Board of~~  
18 ~~Nursing and Medical Licensing Board disagree on a proposed rule~~  
19 ~~or policy, the Secretary shall convene a joint meeting of the~~  
20 ~~officers of each Board to discuss resolution of any~~  
21 ~~disagreements.~~

22 (Source: P.A. 95-639, eff. 10-5-07.)

23 (225 ILCS 65/50-70) (was 225 ILCS 65/10-35)

24 (Section scheduled to be repealed on January 1, 2018)

25 Sec. 50-70. Concurrent theory and clinical practice

1 education requirements of this Act. The educational  
2 requirements of Sections 55-10 and 60-10 of this Act relating  
3 to registered professional nursing and licensed practical  
4 nursing shall not be deemed to have been satisfied by the  
5 completion of ~~any correspondence course or~~ any program of  
6 nursing that does not require coordinated or concurrent theory  
7 and clinical practice. The Department may, upon recommendation  
8 of the Board, grant an Illinois license to those applicants who  
9 have received advanced graduate degrees in nursing from an  
10 approved program with concurrent theory and clinical practice  
11 or to those applicants who are currently licensed in another  
12 state and have been actively practicing clinical nursing for a  
13 minimum of 2 years.

14 (Source: P.A. 95-639, eff. 10-5-07.)

15 (225 ILCS 65/50-75)

16 (Section scheduled to be repealed on January 1, 2018)

17 Sec. 50-75. Nursing delegation by a registered  
18 professional nurse.

19 (a) For the purposes of this Section:

20 "Delegation" means transferring to a specific ~~an~~  
21 individual the authority to perform a specific nursing  
22 intervention in a specific ~~selected nursing activity or task,~~  
23 ~~in a selected~~ situation.

24 "Predictability of outcomes" means that a registered  
25 professional nurse or advanced practice registered nurse has

1 determined that the patient's or individual's clinical status  
2 is stable and expected to improve or the patient's or  
3 individual's deteriorating condition is expected to follow a  
4 known or expected course.

5 "Stability" means a registered professional nurse or  
6 advanced practice registered nurse has determined that the  
7 individual's clinical status and nursing care needs are  
8 consistent.

9 ~~"Nursing activity" means any work requiring the use of~~  
10 ~~knowledge acquired by completion of an approved program for~~  
11 ~~licensure, including advanced education, continuing education,~~  
12 ~~and experience as a licensed practical nurse or professional~~  
13 ~~nurse, as defined by the Department by rule.~~

14 ~~"Task" means work not requiring nursing knowledge,~~  
15 ~~judgment, or decision-making, as defined by the Department by~~  
16 ~~rule.~~

17 (b) This Section authorizes a registered professional  
18 nurse or advanced practice registered nurse to:

19 (1) delegate nursing interventions to other registered  
20 professional nurses, licensed practical nurses, and other  
21 unlicensed personnel based on the comprehensive nursing  
22 assessment that includes, but is not limited to:

23 (A) the stability and condition of the patient;

24 (B) the potential for harm;

25 (C) the complexity of the nursing intervention to  
26 be delegated;

1                   (D) the predictability of outcomes; and

2                   (E) competency of the individual to whom the  
3                   nursing intervention is delegated;

4                   (2) delegate medication administration to other  
5                   licensed nurses;

6                   (3) in community-based or in-home care settings,  
7                   delegate the administration of medication (limited to oral  
8                   or subcutaneous dosage and topical or transdermal  
9                   application) to unlicensed personnel, if all the  
10                   conditions for delegation set forth in this Section are  
11                   met;

12                   (4) refuse to delegate, stop, or rescind a previously  
13                   authorized delegation; or ~~Nursing shall be practiced by~~  
14                   ~~licensed practical nurses, registered professional nurses,~~  
15                   ~~and advanced practice nurses. In the delivery of nursing~~  
16                   ~~care, nurses work with many other licensed professionals~~  
17                   ~~and other persons. An advanced practice nurse may delegate~~  
18                   ~~to registered professional nurses, licensed practical~~  
19                   ~~nurses, and others persons.~~

20                   (5) in community-based or in-home care settings,  
21                   delegate, guide, and evaluate the implementation of  
22                   nursing interventions as a component of patient care  
23                   coordination after completion of the comprehensive patient  
24                   assessment based on analysis of the comprehensive nursing  
25                   assessment data; care coordination in in-home care and  
26                   school settings may occur in person, by telecommunication,

1 or by electronic communication.

2 (c) This Section prohibits the following:

3 (1) An individual or entity from mandating that a  
4 registered professional nurse delegate nursing  
5 interventions if the registered professional nurse  
6 determines it is inappropriate to do so. Nurses shall not  
7 be subject to disciplinary or any other adverse action for  
8 refusing to delegate a nursing intervention based on  
9 patient safety.

10 (2) The delegation of medication administration to  
11 unlicensed personnel in any institutional or long-term  
12 facility, including, but not limited to, those facilities  
13 licensed by the Hospital Licensing Act, the University of  
14 Illinois Hospital Act, State-operated mental health  
15 hospitals, or State-operated developmental centers, except  
16 as authorized under Article 80 of this Act or otherwise  
17 specifically authorized by law.

18 (3) A registered professional nurse from delegating  
19 nursing judgment, the comprehensive patient assessment,  
20 the development of a plan of care, and the evaluation of  
21 care to licensed or unlicensed personnel.

22 (4) A licensed practical nurse or unlicensed personnel  
23 who has been delegated a nursing intervention from  
24 re-delegating a nursing intervention. A registered  
25 professional nurse shall not delegate any nursing activity  
26 requiring the specialized knowledge, judgment, and skill

1 ~~of a licensed nurse to an unlicensed person, including~~  
2 ~~medication administration. A registered professional nurse~~  
3 ~~may delegate nursing activities to other registered~~  
4 ~~professional nurses or licensed practical nurses.~~

5 ~~A registered nurse may delegate tasks to other licensed and~~  
6 ~~unlicensed persons. A licensed practical nurse who has been~~  
7 ~~delegated a nursing activity shall not re-delegate the nursing~~  
8 ~~activity. A registered professional nurse or advanced practice~~  
9 ~~nurse retains the right to refuse to delegate or to stop or~~  
10 ~~rescind a previously authorized delegation.~~

11 (Source: P.A. 95-639, eff. 10-5-07.)

12 (225 ILCS 65/55-10) (was 225 ILCS 65/10-30)

13 (Section scheduled to be repealed on January 1, 2018)

14 Sec. 55-10. LPN licensure by examination ~~Qualifications~~  
15 ~~for LPN licensure.~~

16 (a) Each applicant who successfully meets the requirements  
17 of this Section is eligible for ~~shall be entitled to~~ licensure  
18 as a licensed practical nurse ~~Licensed Practical Nurse.~~

19 (b) An applicant for licensure by examination to practice  
20 as a practical nurse is eligible for licensure when the  
21 following requirements are met ~~must do each of the following:~~

22 (1) the applicant has submitted ~~Submit~~ a completed  
23 written application, on forms provided by the Department  
24 and fees as established by the Department;~~;~~

25 (2) the applicant has ~~Have~~ graduated from a practical

1 nursing education program approved by the Department or has  
2 ~~have~~ been granted a certificate of completion of  
3 pre-licensure requirements from another United States  
4 jurisdiction;~~;~~

5 (3) the applicant has successfully completed  
6 ~~Successfully complete~~ a licensure examination approved by  
7 the Department;~~;~~

8 (4) (blank); ~~Have not violated the provisions of this~~  
9 ~~Act concerning the grounds for disciplinary action. The~~  
10 ~~Department may take into consideration any felony~~  
11 ~~conviction of the applicant, but such a conviction shall~~  
12 ~~not operate as an absolute bar to licensure.~~

13 (5) the applicant has submitted ~~Submit~~ to the criminal  
14 history records check required under Section 50-35 of this  
15 Act;~~;~~

16 (6) the applicant has submitted ~~Submit~~ either to the  
17 Department or its designated testing service, a fee  
18 covering the cost of providing the examination. Failure to  
19 appear for the examination on the scheduled date at the  
20 time and place specified after the applicant's application  
21 for examination has been received and acknowledged by the  
22 Department or the designated testing service shall result  
23 in the forfeiture of the examination fee; and ~~;~~

24 (7) the applicant has met ~~Meet~~ all other requirements  
25 established by rule.

26 ~~An applicant for licensure by examination may take the~~

1 ~~Department approved examination in another jurisdiction.~~

2 (b-5) If an applicant for licensure by examination  
3 neglects, fails, or refuses to take an examination or fails to  
4 pass an examination for a license under this Act within 3 years  
5 of the date of initial application ~~after filing the~~  
6 ~~application,~~ the application shall be denied. When an  
7 applicant's application is denied due to the failure to pass  
8 the examination within the 3-year period, that applicant must  
9 undertake an additional course of education as defined by rule  
10 prior to submitting a new application for licensure. Any new  
11 application must be accompanied by the required fee, evidence  
12 of meeting the requirements in force at the time of the new  
13 application, and evidence of completion of the additional  
14 course of education prescribed by rule. ~~The applicant must~~  
15 ~~enroll in and complete an approved practical nursing education~~  
16 ~~program prior to submitting an additional application for the~~  
17 ~~licensure exam.~~

18 An applicant may take and successfully complete a  
19 Department-approved examination in another jurisdiction.  
20 However, an applicant who has never been licensed previously in  
21 any jurisdiction that utilizes a Department-approved  
22 examination and who has taken and failed to pass the  
23 examination within 3 years after filing the application must  
24 submit proof of successful completion of a  
25 Department-authorized nursing education program or  
26 recompletion of an approved licensed practical nursing program



1 prior to re-application.

2 (c) An applicant for licensure by examination shall have  
3 one year from the date of notification of successful completion  
4 of the examination to apply to the Department for a license. If  
5 an applicant fails to apply within one year, the applicant  
6 shall be required to retake and pass the examination unless  
7 licensed in another jurisdiction of the United States.

8 (d) A licensed practical nurse applicant who passes the  
9 Department-approved licensure examination and has applied to  
10 the Department for licensure may obtain employment as a  
11 license-pending practical nurse and practice as delegated by a  
12 registered professional nurse or an advanced practice  
13 registered nurse or physician. An individual may be employed as  
14 a license-pending practical nurse if all of the following  
15 criteria are met:

16 (1) He or she has completed and passed the  
17 Department-approved licensure exam and presents to the  
18 employer the official written notification indicating  
19 successful passage of the licensure examination.

20 (2) He or she has completed and submitted to the  
21 Department an application for licensure under this Section  
22 as a practical nurse.

23 (3) He or she has submitted the required licensure fee.

24 (4) He or she has met all other requirements  
25 established by rule, including having submitted to a  
26 criminal history records check.

1 (e) The privilege to practice as a license-pending  
2 practical nurse shall terminate with the occurrence of any of  
3 the following:

4 (1) Three months have passed since the official date of  
5 passing the licensure exam as inscribed on the formal  
6 written notification indicating passage of the exam. This  
7 3-month period may be extended as determined by rule.

8 (2) Receipt of the practical nurse license from the  
9 Department.

10 (3) Notification from the Department that the  
11 application for licensure has been denied.

12 (4) A request by the Department that the individual  
13 terminate practicing as a license-pending practical nurse  
14 until an official decision is made by the Department to  
15 grant or deny a practical nurse license.

16 (f) (Blank). ~~An applicant for licensure by endorsement who~~  
17 ~~is a licensed practical nurse licensed by examination under the~~  
18 ~~laws of another state or territory of the United States or a~~  
19 ~~foreign country, jurisdiction, territory, or province must do~~  
20 ~~each of the following:~~

21 ~~(1) Submit a completed written application, on forms~~  
22 ~~supplied by the Department, and fees as established by the~~  
23 ~~Department.~~

24 ~~(2) Have graduated from a practical nursing education~~  
25 ~~program approved by the Department.~~

26 ~~(3) Submit verification of licensure status directly~~

1 ~~from the United States jurisdiction of licensure, if~~  
2 ~~applicable, as defined by rule.~~

3 ~~(4) Submit to the criminal history records check~~  
4 ~~required under Section 50-35 of this Act.~~

5 ~~(5) Meet all other requirements as established by the~~  
6 ~~Department by rule.~~

7 (g) All applicants for practical nurse licensure by  
8 examination ~~or endorsement~~ who are graduates of nursing  
9 educational programs in a country other than the United States  
10 or its territories shall have their nursing education  
11 credentials evaluated by a Department-approved nursing  
12 credentialing evaluation service. No such applicant may be  
13 issued a license under this Act unless the applicant's program  
14 is deemed by the nursing credentialing evaluation service to be  
15 equivalent to a professional nursing education program  
16 approved by the Department. An applicant who has graduated from  
17 a nursing educational program outside of the United States or  
18 its territories and whose first language is not English shall  
19 submit evidence of English proficiency ~~certification of~~  
20 ~~passage of the Test of English as a Foreign Language (TOEFL),~~  
21 as defined by rule. ~~The Department may, upon recommendation~~  
22 ~~from the nursing evaluation service, waive the requirement that~~  
23 ~~the applicant pass the TOEFL examination if the applicant~~  
24 ~~submits verification of the successful completion of a nursing~~  
25 ~~education program conducted in English. The requirements of~~  
26 ~~this subsection (d) may be satisfied by the showing of proof of~~

1 ~~a certificate from the Certificate Program or the VisaScreen~~  
2 ~~Program of the Commission on Graduates of Foreign Nursing~~  
3 ~~Schools.~~

4 (h) (Blank). ~~An applicant licensed in another state or~~  
5 ~~territory who is applying for licensure and has received her or~~  
6 ~~his education in a country other than the United States or its~~  
7 ~~territories shall have her or his nursing education credentials~~  
8 ~~evaluated by a Department approved nursing credentialing~~  
9 ~~evaluation service. No such applicant may be issued a license~~  
10 ~~under this Act unless the applicant's program is deemed by the~~  
11 ~~nursing credentialing evaluation service to be equivalent to a~~  
12 ~~professional nursing education program approved by the~~  
13 ~~Department. An applicant who has graduated from a nursing~~  
14 ~~educational program outside of the United States or its~~  
15 ~~territories and whose first language is not English shall~~  
16 ~~submit certification of passage of the Test of English as a~~  
17 ~~Foreign Language (TOEFL), as defined by rule. The Department~~  
18 ~~may, upon recommendation from the nursing evaluation service,~~  
19 ~~waive the requirement that the applicant pass the TOEFL~~  
20 ~~examination if the applicant submits verification of the~~  
21 ~~successful completion of a nursing education program conducted~~  
22 ~~in English or the successful passage of an approved licensing~~  
23 ~~examination given in English. The requirements of this~~  
24 ~~subsection (d-5) may be satisfied by the showing of proof of a~~  
25 ~~certificate from the Certificate Program or the VisaScreen~~  
26 ~~Program of the Commission on Graduates of Foreign Nursing~~

1 ~~Schools.~~

2 (i) (Blank). ~~A licensed practical nurse who holds an~~  
3 ~~unencumbered license in good standing in another United States~~  
4 ~~jurisdiction and who has applied for practical nurse licensure~~  
5 ~~under this Act by endorsement may be issued a temporary~~  
6 ~~license, if satisfactory proof of such licensure in another~~  
7 ~~jurisdiction is presented to the Department. The Department~~  
8 ~~shall not issue an applicant a temporary practical nurse~~  
9 ~~license until it is satisfied that the applicant holds an~~  
10 ~~active, unencumbered license in good standing in another~~  
11 ~~jurisdiction. If the applicant holds more than one current~~  
12 ~~active license or one or more active temporary licenses from~~  
13 ~~another jurisdiction, the Department may not issue a temporary~~  
14 ~~license until the Department is satisfied that each current~~  
15 ~~active license held by the applicant is unencumbered. The~~  
16 ~~temporary license, which shall be issued no later than 14~~  
17 ~~working days following receipt by the Department of an~~  
18 ~~application for the temporary license, shall be granted upon~~  
19 ~~the submission of all of the following to the Department:~~

20 ~~(1) A completed application for licensure as a~~  
21 ~~practical nurse.~~

22 ~~(2) Proof of a current, active license in at least one~~  
23 ~~other jurisdiction of the United States and proof that each~~  
24 ~~current active license or temporary license held by the~~  
25 ~~applicant within the last 5 years is unencumbered.~~

26 ~~(3) A signed and completed application for a temporary~~

1 ~~license.~~

2 ~~(4) The required temporary license fee.~~

3 (j) (Blank). ~~The Department may refuse to issue an~~  
4 ~~applicant a temporary license authorized pursuant to this~~  
5 ~~Section if, within 14 working days following its receipt of an~~  
6 ~~application for a temporary license, the Department determines~~  
7 ~~that:~~

8 ~~(1) the applicant has been convicted of a crime under~~  
9 ~~the laws of a jurisdiction of the United States that is:~~

10 ~~(i) a felony; or (ii) a misdemeanor directly related to the~~  
11 ~~practice of the profession, within the last 5 years;~~

12 ~~(2) the applicant has had a license or permit related~~  
13 ~~to the practice of practical nursing revoked, suspended, or~~  
14 ~~placed on probation by another jurisdiction within the last~~  
15 ~~5 years and at least one of the grounds for revoking,~~  
16 ~~suspending, or placing on probation is the same or~~  
17 ~~substantially equivalent to grounds in Illinois; or~~

18 ~~(3) the Department intends to deny licensure by~~  
19 ~~endorsement.~~

20 (k) (Blank). ~~The Department may revoke a temporary license~~  
21 ~~issued pursuant to this Section if it determines any of the~~  
22 ~~following:~~

23 ~~(1) That the applicant has been convicted of a crime~~  
24 ~~under the law of any jurisdiction of the United States that~~  
25 ~~is (i) a felony or (ii) a misdemeanor directly related to~~  
26 ~~the practice of the profession, within the last 5 years.~~

1           ~~(2) That within the last 5 years the applicant has had~~  
2           ~~a license or permit related to the practice of nursing~~  
3           ~~revoked, suspended, or placed on probation by another~~  
4           ~~jurisdiction, and at least one of the grounds for revoking,~~  
5           ~~suspending, or placing on probation is the same or~~  
6           ~~substantially equivalent to grounds for disciplinary~~  
7           ~~action under this Act.~~

8           ~~(3) That the Department intends to deny licensure by~~  
9           ~~endorsement.~~

10          (1) (Blank). ~~A temporary license shall expire 6 months from~~  
11          ~~the date of issuance. Further renewal may be granted by the~~  
12          ~~Department in hardship cases, as defined by rule and upon~~  
13          ~~approval of the Secretary. However, a temporary license shall~~  
14          ~~automatically expire upon issuance of a valid license under~~  
15          ~~this Act or upon notification that the Department intends to~~  
16          ~~deny licensure, whichever occurs first.~~

17          (m) All applicants for practical nurse licensure have 3  
18          years from the date of application to complete the application  
19          process. If the process has not been completed within 3 years  
20          from the date of application, the application shall be denied,  
21          the fee forfeited, and the applicant must reapply and meet the  
22          requirements in effect at the time of reapplication.

23          (Source: P.A. 94-352, eff. 7-28-05; 94-932, eff. 1-1-07;  
24          95-639, eff. 10-5-07.)

25                   (225 ILCS 65/55-11 new)

1       Sec. 55-11. LPN licensure by endorsement.

2       (a) Each applicant who successfully meets the requirements  
3 of this Section is eligible for licensure as a licensed  
4 practical nurse.

5       (b) An applicant for licensure by endorsement who is a  
6 licensed practical nurse licensed by examination under the laws  
7 of another United States jurisdiction or a foreign jurisdiction  
8 is eligible for licensure when the following requirements are  
9 met:

10       (1) the applicant has submitted a completed written  
11 application on forms supplied by the Department and fees as  
12 established by the Department;

13       (2) the applicant has graduated from a practical  
14 nursing education program approved by the Department;

15       (2.5) the applicant has successfully completed a  
16 licensure examination approved by the Department;

17       (3) the applicant has been issued a licensed practical  
18 nurse license by another United States or foreign  
19 jurisdiction, which shall be verified, as defined by rule;

20       (4) the applicant has submitted to the criminal history  
21 records check required under Section 50-35 of this Act; and

22       (5) the applicant has met all other requirements as  
23 established by the Department by rule.

24       (c) An applicant licensed in another state or territory who  
25 is applying for licensure and has received her or his education  
26 in a country other than the United States or its territories



1 shall have her or his nursing education credentials evaluated  
2 by a Department-approved nursing credentialing evaluation  
3 service. No such applicant may be issued a license under this  
4 Act unless the applicant's program is deemed by the nursing  
5 credentialing evaluation service to be equivalent to a  
6 professional nursing education program approved by the  
7 Department. An applicant who has graduated from a nursing  
8 education program outside of the United States or its  
9 territories and whose first language is not English shall  
10 submit evidence of English proficiency, as defined by rule.

11 (d) A licensed practical nurse who holds an unencumbered  
12 license in good standing in another United States jurisdiction  
13 and who has applied for practical nurse licensure under this  
14 Act by endorsement may be issued a temporary permit if  
15 satisfactory proof of such licensure in another jurisdiction is  
16 presented to the Department. The Department shall not issue an  
17 applicant a temporary practical nurse permit until it is  
18 satisfied that the applicant holds an active, unencumbered  
19 license in good standing in another jurisdiction. If the  
20 applicant holds more than one current active license or one or  
21 more active temporary permits from another jurisdiction, the  
22 Department may not issue a temporary permit until the  
23 Department is satisfied that each current active license held  
24 by the applicant is unencumbered. The temporary permit, which  
25 shall be issued no later than 14 working days following receipt  
26 by the Department of an application for the temporary permit,

1 shall be granted upon the submission of all of the following to  
2 the Department:

3 (1) a completed application for licensure as a  
4 practical nurse;

5 (2) proof of a current, active license in at least one  
6 other jurisdiction of the United States and proof that each  
7 current active license or temporary permit held by the  
8 applicant within the last 5 years is unencumbered;

9 (3) a signed and completed application for a temporary  
10 permit; and

11 (4) the required temporary permit fee.

12 (e) The Department may refuse to issue an applicant a  
13 temporary permit authorized pursuant to this Section if, within  
14 14 working days following its receipt of an application for a  
15 temporary permit, the Department determines that:

16 (1) the applicant has been convicted of a crime under  
17 the laws of a jurisdiction of the United States that is:  
18 (i) a felony; or (ii) a misdemeanor directly related to the  
19 practice of the profession, within the last 5 years;

20 (2) the applicant has had a license or permit related  
21 to the practice of practical nursing revoked, suspended, or  
22 placed on probation by another jurisdiction within the last  
23 5 years and at least one of the grounds for revoking,  
24 suspending, or placing on probation is the same or  
25 substantially equivalent to grounds in Illinois; or

26 (3) the Department intends to deny licensure by

1 endorsement.

2 (f) The Department may revoke a temporary permit issued  
3 pursuant to this Section if it determines that:

4 (1) the applicant has been convicted of a crime under  
5 the law of any jurisdiction of the United States that is  
6 (i) a felony or (ii) a misdemeanor directly related to the  
7 practice of the profession, within the last 5 years;

8 (2) within the last 5 years the applicant has had a  
9 license or permit related to the practice of nursing  
10 revoked, suspended, or placed on probation by another  
11 jurisdiction, and at least one of the grounds for revoking,  
12 suspending, or placing on probation is the same or  
13 substantially equivalent to grounds for disciplinary  
14 action under this Act; or

15 (3) the Department intends to deny licensure by  
16 endorsement.

17 (g) A temporary permit shall expire 6 months after the date  
18 of issuance. Further renewal may be granted by the Department  
19 in hardship cases, as defined by rule and upon approval of the  
20 Secretary. However, a temporary permit shall automatically  
21 expire upon issuance of a valid license under this Act or upon  
22 notification that the Department intends to deny licensure,  
23 whichever occurs first.

24 (h) All applicants for practical nurse licensure have 3  
25 years after the date of application to complete the application  
26 process. If the process has not been completed within 3 years

1 after the date of application, the application shall be denied,  
2 the fee forfeited, and the applicant must reapply and meet the  
3 requirements in effect at the time of reapplication.

4 (225 ILCS 65/55-20)

5 (Section scheduled to be repealed on January 1, 2018)

6 Sec. 55-20. Restoration of LPN license; temporary permit.

7 (a) Any license to practice practical nursing issued under  
8 this Act that has expired or that is on inactive status may be  
9 restored by making application to the Department and filing  
10 proof of fitness acceptable to the Department, as specified by  
11 rule, to have the license restored, and by paying the required  
12 restoration fee. Such proof of fitness may include evidence  
13 certifying active lawful practice in another jurisdiction.

14 (b) A practical nurse licensee seeking restoration of a  
15 license after it has expired or been placed on inactive status  
16 for more than 5 years shall file an application, on forms  
17 supplied by the Department, and submit the restoration or  
18 renewal fees set forth by the Department. The licensee must  
19 also submit proof of fitness to practice, as specified by rule.  
20 ~~, including one of the following:~~

21 ~~(1) certification of active practice in another~~  
22 ~~jurisdiction, which may include a statement from the~~  
23 ~~appropriate board or licensing authority in the other~~  
24 ~~jurisdiction that the licensee was authorized to practice~~  
25 ~~during the term of said active practice;~~

1           ~~(2) proof of the successful completion of a~~  
2           ~~Department approved licensure examination; or~~

3           ~~(3) an affidavit attesting to military service as~~  
4           ~~provided in subsection (c) of this Section; however, if~~  
5           ~~application is made within 2 years after discharge and if~~  
6           ~~all other provisions of subsection (c) of this Section are~~  
7           ~~satisfied, the applicant shall be required to pay the~~  
8           ~~current renewal fee.~~

9           (c) Notwithstanding any other provision of this Act, any  
10          license to practice practical nursing issued under this Act  
11          that expired while the licensee was (i) in federal service on  
12          active duty with the Armed Forces of the United States or in  
13          the State Militia and called into service or training or (ii)  
14          in training or education under the supervision of the United  
15          States preliminary to induction into the military service may  
16          have the license restored without paying any lapsed renewal  
17          fees if, within 2 years after honorable termination of such  
18          service, training, or education, the applicant furnishes the  
19          Department with satisfactory evidence to the effect that the  
20          applicant has been so engaged and that the individual's  
21          service, training, or education has been so terminated.

22          (d) Any practical nurse licensee who shall engage in the  
23          practice of practical nursing with a lapsed license or while on  
24          inactive status shall be considered to be practicing without a  
25          license, which shall be grounds for discipline under Section  
26          70-5 of this Act.

1 (e) Pending restoration of a license under this Section,  
2 the Department may grant an applicant a temporary permit to  
3 practice as a practical nurse if the Department is satisfied  
4 that the applicant holds an active, unencumbered license in  
5 good standing in another jurisdiction. If the applicant holds  
6 more than one current active license or one or more active  
7 temporary licenses from another jurisdiction, the Department  
8 shall not issue a temporary permit until it is satisfied that  
9 each current active license held by the applicant is  
10 unencumbered. The temporary permit, which shall be issued no  
11 later than 14 working days after receipt by the Department of  
12 an application for the permit, shall be granted upon the  
13 submission of all of the following to the Department:

14 (1) A signed and completed application for restoration  
15 of licensure under this Section as a licensed practical  
16 nurse.

17 (2) Proof of (i) a current, active license in at least  
18 one other jurisdiction and proof that each current, active  
19 license or temporary permit held by the applicant is  
20 unencumbered or (ii) fitness to practice nursing in this  
21 State, as specified by rule.

22 (3) A signed and completed application for a temporary  
23 permit.

24 (4) The required permit fee.

25 (f) The Department may refuse to issue to an applicant a  
26 temporary permit authorized under this Section if, within 14

1 working days after its receipt of an application for a  
2 temporary permit, the Department determines that:

3 (1) the applicant has been convicted within the last 5  
4 years of any crime under the laws of any jurisdiction of  
5 the United States that is (i) a felony or (ii) a  
6 misdemeanor directly related to the practice of the  
7 profession;

8 (2) within the last 5 years, the applicant has had a  
9 license or permit related to the practice of nursing  
10 revoked, suspended, or placed on probation by another  
11 jurisdiction, if at least one of the grounds for revoking,  
12 suspending, or placing on probation is the same or  
13 substantially equivalent to grounds for disciplinary  
14 action under this Act; or

15 (3) the Department intends to deny restoration of the  
16 license.

17 (g) The Department may revoke a temporary permit issued  
18 under this Section if:

19 (1) the Department determines that the applicant has  
20 been convicted within the last 5 years of any crime under  
21 the laws of any jurisdiction of the United States that is  
22 (i) a felony or (ii) a misdemeanor directly related to the  
23 practice of the profession;

24 (2) within the last 5 years, the applicant had a  
25 license or permit related to the practice of nursing  
26 revoked, suspended, or placed on probation by another

1 jurisdiction and at least one of the grounds for revoking,  
2 suspending, or placing on probation is the same or  
3 substantially equivalent to grounds for disciplinary  
4 action under this Act; or

5 (3) the Department intends to deny restoration of the  
6 license.

7 (h) A temporary permit or renewed temporary permit shall  
8 expire (i) upon issuance of a valid license under this Act or  
9 (ii) upon notification that the Department intends to deny  
10 restoration of licensure. Except as otherwise provided in this  
11 Section, the temporary permit shall expire 6 months after the  
12 date of issuance. Further renewal may be granted by the  
13 Department in hardship cases that shall automatically expire  
14 upon issuance of a valid license under this Act or upon  
15 notification that the Department intends to deny licensure,  
16 whichever occurs first. No extensions shall be granted beyond  
17 the 6-month period, unless approved by the Secretary.  
18 Notification by the Department under this Section must be by  
19 certified or registered mail to the address of record or by  
20 email to the email address of record.

21 (Source: P.A. 95-639, eff. 10-5-07.)

22 (225 ILCS 65/55-30)

23 (Section scheduled to be repealed on January 1, 2018)

24 Sec. 55-30. LPN scope of practice.

25 (a) Practice as a licensed practical nurse means a scope of



1 ~~basic~~ nursing practice, with or without compensation, under the  
2 guidance of ~~as delegated by~~ a registered professional nurse or  
3 an advanced practice registered nurse, or as directed by a  
4 physician assistant, physician, dentist, ~~or~~ podiatric  
5 physician, or other health care professionals as determined by  
6 the Department, and includes, but is not limited to, all of the  
7 following:

8 (1) Conducting a focused nursing assessment and  
9 contributing to the ongoing comprehensive nursing  
10 assessment of the patient performed by the registered  
11 professional nurse. ~~Collecting data and collaborating in~~  
12 ~~the assessment of the health status of a patient.~~

13 (2) Collaborating in the development and modification  
14 of the registered professional nurse's or advanced  
15 practice registered nurse's comprehensive nursing plan of  
16 care for all types of patients.

17 (3) Implementing aspects of the plan of care ~~as~~  
18 ~~delegated.~~

19 (4) Participating in health teaching and counseling to  
20 promote, attain, and maintain the optimum health level of  
21 patients, ~~as delegated.~~

22 (5) Serving as an advocate for the patient by  
23 communicating and collaborating with other health service  
24 personnel, ~~as delegated.~~

25 (6) Participating in the evaluation of patient  
26 responses to interventions.

1           (7) Communicating and collaborating with other health  
2           care professionals ~~as delegated~~.

3           (8) Providing input into the development of policies  
4           and procedures to support patient safety.

5           (Source: P.A. 98-214, eff. 8-9-13.)

6           (225 ILCS 65/60-5)

7           (Section scheduled to be repealed on January 1, 2018)

8           Sec. 60-5. RN education program requirements; out-of-State  
9           programs.

10          (a) All registered professional nurse education programs  
11          must be reviewed by the Board and approved by the Department  
12          before the successful completion of such a program may be  
13          applied toward meeting the requirements for registered  
14          professional nurse licensure under this Act. Any program  
15          changing the level of educational preparation or the  
16          relationship with or to the parent institution or establishing  
17          an extension of an existing program must request a review by  
18          the Board and approval by the Department. The Board shall  
19          review and make a recommendation for the approval or  
20          disapproval of a program by the Department based on the  
21          following criteria:

22                 (1) a feasibility study that describes the need for the  
23                 program and the facilities used, the potential of the  
24                 program to recruit faculty and students, financial support  
25                 for the program, and other criteria, as established by

1 rule;

2 (2) program curriculum that meets all State  
3 requirements;

4 (3) the administration of the program by a Nurse  
5 Administrator and the involvement of a Nurse Administrator  
6 in the development of the program; ~~and~~

7 (4) the occurrence of a site visit prior to approval;  
8 and-

9 (5) beginning December 31, 2022, obtaining and  
10 maintaining programmatic accreditation by a national  
11 accrediting body for nursing education recognized by the  
12 United States Department of Education and approved by the  
13 Department.

14 The Department and Board of Nursing shall be notified  
15 within 30 days if the program loses its accreditation. The  
16 Department may adopt rules regarding a warning process and  
17 reaccreditation.

18 (b) In order to obtain initial Department approval and to  
19 maintain Department approval, a registered professional  
20 nursing program must meet all of the following requirements:

21 (1) The institution responsible for conducting the  
22 program and the Nurse Administrator must ensure that  
23 individual faculty members are academically and  
24 professionally competent.

25 (2) The program curriculum must contain all applicable  
26 requirements established by rule, including both theory

1 and clinical components.

2 (3) The passage rates of the program's graduating  
3 classes on the State-approved licensure exam must be deemed  
4 satisfactory by the Department.

5 (c) Program site visits to an institution conducting or  
6 hosting a professional nursing program may be made at the  
7 discretion of the Nursing Coordinator or upon recommendation of  
8 the Board. Full routine site visits ~~may shall~~ be conducted by  
9 the Department for periodic evaluation. Such ~~The~~ visits shall  
10 be used to determine compliance with this Act. Full routine  
11 site visits must be announced and may be waived at the  
12 discretion of the Department if the program maintains  
13 accreditation with an accrediting body recognized by the United  
14 States Department of Education and approved by the Department  
15 ~~the National League for Nursing Accrediting Commission (NLNAC)~~  
16 ~~or the Commission on Collegiate Nursing Education (CCNE).~~

17 (d) Any institution conducting a registered professional  
18 nursing program that wishes to discontinue the program must do  
19 each of the following:

20 (1) Notify the Department, in writing, of its intent to  
21 discontinue the program.

22 (2) Continue to meet the requirements of this Act and  
23 the rules adopted thereunder until the official date of  
24 termination of the program.

25 (3) Notify the Department of the date on which the last  
26 student shall graduate from the program and the program

1 shall terminate.

2 (4) Assist remaining students in the continuation of  
3 their education in the event of program termination prior  
4 to the graduation of the program's final student.

5 (5) Upon the closure of the program, notify the  
6 Department, in writing, of the location of student and  
7 graduate records' storage.

8 (e) Out-of-State registered professional nursing education  
9 programs planning to offer clinical practice experiences in  
10 this State must meet the requirements set forth in this Section  
11 and must meet the clinical and faculty requirements for  
12 institutions outside of this State, as established by rule. The  
13 institution responsible for conducting an out-of-State  
14 registered professional nursing education program and the  
15 administrator of the program shall be responsible for ensuring  
16 that the individual faculty and preceptors overseeing the  
17 clinical experience are academically and professionally  
18 competent.

19 (Source: P.A. 95-639, eff. 10-5-07.)

20 (225 ILCS 65/60-10)

21 (Section scheduled to be repealed on January 1, 2018)

22 Sec. 60-10. RN licensure by examination ~~Qualifications for~~  
23 ~~RN licensure.~~

24 (a) Each applicant who successfully meets the requirements  
25 of this Section is eligible for ~~shall be entitled to~~ licensure

1 as a registered professional nurse.

2 (b) An applicant for licensure by examination to practice  
3 as a registered professional nurse is eligible for licensure  
4 when the following requirements are met ~~must do each of the~~  
5 ~~following:~~

6 (1) the applicant has submitted ~~Submit~~ a completed  
7 written application, on forms provided by the Department,  
8 and fees, as established by the Department;~~;~~

9 (2) the applicant has ~~Have~~ graduated from a  
10 professional nursing education program approved by the  
11 Department or has ~~have~~ been granted a certificate of  
12 completion of pre-licensure requirements from another  
13 United States jurisdiction;~~;~~

14 (3) the applicant has successfully completed  
15 ~~Successfully complete~~ a licensure examination approved by  
16 the Department;~~;~~

17 (4) (blank); ~~Have not violated the provisions of this~~  
18 ~~Act concerning the grounds for disciplinary action. The~~  
19 ~~Department may take into consideration any felony~~  
20 ~~conviction of the applicant, but such a conviction may not~~  
21 ~~operate as an absolute bar to licensure.~~

22 (5) the applicant has submitted ~~Submit~~ to the criminal  
23 history records check required under Section 50-35 of this  
24 Act;~~;~~

25 (6) the applicant has submitted ~~Submit~~, either to the  
26 Department or its designated testing service, a fee

1 covering the cost of providing the examination; ~~failure~~ ~~Failure~~  
2 ~~Failure~~ to appear for the examination on the scheduled date  
3 at the time and place specified after the applicant's  
4 application for examination has been received and  
5 acknowledged by the Department or the designated testing  
6 service shall result in the forfeiture of the examination  
7 fee; ~~and~~.

8 (7) the applicant has met ~~Meet~~ all other requirements  
9 established by the Department by rule.

10 An applicant for licensure by examination may take the  
11 Department-approved examination in another jurisdiction.

12 (b-5) If an applicant for licensure by examination  
13 neglects, fails, or refuses to take an examination or fails to  
14 pass an examination for a license within 3 years of the date of  
15 initial application after filing the application, the  
16 application shall be denied. When an applicant's application is  
17 denied due to the failure to pass the examination within the  
18 3-year period, that applicant must undertake an additional  
19 course of education as defined by rule prior to submitting a  
20 new application for licensure. Any new application must be  
21 accompanied by the required fee, evidence of meeting the  
22 requirements in force at the time of the new application, and  
23 evidence of completion of the additional course of education  
24 prescribed by rule. ~~The applicant may make a new application~~  
25 ~~accompanied by the required fee, evidence of meeting the~~  
26 ~~requirements in force at the time of the new application, and~~

1 ~~proof of the successful completion of at least 2 additional~~  
2 ~~years of professional nursing education.~~

3 (c) An applicant for licensure by examination shall have  
4 one year after the date of notification of the successful  
5 completion of the examination to apply to the Department for a  
6 license. If an applicant fails to apply within one year, the  
7 applicant shall be required to retake and pass the examination  
8 unless licensed in another jurisdiction of the United States.

9 (d) An applicant for licensure by examination who passes  
10 the Department-approved licensure examination for professional  
11 nursing may obtain employment as a license-pending registered  
12 nurse and practice under the direction of a registered  
13 professional nurse or an advanced practice registered nurse  
14 until such time as he or she receives his or her license to  
15 practice or until the license is denied. In no instance shall  
16 any such applicant practice or be employed in any management  
17 capacity. An individual may be employed as a license-pending  
18 registered nurse if all of the following criteria are met:

19 (1) He or she has completed and passed the  
20 Department-approved licensure exam and presents to the  
21 employer the official written notification indicating  
22 successful passage of the licensure examination.

23 (2) He or she has completed and submitted to the  
24 Department an application for licensure under this Section  
25 as a registered professional nurse.

26 (3) He or she has submitted the required licensure fee.



1           (4) He or she has met all other requirements  
2           established by rule, including having submitted to a  
3           criminal history records check.

4           (e) The privilege to practice as a license-pending  
5           registered nurse shall terminate with the occurrence of any of  
6           the following:

7           (1) Three months have passed since the official date of  
8           passing the licensure exam as inscribed on the formal  
9           written notification indicating passage of the exam. The  
10          3-month license pending period may be extended if more time  
11          is needed by the Department to process the licensure  
12          application.

13          (2) Receipt of the registered professional nurse  
14          license from the Department.

15          (3) Notification from the Department that the  
16          application for licensure has been refused.

17          (4) A request by the Department that the individual  
18          terminate practicing as a license-pending registered nurse  
19          until an official decision is made by the Department to  
20          grant or deny a registered professional nurse license.

21          (f) (Blank). ~~An applicant for registered professional~~  
22          ~~nurse licensure by endorsement who is a registered professional~~  
23          ~~nurse licensed by examination under the laws of another state~~  
24          ~~or territory of the United States must do each of the~~  
25          ~~following:~~

26                 ~~(1) Submit a completed written application, on forms~~

1 ~~supplied by the Department, and fees as established by the~~  
2 ~~Department.~~

3 ~~(2) Have graduated from a registered professional~~  
4 ~~nursing education program approved by the Department.~~

5 ~~(3) Submit verification of licensure status directly~~  
6 ~~from the United States jurisdiction of licensure, if~~  
7 ~~applicable, as defined by rule.~~

8 ~~(4) Submit to the criminal history records check~~  
9 ~~required under Section 50-35 of this Act.~~

10 ~~(5) Meet all other requirements as established by the~~  
11 ~~Department by rule.~~

12 (g) (Blank). ~~Pending the issuance of a license under this~~  
13 ~~Section, the Department may grant an applicant a temporary~~  
14 ~~license to practice nursing as a registered professional nurse~~  
15 ~~if the Department is satisfied that the applicant holds an~~  
16 ~~active, unencumbered license in good standing in another U.S.~~  
17 ~~jurisdiction. If the applicant holds more than one current~~  
18 ~~active license or one or more active temporary licenses from~~  
19 ~~another jurisdiction, the Department may not issue a temporary~~  
20 ~~license until the Department is satisfied that each current~~  
21 ~~active license held by the applicant is unencumbered. The~~  
22 ~~temporary license, which shall be issued no later than 14~~  
23 ~~working days after receipt by the Department of an application~~  
24 ~~for the temporary license, shall be granted upon the submission~~  
25 ~~of all of the following to the Department:~~

26 ~~(1) A completed application for licensure as a~~

1 ~~registered professional nurse.~~

2 ~~(2) Proof of a current, active license in at least one~~  
3 ~~other jurisdiction of the United States and proof that each~~  
4 ~~current active license or temporary license held by the~~  
5 ~~applicant within the last 5 years is unencumbered.~~

6 ~~(3) A completed application for a temporary license.~~

7 ~~(4) The required temporary license fee.~~

8 (h) (Blank). ~~The Department may refuse to issue an~~  
9 ~~applicant a temporary license authorized pursuant to this~~  
10 ~~Section if, within 14 working days after its receipt of an~~  
11 ~~application for a temporary license, the Department determines~~  
12 ~~that:~~

13 ~~(1) the applicant has been convicted of a crime under~~  
14 ~~the laws of a jurisdiction of the United States that is (i)~~  
15 ~~a felony or (ii) a misdemeanor directly related to the~~  
16 ~~practice of the profession, within the last 5 years;~~

17 ~~(2) the applicant has had a license or permit related~~  
18 ~~to the practice of nursing revoked, suspended, or placed on~~  
19 ~~probation by another jurisdiction within the last 5 years,~~  
20 ~~if at least one of the grounds for revoking, suspending, or~~  
21 ~~placing on probation is the same or substantially~~  
22 ~~equivalent to grounds for disciplinary action under this~~  
23 ~~Act; or~~

24 ~~(3) the Department intends to deny licensure by~~  
25 ~~endorsement.~~

26 (i) (Blank). ~~The Department may revoke a temporary license~~

1 ~~issued pursuant to this Section if it determines any of the~~  
2 ~~following:~~

3 ~~(1) That the applicant has been convicted of a crime~~  
4 ~~under the laws of any jurisdiction of the United States~~  
5 ~~that is (i) a felony or (ii) a misdemeanor directly related~~  
6 ~~to the practice of the profession, within the last 5 years.~~

7 ~~(2) That within the last 5 years, the applicant has had~~  
8 ~~a license or permit related to the practice of nursing~~  
9 ~~revoked, suspended, or placed on probation by another~~  
10 ~~jurisdiction, if at least one of the grounds for revoking,~~  
11 ~~suspending, or placing on probation is the same or~~  
12 ~~substantially equivalent to grounds for disciplinary~~  
13 ~~action under this Act.~~

14 ~~(3) That it intends to deny licensure by endorsement.~~

15 (j) (Blank). ~~A temporary license issued under this Section~~  
16 ~~shall expire 6 months after the date of issuance. Further~~  
17 ~~renewal may be granted by the Department in hardship cases, as~~  
18 ~~defined by rule and upon approval of the Secretary. However, a~~  
19 ~~temporary license shall automatically expire upon issuance of~~  
20 ~~the Illinois license or upon notification that the Department~~  
21 ~~intends to deny licensure, whichever occurs first.~~

22 (k) All applicants for registered professional nurse  
23 licensure have 3 years after the date of application to  
24 complete the application process. If the process has not been  
25 completed within 3 years after the date of application, the  
26 application shall be denied, the fee forfeited, and the

1 applicant must reapply and meet the requirements in effect at  
2 the time of reapplication.

3 (1) All applicants for registered nurse licensure by  
4 examination ~~or endorsement~~ who are graduates of practical  
5 nursing educational programs in a country other than the United  
6 States and its territories shall have their nursing education  
7 credentials evaluated by a Department-approved nursing  
8 credentialing evaluation service. No such applicant may be  
9 issued a license under this Act unless the applicant's program  
10 is deemed by the nursing credentialing evaluation service to be  
11 equivalent to a professional nursing education program  
12 approved by the Department. An applicant who has graduated from  
13 a nursing educational program outside of the United States or  
14 its territories and whose first language is not English shall  
15 submit evidence of English proficiency ~~certification of~~  
16 ~~passage of the Test of English as a Foreign Language (TOEFL),~~  
17 as defined by rule. ~~The Department may, upon recommendation~~  
18 ~~from the nursing evaluation service, waive the requirement that~~  
19 ~~the applicant pass the TOEFL examination if the applicant~~  
20 ~~submits verification of the successful completion of a nursing~~  
21 ~~education program conducted in English. The requirements of~~  
22 ~~this subsection (1) may be satisfied by the showing of proof of~~  
23 ~~a certificate from the Certificate Program or the VisaScreen~~  
24 ~~Program of the Commission on Graduates of Foreign Nursing~~  
25 ~~Schools.~~

26 (m) (Blank). ~~An applicant licensed in another state or~~

1 ~~territory who is applying for licensure and has received her or~~  
2 ~~his education in a country other than the United States or its~~  
3 ~~territories shall have her or his nursing education credentials~~  
4 ~~evaluated by a Department approved nursing credentialing~~  
5 ~~evaluation service. No such applicant may be issued a license~~  
6 ~~under this Act unless the applicant's program is deemed by the~~  
7 ~~nursing credentialing evaluation service to be equivalent to a~~  
8 ~~professional nursing education program approved by the~~  
9 ~~Department. An applicant who has graduated from a nursing~~  
10 ~~educational program outside of the United States or its~~  
11 ~~territories and whose first language is not English shall~~  
12 ~~submit certification of passage of the Test of English as a~~  
13 ~~Foreign Language (TOEFL), as defined by rule. The Department~~  
14 ~~may, upon recommendation from the nursing evaluation service,~~  
15 ~~wave the requirement that the applicant pass the TOEFL~~  
16 ~~examination if the applicant submits verification of the~~  
17 ~~successful completion of a nursing education program conducted~~  
18 ~~in English or the successful passage of an approved licensing~~  
19 ~~examination given in English. The requirements of this~~  
20 ~~subsection (m) may be satisfied by the showing of proof of a~~  
21 ~~certificate from the Certificate Program or the VisaScreen~~  
22 ~~Program of the Commission on Graduates of Foreign Nursing~~  
23 ~~Schools.~~

24 (Source: P.A. 95-639, eff. 10-5-07.)

25 (225 ILCS 65/60-11 new)

1       Sec. 60-11. RN licensure by endorsement.

2       (a) Each applicant who successfully meets the requirements  
3 of this Section is eligible for licensure as a registered  
4 professional nurse.

5       (b) An applicant for registered professional nurse  
6 licensure by endorsement who is a registered professional nurse  
7 licensed by examination under the laws of another United States  
8 jurisdiction or a foreign jurisdiction is eligible for  
9 licensure when the following requirements are met:

10       (1) the applicant has submitted a completed written  
11 application, on forms supplied by the Department, and fees  
12 as established by the Department;

13       (2) the applicant has graduated from a registered  
14 professional nursing education program approved by the  
15 Department;

16       (2.5) the applicant has successfully completed a  
17 licensure examination approved by the Department;

18       (3) the applicant has been issued a registered  
19 professional nurse license by another United States or  
20 foreign jurisdiction, which shall be verified, as defined  
21 by rule;

22       (4) the applicant has submitted to the criminal history  
23 records check required under Section 50-35 of this Act; and

24       (5) the applicant has met all other requirements as  
25 established by the Department by rule.

26       (c) Pending the issuance of a license under this Section,

1 the Department may grant an applicant a temporary permit to  
2 practice nursing as a registered professional nurse if the  
3 Department is satisfied that the applicant holds an active,  
4 unencumbered license in good standing in another United States  
5 jurisdiction. If the applicant holds more than one current  
6 active license or one or more active temporary licenses from  
7 another jurisdiction, the Department may not issue a temporary  
8 permit until the Department is satisfied that each current  
9 active license held by the applicant is unencumbered. The  
10 temporary permit, which shall be issued no later than 14  
11 working days after receipt by the Department of an application  
12 for the temporary permit, shall be granted upon the submission  
13 of all of the following to the Department:

14 (1) a completed application for licensure as a  
15 registered professional nurse;

16 (2) proof of a current, active license in at least one  
17 other jurisdiction of the United States and proof that each  
18 current active license or temporary license held by the  
19 applicant within the last 5 years is unencumbered;

20 (3) a completed application for a temporary permit; and

21 (4) the required temporary permit fee.

22 (d) The Department may refuse to issue an applicant a  
23 temporary permit authorized pursuant to this Section if, within  
24 14 working days after its receipt of an application for a  
25 temporary permit, the Department determines that:

26 (1) the applicant has been convicted of a crime under



1 the laws of a jurisdiction of the United States that is (i)  
2 a felony or (ii) a misdemeanor directly related to the  
3 practice of the profession, within the last 5 years;

4 (2) the applicant has had a license or permit related  
5 to the practice of nursing revoked, suspended, or placed on  
6 probation by another jurisdiction within the last 5 years,  
7 if at least one of the grounds for revoking, suspending, or  
8 placing on probation is the same or substantially  
9 equivalent to grounds for disciplinary action under this  
10 Act; or

11 (3) the Department intends to deny licensure by  
12 endorsement.

13 (e) The Department may revoke a temporary permit issued  
14 pursuant to this Section if it determines that:

15 (1) the applicant has been convicted of a crime under  
16 the laws of any jurisdiction of the United States that is  
17 (i) a felony or (ii) a misdemeanor directly related to the  
18 practice of the profession, within the last 5 years;

19 (2) within the last 5 years, the applicant has had a  
20 license or permit related to the practice of nursing  
21 revoked, suspended, or placed on probation by another  
22 jurisdiction, if at least one of the grounds for revoking,  
23 suspending, or placing on probation is the same or  
24 substantially equivalent to grounds for disciplinary  
25 action under this Act; or

26 (3) the Department intends to deny licensure by

1 endorsement.

2 (f) A temporary permit issued under this Section shall  
3 expire 6 months after the date of issuance. Further renewal may  
4 be granted by the Department in hardship cases, as defined by  
5 rule and upon approval of the Secretary. However, a temporary  
6 permit shall automatically expire upon issuance of the Illinois  
7 license or upon notification that the Department intends to  
8 deny licensure, whichever occurs first.

9 (g) All applicants for registered professional nurse  
10 licensure have 3 years after the date of application to  
11 complete the application process. If the process has not been  
12 completed within 3 years after the date of application, the  
13 application shall be denied, the fee forfeited, and the  
14 applicant must reapply and meet the requirements in effect at  
15 the time of reapplication.

16 (h) An applicant licensed in another state or territory who  
17 is applying for licensure and has received her or his education  
18 in a country other than the United States or its territories  
19 shall have her or his nursing education credentials evaluated  
20 by a Department-approved nursing credentialing evaluation  
21 service. No such applicant may be issued a license under this  
22 Act unless the applicant's program is deemed by the nursing  
23 credentialing evaluation service to be equivalent to a  
24 professional nursing education program approved by the  
25 Department. An applicant who has graduated from a nursing  
26 education program outside of the United States or its

1 territories and whose first language is not English shall  
2 submit evidence of English proficiency, as defined by rule.

3 (225 ILCS 65/60-25)

4 (Section scheduled to be repealed on January 1, 2018)

5 Sec. 60-25. Restoration of RN license; temporary permit.

6 (a) Any license to practice professional nursing issued  
7 under this Act that has expired or that is on inactive status  
8 may be restored by making application to the Department and  
9 filing proof of fitness acceptable to the Department as  
10 specified by rule to have the license restored and by paying  
11 the required restoration fee. Such proof of fitness may include  
12 evidence certifying active lawful practice in another  
13 jurisdiction.

14 (b) A licensee seeking restoration of a license after it  
15 has expired or been placed on inactive status for more than 5  
16 years shall file an application, on forms supplied by the  
17 Department, and submit the restoration or renewal fees set  
18 forth by the Department. The licensee shall also submit proof  
19 of fitness to practice as specified by rule. ~~, including one of~~  
20 ~~the following:~~

21 ~~(1) Certification of active practice in another~~  
22 ~~jurisdiction, which may include a statement from the~~  
23 ~~appropriate board or licensing authority in the other~~  
24 ~~jurisdiction that the licensee was authorized to practice~~  
25 ~~during the term of said active practice.~~

1           ~~(2) Proof of the successful completion of a~~  
2           ~~Department approved licensure examination.~~

3           ~~(3) An affidavit attesting to military service as~~  
4           ~~provided in subsection (c) of this Section; however, if~~  
5           ~~application is made within 2 years after discharge and if~~  
6           ~~all other provisions of subsection (c) of this Section are~~  
7           ~~satisfied, the applicant shall be required to pay the~~  
8           ~~current renewal fee.~~

9           (c) Any registered professional nurse license issued under  
10          this Act that expired while the licensee was (1) in federal  
11          service on active duty with the Armed Forces of the United  
12          States or in the State Militia called into service or training  
13          or (2) in training or education under the supervision of the  
14          United States preliminary to induction into the military  
15          service may have the license restored without paying any lapsed  
16          renewal fees if, within 2 years after honorable termination of  
17          such service, training, or education, the applicant furnishes  
18          the Department with satisfactory evidence to the effect that  
19          the applicant has been so engaged and that the individual's  
20          service, training, or education has been so terminated.

21          (d) Any licensee who engages in the practice of  
22          professional nursing with a lapsed license or while on inactive  
23          status shall be considered to be practicing without a license,  
24          which shall be grounds for discipline under Section 70-5 of  
25          this Act.

26          (e) Pending restoration of a registered professional nurse

1 license under this Section, the Department may grant an  
2 applicant a temporary permit to practice as a registered  
3 professional nurse if the Department is satisfied that the  
4 applicant holds an active, unencumbered license in good  
5 standing in another jurisdiction. If the applicant holds more  
6 than one current active license or one or more active temporary  
7 licenses from another jurisdiction, the Department shall not  
8 issue a temporary permit until it is satisfied that each  
9 current active license held by the applicant is unencumbered.  
10 The temporary permit, which shall be issued no later than 14  
11 working days after receipt by the Department of an application  
12 for the permit, shall be granted upon the submission of all of  
13 the following to the Department:

14 (1) A signed and completed application for restoration  
15 of licensure under this Section as a registered  
16 professional nurse.

17 (2) Proof of (i) a current, active license in at least  
18 one other jurisdiction and proof that each current, active  
19 license or temporary permit held by the applicant is  
20 unencumbered or (ii) fitness to practice nursing in  
21 Illinois, as specified by rule.

22 (3) A signed and completed application for a temporary  
23 permit.

24 (4) The required permit fee.

25 (f) The Department may refuse to issue to an applicant a  
26 temporary permit authorized under this Section if, within 14

1 working days after its receipt of an application for a  
2 temporary permit, the Department determines that:

3 (1) the applicant has been convicted within the last 5  
4 years of any crime under the laws of any jurisdiction of  
5 the United States that is (i) a felony or (ii) a  
6 misdemeanor directly related to the practice of the  
7 profession;

8 (2) within the last 5 years the applicant had a license  
9 or permit related to the practice of nursing revoked,  
10 suspended, or placed on probation by another jurisdiction  
11 if at least one of the grounds for revoking, suspending, or  
12 placing on probation is the same or substantially  
13 equivalent to grounds for disciplinary action under this  
14 Act; or

15 (3) the Department intends to deny restoration of the  
16 license.

17 (g) The Department may revoke a temporary permit issued  
18 under this Section if:

19 (1) the Department determines that the applicant has  
20 been convicted within the last 5 years of any crime under  
21 the laws of any jurisdiction of the United States that is  
22 (i) a felony or (ii) a misdemeanor directly related to the  
23 practice of the profession;

24 (2) within the last 5 years, the applicant had a  
25 license or permit related to the practice of nursing  
26 revoked, suspended, or placed on probation by another

1 jurisdiction, if at least one of the grounds for revoking,  
2 suspending, or placing on probation is the same or  
3 substantially equivalent to grounds in Illinois; or

4 (3) the Department intends to deny restoration of the  
5 license.

6 (h) A temporary permit or renewed temporary permit shall  
7 expire (i) upon issuance of an Illinois license or (ii) upon  
8 notification that the Department intends to deny restoration of  
9 licensure. A temporary permit shall expire 6 months from the  
10 date of issuance. Further renewal may be granted by the  
11 Department, in hardship cases, that shall automatically expire  
12 upon issuance of the Illinois license or upon notification that  
13 the Department intends to deny licensure, whichever occurs  
14 first. No extensions shall be granted beyond the 6-month period  
15 unless approved by the Secretary. Notification by the  
16 Department under this Section must be by certified or  
17 registered mail to the address of record or by email to the  
18 email address of record.

19 (Source: P.A. 95-639, eff. 10-5-07.)

20 (225 ILCS 65/60-35)

21 (Section scheduled to be repealed on January 1, 2018)

22 Sec. 60-35. RN scope of practice. The RN scope of nursing  
23 practice is the protection, promotion, and optimization of  
24 health and abilities, the prevention of illness and injury, the  
25 development and implementation of the nursing plan of care, the

1 facilitation of nursing interventions to alleviate suffering,  
2 care coordination, and advocacy in the care of individuals,  
3 families, groups, communities, and populations. Practice as a  
4 registered professional nurse means this full scope of nursing,  
5 with or without compensation, that incorporates caring for all  
6 patients in all settings, through nursing standards of practice  
7 and professional performance for coordination of care, and may  
8 include, but is not limited to, all of the following:

9 (1) Collecting pertinent data and information relative  
10 to the patient's health or the situation on an ongoing  
11 basis through the comprehensive nursing assessment.

12 (2) Analyzing comprehensive nursing assessment data to  
13 determine actual or potential diagnoses, problems, and  
14 issues.

15 (3) Identifying expected outcomes for a plan  
16 individualized to the patient or the situation that  
17 prescribes strategies to attain expected, measurable  
18 outcomes.

19 (4) Implementing the identified plan, coordinating  
20 care delivery, employing strategies to promote healthy and  
21 safe environments, and administering or delegating  
22 medication administration according to Section 50-75 of  
23 this Act.

24 (5) Evaluating patient progress toward attainment of  
25 goals and outcomes.

26 (6) Delegating nursing interventions to implement the



1 plan of care.

2 (7) Providing health education and counseling.

3 (7.5) Advocating for the patient.

4 (8) Practicing ethically according to the American  
5 Nurses Association Code of Ethics.

6 (9) Practicing in a manner that recognizes cultural  
7 diversity.

8 (10) Communicating effectively in all areas of  
9 practice.

10 (11) Collaborating with patients and other key  
11 stakeholders in the conduct of nursing practice.

12 (12) Participating in continuous professional  
13 development.

14 (13) Teaching the theory and practice of nursing to  
15 student nurses.

16 (14) Leading within the professional practice setting  
17 and the profession.

18 (15) Contributing to quality nursing practice.

19 (16) Integrating evidence and research findings into  
20 practice.

21 (17) Utilizing appropriate resources to plan, provide,  
22 and sustain evidence-based nursing services that are safe  
23 and effective.

24 ~~(a) Practice as a registered professional nurse means the~~  
25 ~~full scope of nursing, with or without compensation, that~~  
26 ~~incorporates caring for all patients in all settings, through~~

1 ~~nursing standards recognized by the Department, and includes,~~  
2 ~~but is not limited to, all of the following:~~

3 ~~(1) The comprehensive nursing assessment of the health~~  
4 ~~status of patients that addresses changes to patient~~  
5 ~~conditions.~~

6 ~~(2) The development of a plan of nursing care to be~~  
7 ~~integrated within the patient centered health care plan~~  
8 ~~that establishes nursing diagnoses, and setting goals to~~  
9 ~~meet identified health care needs, determining nursing~~  
10 ~~interventions, and implementation of nursing care through~~  
11 ~~the execution of nursing strategies and regimens ordered or~~  
12 ~~prescribed by authorized healthcare professionals.~~

13 ~~(3) The administration of medication or delegation of~~  
14 ~~medication administration to licensed practical nurses.~~

15 ~~(4) Delegation of nursing interventions to implement~~  
16 ~~the plan of care.~~

17 ~~(5) The provision for the maintenance of safe and~~  
18 ~~effective nursing care rendered directly or through~~  
19 ~~delegation.~~

20 ~~(6) Advocating for patients.~~

21 ~~(7) The evaluation of responses to interventions and~~  
22 ~~the effectiveness of the plan of care.~~

23 ~~(8) Communicating and collaborating with other health~~  
24 ~~care professionals.~~

25 ~~(9) The procurement and application of new knowledge~~  
26 ~~and technologies.~~

1           ~~(10) The provision of health education and counseling.~~

2           ~~(11) Participating in development of policies,~~  
3           ~~procedures, and systems to support patient safety.~~

4           (Source: P.A. 95-639, eff. 10-5-07.)

5           (225 ILCS 65/Art. 65 heading)

6           ARTICLE 65. ADVANCED PRACTICE REGISTERED NURSES

7           (Article scheduled to be repealed on January 1, 2018)

8           (Source: P.A. 95-639, eff. 10-5-07.)

9           (225 ILCS 65/65-5) (was 225 ILCS 65/15-10)

10          (Section scheduled to be repealed on January 1, 2018)

11          Sec. 65-5. Qualifications for APRN ~~APN~~ licensure.

12          (a) Each applicant who successfully meets the requirements  
13          of this Section is eligible for ~~shall be entitled to~~ licensure  
14          as an advanced practice registered nurse.

15          (b) An applicant for licensure to practice as an advanced  
16          practice registered nurse is eligible for licensure when the  
17          following requirements are met ~~must do each of the following:~~

18                 (1) the applicant has submitted ~~Submit~~ a completed  
19                 application and any fees as established by the Department;~~;~~

20                 (2) the applicant holds ~~Hold~~ a current license to  
21                 practice as a registered professional nurse under this  
22                 Act;~~;~~

23                 (3) the applicant has ~~Have~~ successfully completed  
24                 requirements to practice as, and holds and maintains

1 current, national certification as, a nurse midwife,  
2 clinical nurse specialist, nurse practitioner, or  
3 certified registered nurse anesthetist from the  
4 appropriate national certifying body as determined by rule  
5 of the Department;~~;~~

6 (4) the applicant has ~~Have~~ obtained a graduate degree  
7 appropriate for national certification in a clinical  
8 advanced practice registered nursing specialty or a  
9 graduate degree or post-master's certificate from a  
10 graduate level program in a clinical advanced practice  
11 registered nursing specialty;~~;~~

12 (5) (blank); ~~Have not violated the provisions of this~~  
13 ~~Act concerning the grounds for disciplinary action. The~~  
14 ~~Department may take into consideration any felony~~  
15 ~~conviction of the applicant, but such a conviction may not~~  
16 ~~operate as an absolute bar to licensure.~~

17 (6) the applicant has submitted ~~Submit~~ to the criminal  
18 history records check required under Section 50-35 of this  
19 Act; ~~and;~~

20 (7) if applicable, the applicant has submitted  
21 verification of licensure status in another jurisdiction,  
22 as provided by rule.

23 (b-5) A registered professional nurse seeking licensure as  
24 an advanced practice registered nurse in the category of  
25 certified registered nurse anesthetist who does not have a  
26 graduate degree as described in subsection (b) of this Section

1 shall be qualified for licensure if that person:

2 (1) submits evidence of having successfully completed  
3 a nurse anesthesia program described in item (4) of  
4 subsection (b) of this Section prior to January 1, 1999;

5 (2) submits evidence of certification as a registered  
6 nurse anesthetist by an appropriate national certifying  
7 body; and

8 (3) has continually maintained active, up-to-date  
9 recertification status as a certified registered nurse  
10 anesthetist by an appropriate national recertifying body.

11 (b-10) The Department may ~~shall~~ issue a certified  
12 registered nurse anesthetist license to an APRN ~~APN~~ who (i)  
13 does not have a graduate degree, (ii) applies for licensure  
14 before July 1, 2018, and (iii) submits all of the following to  
15 the Department:

16 (1) His or her current State registered nurse license  
17 number.

18 (2) Proof of current national certification, which  
19 includes the completion of an examination from either of  
20 the following:

21 (A) the Council on Certification of the American  
22 Association of Nurse Anesthetists; or

23 (B) the Council on Recertification of the American  
24 Association of Nurse Anesthetists.

25 (3) Proof of the successful completion of a post-basic  
26 advanced practice formal education program in the area of

1 nurse anesthesia prior to January 1, 1999.

2 (4) His or her complete work history for the 5-year  
3 period immediately preceding the date of his or her  
4 application.

5 (5) Verification of licensure as an advanced practice  
6 registered nurse from the state in which he or she was  
7 originally licensed, current state of licensure, and any  
8 other state in which he or she has been actively practicing  
9 as an advanced practice registered nurse within the 5-year  
10 period immediately preceding the date of his or her  
11 application. If applicable, this verification must state:

12 (A) the time during which he or she was licensed in  
13 each state, including the date of the original issuance  
14 of each license; and

15 (B) any disciplinary action taken or pending  
16 concerning any nursing license held, currently or in  
17 the past, by the applicant.

18 (6) The required fee.

19 (c) Those applicants seeking licensure in more than one  
20 advanced practice registered nursing specialty need not  
21 possess multiple graduate degrees. Applicants may be eligible  
22 for licenses for multiple advanced practice registered nurse  
23 licensure specialties, provided that the applicant (i) has met  
24 the requirements for at least one advanced practice registered  
25 nursing specialty under paragraphs (3) and (5) of subsection  
26 (a) of this Section, (ii) possesses an additional graduate

1 education that results in a certificate for another clinical  
2 advanced practice registered nurse specialty and that meets the  
3 requirements for the national certification from the  
4 appropriate nursing specialty, and (iii) holds a current  
5 national certification from the appropriate national  
6 certifying body for that additional advanced practice  
7 registered nursing specialty.

8 (Source: P.A. 98-837, eff. 1-1-15.)

9 (225 ILCS 65/65-10) (was 225 ILCS 65/15-13)

10 (Section scheduled to be repealed on January 1, 2018)

11 Sec. 65-10. APRN ~~APN~~ license pending status.

12 (a) A graduate of an advanced practice registered nursing  
13 program may practice in the State of Illinois in the role of  
14 certified clinical nurse specialist, certified nurse midwife,  
15 certified nurse practitioner, or certified registered nurse  
16 anesthetist for not longer than 6 months provided he or she  
17 submits all of the following:

18 (1) An application for licensure as an advanced  
19 practice registered nurse in Illinois and all fees  
20 established by rule.

21 (2) Proof of an application to take the national  
22 certification examination in the specialty.

23 (3) Proof of completion of a graduate advanced practice  
24 education program that allows the applicant to be eligible  
25 for national certification in a clinical advanced practice

1       registered nursing specialty and that allows the applicant  
2       to be eligible for licensure in Illinois in the area of his  
3       or her specialty.

4             (4) Proof that he or she is licensed in Illinois as a  
5       registered professional nurse.

6             (b) License pending status shall preclude delegation of  
7       prescriptive authority.

8             (c) A graduate practicing in accordance with this Section  
9       must use the title "license pending certified clinical nurse  
10      specialist", "license pending certified nurse midwife",  
11      "license pending certified nurse practitioner", or "license  
12      pending certified registered nurse anesthetist", whichever is  
13      applicable.

14      (Source: P.A. 97-813, eff. 7-13-12.)

15             (225 ILCS 65/65-15)

16             (Section scheduled to be repealed on January 1, 2018)

17             Sec. 65-15. Expiration of APRN ~~APN~~ license; renewal.

18             (a) The expiration date and renewal period for each  
19      advanced practice registered nurse license issued under this  
20      Act shall be set by rule. The holder of a license may renew the  
21      license during the month preceding the expiration date of the  
22      license by paying the required fee. It is the responsibility of  
23      the licensee to notify the Department in writing of a change of  
24      address.

25             (b) On and after May 30, 2020, except as provided in



1 subsections (c) and (d) of this Section, each advanced practice  
2 registered nurse is required to show proof of continued,  
3 current national certification in the specialty.

4 (c) An advanced practice registered nurse who does not meet  
5 the educational requirements necessary to obtain national  
6 certification but has continuously held an unencumbered  
7 license under this Act since 2001 shall not be required to show  
8 proof of national certification in the specialty to renew his  
9 or her advanced practice registered nurse license.

10 (d) The Department may renew the license of an advanced  
11 practice registered nurse who applies for renewal of his or her  
12 license on or before May 30, 2016 and is unable to provide  
13 proof of continued, current national certification in the  
14 specialty but complies with all other renewal requirements.

15 (e) Any advanced practice registered nurse license renewed  
16 on and after May 31, 2016 based on the changes made to this  
17 Section by this amendatory Act of the 99th General Assembly  
18 shall be retroactive to the expiration date.

19 (Source: P.A. 99-505, eff. 5-27-16.)

20 (225 ILCS 65/65-20)

21 (Section scheduled to be repealed on January 1, 2018)

22 Sec. 65-20. Restoration of APRN ~~APN~~ license; temporary  
23 permit.

24 (a) Any license issued under this Act that has expired or  
25 that is on inactive status may be restored by making

1 application to the Department and filing proof of fitness  
2 acceptable to the Department as specified by rule to have the  
3 license restored and by paying the required restoration fee.  
4 Such proof of fitness may include evidence certifying active  
5 lawful practice in another jurisdiction.

6 (b) A licensee seeking restoration of a license after it  
7 has expired or been placed on inactive status for more than 5  
8 years shall file an application, on forms supplied by the  
9 Department, and submit the restoration or renewal fees set  
10 forth by the Department. The licensee shall also submit proof  
11 of fitness to practice as specified by rule. ~~, including one of~~  
12 ~~the following:~~

13 ~~(1) Certification of active practice in another~~  
14 ~~jurisdiction, which may include a statement from the~~  
15 ~~appropriate board or licensing authority in the other~~  
16 ~~jurisdiction in which the licensee was authorized to~~  
17 ~~practice during the term of said active practice.~~

18 ~~(2) Proof of the successful completion of a~~  
19 ~~Department approved licensure examination.~~

20 ~~(3) An affidavit attesting to military service as~~  
21 ~~provided in subsection (c) of this Section; however, if~~  
22 ~~application is made within 2 years after discharge and if~~  
23 ~~all other provisions of subsection (c) of this Section are~~  
24 ~~satisfied, the applicant shall be required to pay the~~  
25 ~~current renewal fee.~~

26 ~~(4) Other proof as established by rule.~~

1           (c) Any advanced practice registered nurse license issued  
2 under this Act that expired while the licensee was (1) in  
3 federal service on active duty with the Armed Forces of the  
4 United States or in the State Militia called into service or  
5 training or (2) in training or education under the supervision  
6 of the United States preliminary to induction into the military  
7 service may have the license restored without paying any lapsed  
8 renewal fees if, within 2 years after honorable termination of  
9 such service, training, or education, the applicant furnishes  
10 the Department with satisfactory evidence to the effect that  
11 the applicant has been so engaged and that the individual's  
12 service, training, or education has been so terminated.

13           (d) Any licensee who engages in the practice of advanced  
14 practice registered nursing with a lapsed license or while on  
15 inactive status shall be considered to be practicing without a  
16 license, which shall be grounds for discipline under Section  
17 70-5 of this Act.

18           (e) Pending restoration of an advanced practice registered  
19 nurse license under this Section, the Department may grant an  
20 applicant a temporary permit to practice as an advanced  
21 practice registered nurse if the Department is satisfied that  
22 the applicant holds an active, unencumbered license in good  
23 standing in another jurisdiction. If the applicant holds more  
24 than one current, active license or one or more active  
25 temporary licenses from another jurisdiction, the Department  
26 shall not issue a temporary permit until it is satisfied that

1 each current active license held by the applicant is  
2 unencumbered. The temporary permit, which shall be issued no  
3 later than 14 working days after receipt by the Department of  
4 an application for the permit, shall be granted upon the  
5 submission of all of the following to the Department:

6 (1) A signed and completed application for restoration  
7 of licensure under this Section as an advanced practice  
8 registered nurse.

9 (2) Proof of (i) a current, active license in at least  
10 one other jurisdiction and proof that each current, active  
11 license or temporary permit held by the applicant is  
12 unencumbered or (ii) fitness to practice nursing in  
13 Illinois, as specified by rule.

14 (3) A signed and completed application for a temporary  
15 permit.

16 (4) The required permit fee.

17 (5) Other proof as established by rule.

18 (f) The Department may refuse to issue to an applicant a  
19 temporary permit authorized under this Section if, within 14  
20 working days after its receipt of an application for a  
21 temporary permit, the Department determines that:

22 (1) the applicant has been convicted within the last 5  
23 years of any crime under the laws of any jurisdiction of  
24 the United States that is (i) a felony or (ii) a  
25 misdemeanor directly related to the practice of the  
26 profession;

1           (2) within the last 5 years, the applicant had a  
2 license or permit related to the practice of nursing  
3 revoked, suspended, or placed on probation by another  
4 jurisdiction if at least one of the grounds for revoking,  
5 suspending, or placing on probation is the same or  
6 substantially equivalent to grounds for disciplinary  
7 action under this Act; or

8           (3) the Department intends to deny restoration of the  
9 license.

10          (g) The Department may revoke a temporary permit issued  
11 under this Section if:

12           (1) the Department determines that the applicant has  
13 been convicted within the last 5 years of any crime under  
14 the laws of any jurisdiction of the United States that is  
15 (i) a felony or (ii) a misdemeanor directly related to the  
16 practice of the profession;

17           (2) within the last 5 years, the applicant had a  
18 license or permit related to the practice of nursing  
19 revoked, suspended, or placed on probation by another  
20 jurisdiction, if at least one of the grounds for revoking,  
21 suspending, or placing on probation is the same or  
22 substantially equivalent to grounds in Illinois; or

23           (3) the Department intends to deny restoration of the  
24 license.

25          (h) A temporary permit or renewed temporary permit shall  
26 expire (i) upon issuance of an Illinois license or (ii) upon

1 notification that the Department intends to deny restoration of  
2 licensure. Except as otherwise provided in this Section, a  
3 temporary permit shall expire 6 months from the date of  
4 issuance. Further renewal may be granted by the Department in  
5 hardship cases that shall automatically expire upon issuance of  
6 the Illinois license or upon notification that the Department  
7 intends to deny licensure, whichever occurs first. No  
8 extensions shall be granted beyond the 6-month period unless  
9 approved by the Secretary. Notification by the Department under  
10 this Section must be by certified or registered mail to the  
11 address of record or by email to the email address of record.

12 (Source: P.A. 95-639, eff. 10-5-07.)

13 (225 ILCS 65/65-25)

14 (Section scheduled to be repealed on January 1, 2018)

15 Sec. 65-25. Inactive status of a APRN ~~APN~~ license. Any  
16 advanced practice registered nurse who notifies the Department  
17 in writing on forms prescribed by the Department may elect to  
18 place his or her license on inactive status and shall, subject  
19 to rules of the Department, be excused from payment of renewal  
20 fees until notice is given to the Department in writing of his  
21 or her intent to restore the license.

22 Any advanced practice registered nurse requesting  
23 restoration from inactive status shall be required to pay the  
24 current renewal fee and shall be required to restore his or her  
25 license, as provided by rule of the Department.

1 Any advanced practice registered nurse whose license is on  
2 inactive status shall not practice advanced practice  
3 registered nursing, as defined by this Act in the State of  
4 Illinois.

5 (Source: P.A. 95-639, eff. 10-5-07.)

6 (225 ILCS 65/65-30)

7 (Section scheduled to be repealed on January 1, 2018)

8 Sec. 65-30. APRN ~~APN~~ scope of practice.

9 (a) Advanced practice registered nursing by certified  
10 nurse practitioners, certified nurse anesthetists, certified  
11 nurse midwives, or clinical nurse specialists is based on  
12 knowledge and skills acquired throughout an advanced practice  
13 registered nurse's nursing education, training, and  
14 experience.

15 (b) Practice as an advanced practice registered nurse means  
16 a scope of nursing practice, with or without compensation, and  
17 includes the registered nurse scope of practice.

18 (c) The scope of practice of an advanced practice  
19 registered nurse includes, but is not limited to, each of the  
20 following:

21 (1) Advanced nursing patient assessment and diagnosis.

22 (2) Ordering diagnostic and therapeutic tests and  
23 procedures, performing those tests and procedures when using  
24 health care equipment, and interpreting and using the results  
25 of diagnostic and therapeutic tests and procedures ordered by

1 the advanced practice registered nurse or another health care  
2 professional.

3 (3) Ordering treatments, ordering or applying  
4 appropriate medical devices, and using nursing medical,  
5 therapeutic, and corrective measures to treat illness and  
6 improve health status.

7 (4) Providing palliative and end-of-life care.

8 (5) Providing advanced counseling, patient education,  
9 health education, and patient advocacy.

10 (6) Prescriptive authority as defined in Section 65-40  
11 of this Act.

12 (7) Delegating selected nursing interventions  
13 ~~activities or tasks~~ to a licensed practical nurse, a registered  
14 professional nurse, or other personnel.

15 (Source: P.A. 95-639, eff. 10-5-07.)

16 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

17 (Section scheduled to be repealed on January 1, 2018)

18 Sec. 65-35. Written collaborative agreements.

19 (a) A written collaborative agreement is required for all  
20 advanced practice registered nurses engaged in clinical  
21 practice, except for advanced practice registered nurses who  
22 are authorized to practice in a hospital, hospital affiliate,  
23 or ambulatory surgical treatment center.

24 (a-5) If an advanced practice registered nurse engages in  
25 clinical practice outside of a hospital, hospital affiliate, or



1 ambulatory surgical treatment center in which he or she is  
2 authorized to practice, the advanced practice registered nurse  
3 must have a written collaborative agreement.

4 (b) A written collaborative agreement shall describe the  
5 relationship of the advanced practice registered nurse with the  
6 collaborating physician or podiatric physician and shall  
7 describe the categories of care, treatment, or procedures to be  
8 provided by the advanced practice registered nurse. A  
9 collaborative agreement with a dentist must be in accordance  
10 with subsection (c-10) of this Section. Collaboration does not  
11 require an employment relationship between the collaborating  
12 physician or podiatric physician and advanced practice  
13 registered nurse.

14 The collaborative relationship under an agreement shall  
15 not be construed to require the personal presence of a  
16 physician or podiatric physician at the place where services  
17 are rendered. Methods of communication shall be available for  
18 consultation with the collaborating physician or podiatric  
19 physician in person or by telecommunications or electronic  
20 communications as set forth in the written agreement.

21 (b-5) Absent an employment relationship, a written  
22 collaborative agreement may not (1) restrict the categories of  
23 patients of an advanced practice registered nurse within the  
24 scope of the advanced practice registered nurses training and  
25 experience, (2) limit third party payors or government health  
26 programs, such as the medical assistance program or Medicare

1 with which the advanced practice registered nurse contracts, or  
2 (3) limit the geographic area or practice location of the  
3 advanced practice registered nurse in this State.

4 (c) In the case of anesthesia services provided by a  
5 certified registered nurse anesthetist, an anesthesiologist, a  
6 physician, a dentist, or a podiatric physician must participate  
7 through discussion of and agreement with the anesthesia plan  
8 and remain physically present and available on the premises  
9 during the delivery of anesthesia services for diagnosis,  
10 consultation, and treatment of emergency medical conditions.

11 (c-5) A certified registered nurse anesthetist, who  
12 provides anesthesia services outside of a hospital or  
13 ambulatory surgical treatment center shall enter into a written  
14 collaborative agreement with an anesthesiologist or the  
15 physician licensed to practice medicine in all its branches or  
16 the podiatric physician performing the procedure. Outside of a  
17 hospital or ambulatory surgical treatment center, the  
18 certified registered nurse anesthetist may provide only those  
19 services that the collaborating podiatric physician is  
20 authorized to provide pursuant to the Podiatric Medical  
21 Practice Act of 1987 and rules adopted thereunder. A certified  
22 registered nurse anesthetist may select, order, and administer  
23 medication, including controlled substances, and apply  
24 appropriate medical devices for delivery of anesthesia  
25 services under the anesthesia plan agreed with by the  
26 anesthesiologist or the operating physician or operating

1     podiatric physician.

2           (c-10) A certified registered nurse anesthetist who  
3 provides anesthesia services in a dental office shall enter  
4 into a written collaborative agreement with an  
5 anesthesiologist or the physician licensed to practice  
6 medicine in all its branches or the operating dentist  
7 performing the procedure. The agreement shall describe the  
8 working relationship of the certified registered nurse  
9 anesthetist and dentist and shall authorize the categories of  
10 care, treatment, or procedures to be performed by the certified  
11 registered nurse anesthetist. In a collaborating dentist's  
12 office, the certified registered nurse anesthetist may only  
13 provide those services that the operating dentist with the  
14 appropriate permit is authorized to provide pursuant to the  
15 Illinois Dental Practice Act and rules adopted thereunder. For  
16 anesthesia services, an anesthesiologist, physician, or  
17 operating dentist shall participate through discussion of and  
18 agreement with the anesthesia plan and shall remain physically  
19 present and be available on the premises during the delivery of  
20 anesthesia services for diagnosis, consultation, and treatment  
21 of emergency medical conditions. A certified registered nurse  
22 anesthetist may select, order, and administer medication,  
23 including controlled substances, and apply appropriate medical  
24 devices for delivery of anesthesia services under the  
25 anesthesia plan agreed with by the operating dentist.

26           (d) A copy of the signed, written collaborative agreement

1 must be available to the Department upon request from both the  
2 advanced practice registered nurse and the collaborating  
3 physician, dentist, or podiatric physician.

4 (e) Nothing in this Act shall be construed to limit the  
5 delegation of tasks or duties by a physician to a licensed  
6 practical nurse, a registered professional nurse, or other  
7 persons in accordance with Section 54.2 of the Medical Practice  
8 Act of 1987. Nothing in this Act shall be construed to limit  
9 the method of delegation that may be authorized by any means,  
10 including, but not limited to, oral, written, electronic,  
11 standing orders, protocols, guidelines, or verbal orders.  
12 Nothing in this Act shall be construed to authorize an advanced  
13 practice registered nurse to provide health care services  
14 required by law or rule to be performed by a physician.

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

20 (g) (Blank).

21 (Source: P.A. 98-192, eff. 1-1-14; 98-214, eff. 8-9-13; 98-756,  
22 eff. 7-16-14; 99-173, eff. 7-29-15.)

23 (225 ILCS 65/65-35.1)

24 (Section scheduled to be repealed on January 1, 2018)

25 Sec. 65-35.1. Written collaborative agreement; temporary

1 practice. Any advanced practice registered nurse required to  
2 enter into a written collaborative agreement with a  
3 collaborating physician or collaborating podiatrist is  
4 authorized to continue to practice for up to 90 days after the  
5 termination of a collaborative agreement provided the advanced  
6 practice registered nurse seeks any needed collaboration at a  
7 local hospital and refers patients who require services beyond  
8 the training and experience of the advanced practice registered  
9 nurse to a physician or other health care provider.

10 (Source: P.A. 99-173, eff. 7-29-15.)

11 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

12 (Section scheduled to be repealed on January 1, 2018)

13 Sec. 65-40. Written collaborative agreement; prescriptive  
14 authority.

15 (a) A collaborating physician or podiatric physician may,  
16 but is not required to, delegate prescriptive authority to an  
17 advanced practice registered nurse as part of a written  
18 collaborative agreement. This authority may, but is not  
19 required to, include prescription of, selection of, orders for,  
20 administration of, storage of, acceptance of samples of, and  
21 dispensing over the counter medications, legend drugs, medical  
22 gases, and controlled substances categorized as any Schedule  
23 III through V controlled substances, as defined in Article II  
24 of the Illinois Controlled Substances Act, and other  
25 preparations, including, but not limited to, botanical and

1 herbal remedies. The collaborating physician or podiatric  
2 physician must have a valid current Illinois controlled  
3 substance license and federal registration to delegate  
4 authority to prescribe delegated controlled substances.

5 (b) To prescribe controlled substances under this Section,  
6 an advanced practice registered nurse must obtain a mid-level  
7 practitioner controlled substance license. Medication orders  
8 shall be reviewed periodically by the collaborating physician  
9 or podiatric physician.

10 (c) The collaborating physician or podiatric physician  
11 shall file with the Department notice of delegation of  
12 prescriptive authority and termination of such delegation, in  
13 accordance with rules of the Department. Upon receipt of this  
14 notice delegating authority to prescribe any Schedule III  
15 through V controlled substances, the licensed advanced  
16 practice registered nurse shall be eligible to register for a  
17 mid-level practitioner controlled substance license under  
18 Section 303.05 of the Illinois Controlled Substances Act.

19 (d) In addition to the requirements of subsections (a),  
20 (b), and (c) of this Section, a collaborating physician or  
21 podiatric physician may, but is not required to, delegate  
22 authority to an advanced practice registered nurse to prescribe  
23 any Schedule II controlled substances, if all of the following  
24 conditions apply:

25 (1) Specific Schedule II controlled substances by oral  
26 dosage or topical or transdermal application may be

1 delegated, provided that the delegated Schedule II  
2 controlled substances are routinely prescribed by the  
3 collaborating physician or podiatric physician. This  
4 delegation must identify the specific Schedule II  
5 controlled substances by either brand name or generic name.  
6 Schedule II controlled substances to be delivered by  
7 injection or other route of administration may not be  
8 delegated.

9 (2) Any delegation must be controlled substances that  
10 the collaborating physician or podiatric physician  
11 prescribes.

12 (3) Any prescription must be limited to no more than a  
13 30-day supply, with any continuation authorized only after  
14 prior approval of the collaborating physician or podiatric  
15 physician.

16 (4) The advanced practice registered nurse must  
17 discuss the condition of any patients for whom a controlled  
18 substance is prescribed monthly with the delegating  
19 physician.

20 (5) The advanced practice registered nurse meets the  
21 education requirements of Section 303.05 of the Illinois  
22 Controlled Substances Act.

23 (e) Nothing in this Act shall be construed to limit the  
24 delegation of tasks or duties by a physician to a licensed  
25 practical nurse, a registered professional nurse, or other  
26 persons. Nothing in this Act shall be construed to limit the

1 method of delegation that may be authorized by any means,  
2 including, but not limited to, oral, written, electronic,  
3 standing orders, protocols, guidelines, or verbal orders.

4 (f) Nothing in this Section shall be construed to apply to  
5 any medication authority including Schedule II controlled  
6 substances of an advanced practice registered nurse for care  
7 provided in a hospital, hospital affiliate, or ambulatory  
8 surgical treatment center pursuant to Section 65-45.

9 (g) Any advanced practice registered nurse who writes a  
10 prescription for a controlled substance without having a valid  
11 appropriate authority may be fined by the Department not more  
12 than \$50 per prescription, and the Department may take any  
13 other disciplinary action provided for in this Act.

14 (h) Nothing in this Section shall be construed to prohibit  
15 generic substitution.

16 (Source: P.A. 97-358, eff. 8-12-11; 98-214, eff. 8-9-13.)

17 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

18 (Section scheduled to be repealed on January 1, 2018)

19 Sec. 65-45. Advanced practice registered nursing in  
20 hospitals, hospital affiliates, or ambulatory surgical  
21 treatment centers.

22 (a) An advanced practice registered nurse may provide  
23 services in a hospital or a hospital affiliate as those terms  
24 are defined in the Hospital Licensing Act or the University of  
25 Illinois Hospital Act or a licensed ambulatory surgical



1 treatment center without a written collaborative agreement  
2 pursuant to Section 65-35 of this Act. An advanced practice  
3 registered nurse must possess clinical privileges recommended  
4 by the hospital medical staff and granted by the hospital or  
5 the consulting medical staff committee and ambulatory surgical  
6 treatment center in order to provide services. The medical  
7 staff or consulting medical staff committee shall periodically  
8 review the services of advanced practice registered nurses  
9 granted clinical privileges, including any care provided in a  
10 hospital affiliate. Authority may also be granted when  
11 recommended by the hospital medical staff and granted by the  
12 hospital or recommended by the consulting medical staff  
13 committee and ambulatory surgical treatment center to  
14 individual advanced practice registered nurses to select,  
15 order, and administer medications, including controlled  
16 substances, to provide delineated care. In a hospital, hospital  
17 affiliate, or ambulatory surgical treatment center, the  
18 attending physician shall determine an advanced practice  
19 registered nurse's role in providing care for his or her  
20 patients, except as otherwise provided in the medical staff  
21 bylaws or consulting committee policies.

22 (a-2) An advanced practice registered nurse granted  
23 authority to order medications including controlled substances  
24 may complete discharge prescriptions provided the prescription  
25 is in the name of the advanced practice registered nurse and  
26 the attending or discharging physician.

1 (a-3) Advanced practice registered nurses practicing in a  
2 hospital or an ambulatory surgical treatment center are not  
3 required to obtain a mid-level controlled substance license to  
4 order controlled substances under Section 303.05 of the  
5 Illinois Controlled Substances Act.

6 (a-5) For anesthesia services provided by a certified  
7 registered nurse anesthetist, an anesthesiologist, physician,  
8 dentist, or podiatric physician shall participate through  
9 discussion of and agreement with the anesthesia plan and shall  
10 remain physically present and be available on the premises  
11 during the delivery of anesthesia services for diagnosis,  
12 consultation, and treatment of emergency medical conditions,  
13 unless hospital policy adopted pursuant to clause (B) of  
14 subdivision (3) of Section 10.7 of the Hospital Licensing Act  
15 or ambulatory surgical treatment center policy adopted  
16 pursuant to clause (B) of subdivision (3) of Section 6.5 of the  
17 Ambulatory Surgical Treatment Center Act provides otherwise. A  
18 certified registered nurse anesthetist may select, order, and  
19 administer medication for anesthesia services under the  
20 anesthesia plan agreed to by the anesthesiologist or the  
21 physician, in accordance with hospital alternative policy or  
22 the medical staff consulting committee policies of a licensed  
23 ambulatory surgical treatment center.

24 (b) An advanced practice registered nurse who provides  
25 services in a hospital shall do so in accordance with Section  
26 10.7 of the Hospital Licensing Act and, in an ambulatory

1 surgical treatment center, in accordance with Section 6.5 of  
2 the Ambulatory Surgical Treatment Center Act.

3 (c) Advanced practice registered nurses certified as nurse  
4 practitioners, nurse midwives, or clinical nurse specialists  
5 practicing in a hospital affiliate may be, but are not required  
6 to be, granted authority to prescribe Schedule II through V  
7 controlled substances when such authority is recommended by the  
8 appropriate physician committee of the hospital affiliate and  
9 granted by the hospital affiliate. This authority may, but is  
10 not required to, include prescription of, selection of, orders  
11 for, administration of, storage of, acceptance of samples of,  
12 and dispensing over-the-counter medications, legend drugs,  
13 medical gases, and controlled substances categorized as  
14 Schedule II through V controlled substances, as defined in  
15 Article II of the Illinois Controlled Substances Act, and other  
16 preparations, including, but not limited to, botanical and  
17 herbal remedies.

18 To prescribe controlled substances under this subsection  
19 (c), an advanced practice registered nurse certified as a nurse  
20 practitioner, nurse midwife, or clinical nurse specialist must  
21 obtain a mid-level practitioner controlled substance license.  
22 Medication orders shall be reviewed periodically by the  
23 appropriate hospital affiliate physicians committee or its  
24 physician designee.

25 The hospital affiliate shall file with the Department  
26 notice of a grant of prescriptive authority consistent with

1 this subsection (c) and termination of such a grant of  
2 authority, in accordance with rules of the Department. Upon  
3 receipt of this notice of grant of authority to prescribe any  
4 Schedule II through V controlled substances, the licensed  
5 advanced practice registered nurse certified as a nurse  
6 practitioner, nurse midwife, or clinical nurse specialist may  
7 register for a mid-level practitioner controlled substance  
8 license under Section 303.05 of the Illinois Controlled  
9 Substances Act.

10 In addition, a hospital affiliate may, but is not required  
11 to, grant authority to an advanced practice registered nurse  
12 certified as a nurse practitioner, nurse midwife, or clinical  
13 nurse specialist to prescribe any Schedule II controlled  
14 substances, if all of the following conditions apply:

15 (1) specific Schedule II controlled substances by oral  
16 dosage or topical or transdermal application may be  
17 designated, provided that the designated Schedule II  
18 controlled substances are routinely prescribed by advanced  
19 practice registered nurses in their area of certification;  
20 this grant of authority must identify the specific Schedule  
21 II controlled substances by either brand name or generic  
22 name; authority to prescribe or dispense Schedule II  
23 controlled substances to be delivered by injection or other  
24 route of administration may not be granted;

25 (2) any grant of authority must be controlled  
26 substances limited to the practice of the advanced practice

1           registered nurse;

2           (3) any prescription must be limited to no more than a  
3           30-day supply;

4           (4) the advanced practice registered nurse must  
5           discuss the condition of any patients for whom a controlled  
6           substance is prescribed monthly with the appropriate  
7           physician committee of the hospital affiliate or its  
8           physician designee; and

9           (5) the advanced practice registered nurse must meet  
10          the education requirements of Section 303.05 of the  
11          Illinois Controlled Substances Act.

12          (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15.)

13           (225 ILCS 65/65-50) (was 225 ILCS 65/15-30)

14           (Section scheduled to be repealed on January 1, 2018)

15           Sec. 65-50. APRN ~~APN~~ title.

16           (a) No person shall use any words, abbreviations, figures,  
17          letters, title, sign, card, or device tending to imply that he  
18          or she is an advanced practice registered nurse, including, but  
19          not limited to, using the titles or initials "Advanced Practice  
20          Registered Nurse", "Certified Nurse Midwife", "Certified Nurse  
21          Practitioner", "Certified Registered Nurse Anesthetist",  
22          "Clinical Nurse Specialist", "A.P.R.N." "~~A.P.N.~~", "C.N.M.",  
23          "C.N.P.", "C.R.N.A.", "C.N.S.", or similar titles or initials,  
24          with the intention of indicating practice as an advanced  
25          practice registered nurse without meeting the requirements of

1 this Act. For purposes of this provision, the terms "advanced  
2 practice nurse" and "A.P.N." are considered to be similar  
3 titles or initials protected by this subsection (a).

4 (b) No advanced practice registered nurse shall indicate to  
5 other persons that he or she is qualified to engage in the  
6 practice of medicine.

7 (c) An advanced practice registered nurse shall verbally  
8 identify himself or herself as an advanced practice registered  
9 nurse, including specialty certification, to each patient.

10 (d) Nothing in this Act shall be construed to relieve an  
11 advanced practice registered nurse of the professional or legal  
12 responsibility for the care and treatment of persons attended  
13 by him or her.

14 (Source: P.A. 95-639, eff. 10-5-07.)

15 (225 ILCS 65/65-55) (was 225 ILCS 65/15-40)

16 (Section scheduled to be repealed on January 1, 2018)

17 Sec. 65-55. Advertising as an APRN ~~APN~~.

18 (a) A person licensed under this Act as an advanced  
19 practice registered nurse may advertise the availability of  
20 professional services in the public media or on the premises  
21 where the professional services are rendered. The advertising  
22 shall be limited to the following information:

23 (1) publication of the person's name, title, office  
24 hours, address, and telephone number;

25 (2) information pertaining to the person's areas of

1 specialization, including, but not limited to, appropriate  
2 board certification or limitation of professional  
3 practice;

4 (3) publication of the person's collaborating  
5 physician's, dentist's, or podiatric physician's name,  
6 title, and areas of specialization;

7 (4) information on usual and customary fees for routine  
8 professional services offered, which shall include  
9 notification that fees may be adjusted due to complications  
10 or unforeseen circumstances;

11 (5) announcements of the opening of, change of, absence  
12 from, or return to business;

13 (6) announcement of additions to or deletions from  
14 professional licensed staff; and

15 (7) the issuance of business or appointment cards.

16 (b) It is unlawful for a person licensed under this Act as  
17 an advanced practice registered nurse to use testimonials or  
18 claims of superior quality of care to entice the public. It  
19 shall be unlawful to advertise fee comparisons of available  
20 services with those of other licensed persons.

21 (c) This Article does not authorize the advertising of  
22 professional services that the offeror of the services is not  
23 licensed or authorized to render. Nor shall the advertiser use  
24 statements that contain false, fraudulent, deceptive, or  
25 misleading material or guarantees of success, statements that  
26 play upon the vanity or fears of the public, or statements that

1 promote or produce unfair competition.

2 (d) It is unlawful and punishable under the penalty  
3 provisions of this Act for a person licensed under this Article  
4 to knowingly advertise that the licensee will accept as payment  
5 for services rendered by assignment from any third party payor  
6 the amount the third party payor covers as payment in full, if  
7 the effect is to give the impression of eliminating the need of  
8 payment by the patient of any required deductible or copayment  
9 applicable in the patient's health benefit plan.

10 (e) A licensee shall include in every advertisement for  
11 services regulated under this Act his or her title as it  
12 appears on the license or the initials authorized under this  
13 Act.

14 (f) As used in this Section, "advertise" means solicitation  
15 by the licensee or through another person or entity by means of  
16 handbills, posters, circulars, motion pictures, radio,  
17 newspapers, or television or any other manner.

18 (Source: P.A. 98-214, eff. 8-9-13.)

19 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

20 (Section scheduled to be repealed on January 1, 2018)

21 Sec. 65-65. Reports relating to APRN ~~APN~~ professional  
22 conduct and capacity.

23 (a) Entities Required to Report.

24 (1) Health Care Institutions. The chief administrator  
25 or executive officer of a health care institution licensed



1 by the Department of Public Health, which provides the  
2 minimum due process set forth in Section 10.4 of the  
3 Hospital Licensing Act, shall report to the Board when an  
4 advanced practice registered nurse's organized  
5 professional staff clinical privileges are terminated or  
6 are restricted based on a final determination, in  
7 accordance with that institution's bylaws or rules and  
8 regulations, that (i) a person has either committed an act  
9 or acts that may directly threaten patient care and that  
10 are not of an administrative nature or (ii) that a person  
11 may have a mental or physical disability that may endanger  
12 patients under that person's care. The chief administrator  
13 or officer shall also report if an advanced practice  
14 registered nurse accepts voluntary termination or  
15 restriction of clinical privileges in lieu of formal action  
16 based upon conduct related directly to patient care and not  
17 of an administrative nature, or in lieu of formal action  
18 seeking to determine whether a person may have a mental or  
19 physical disability that may endanger patients under that  
20 person's care. The Department ~~Board~~ shall provide by rule  
21 for the reporting to it of all instances in which a person  
22 licensed under this Article, who is impaired by reason of  
23 age, drug, or alcohol abuse or physical or mental  
24 impairment, is under supervision and, where appropriate,  
25 is in a program of rehabilitation. Reports submitted under  
26 this subsection shall be strictly confidential and may be

1 reviewed and considered only by the members of the Board or  
2 authorized staff as provided by rule of the Department  
3 ~~Board~~. Provisions shall be made for the periodic report of  
4 the status of any such reported person not less than twice  
5 annually in order that the Board shall have current  
6 information upon which to determine the status of that  
7 person. Initial and periodic reports of impaired advanced  
8 practice registered nurses shall not be considered records  
9 within the meaning of the State Records Act and shall be  
10 disposed of, following a determination by the Board that  
11 such reports are no longer required, in a manner and at an  
12 appropriate time as the Board shall determine by rule. The  
13 filing of reports submitted under this subsection shall be  
14 construed as the filing of a report for purposes of  
15 subsection (c) of this Section.

16 (2) Professional Associations. The President or chief  
17 executive officer of an association or society of persons  
18 licensed under this Article, operating within this State,  
19 shall report to the Board when the association or society  
20 renders a final determination that a person licensed under  
21 this Article has committed unprofessional conduct related  
22 directly to patient care or that a person may have a mental  
23 or physical disability that may endanger patients under the  
24 person's care.

25 (3) Professional Liability Insurers. Every insurance  
26 company that offers policies of professional liability

1 insurance to persons licensed under this Article, or any  
2 other entity that seeks to indemnify the professional  
3 liability of a person licensed under this Article, shall  
4 report to the Board the settlement of any claim or cause of  
5 action, or final judgment rendered in any cause of action,  
6 that alleged negligence in the furnishing of patient care  
7 by the licensee when the settlement or final judgment is in  
8 favor of the plaintiff.

9 (4) State's Attorneys. The State's Attorney of each  
10 county shall report to the Board all instances in which a  
11 person licensed under this Article is convicted or  
12 otherwise found guilty of the commission of a felony.

13 (5) State Agencies. All agencies, boards, commissions,  
14 departments, or other instrumentalities of the government  
15 of this State shall report to the Board any instance  
16 arising in connection with the operations of the agency,  
17 including the administration of any law by the agency, in  
18 which a person licensed under this Article has either  
19 committed an act or acts that may constitute a violation of  
20 this Article, that may constitute unprofessional conduct  
21 related directly to patient care, or that indicates that a  
22 person licensed under this Article may have a mental or  
23 physical disability that may endanger patients under that  
24 person's care.

25 (b) Mandatory Reporting. All reports required under items  
26 (16) and (17) of subsection (a) of Section 70-5 shall be

1 submitted to the Board in a timely fashion. The reports shall  
2 be filed in writing within 60 days after a determination that a  
3 report is required under this Article. All reports shall  
4 contain the following information:

5 (1) The name, address, and telephone number of the  
6 person making the report.

7 (2) The name, address, and telephone number of the  
8 person who is the subject of the report.

9 (3) The name or other means of identification of any  
10 patient or patients whose treatment is a subject of the  
11 report, except that no medical records may be revealed  
12 without the written consent of the patient or patients.

13 (4) A brief description of the facts that gave rise to  
14 the issuance of the report, including, but not limited to,  
15 the dates of any occurrences deemed to necessitate the  
16 filing of the report.

17 (5) If court action is involved, the identity of the  
18 court in which the action is filed, the docket number, and  
19 date of filing of the action.

20 (6) Any further pertinent information that the  
21 reporting party deems to be an aid in the evaluation of the  
22 report.

23 Nothing contained in this Section shall be construed to in  
24 any way waive or modify the confidentiality of medical reports  
25 and committee reports to the extent provided by law. Any  
26 information reported or disclosed shall be kept for the

1 confidential use of the Board, the Board's attorneys, the  
2 investigative staff, and authorized clerical staff and shall be  
3 afforded the same status as is provided information concerning  
4 medical studies in Part 21 of Article VIII of the Code of Civil  
5 Procedure.

6 (c) Immunity from Prosecution. An individual or  
7 organization acting in good faith, and not in a willful ~~wilful~~  
8 and wanton manner, in complying with this Section by providing  
9 a report or other information to the Board, by assisting in the  
10 investigation or preparation of a report or information, by  
11 participating in proceedings of the Board, or by serving as a  
12 member of the Board shall not, as a result of such actions, be  
13 subject to criminal prosecution or civil damages.

14 (d) Indemnification. Members of the Board, the Board's  
15 attorneys, the investigative staff, advanced practice  
16 registered nurses or physicians retained under contract to  
17 assist and advise in the investigation, and authorized clerical  
18 staff shall be indemnified by the State for any actions (i)  
19 occurring within the scope of services on the Board, (ii)  
20 performed in good faith, and (iii) not willful ~~wilful~~ and  
21 wanton in nature. The Attorney General shall defend all actions  
22 taken against those persons unless he or she determines either  
23 that there would be a conflict of interest in the  
24 representation or that the actions complained of were not  
25 performed in good faith or were willful ~~wilful~~ and wanton in  
26 nature. If the Attorney General declines representation, the

1 member shall have the right to employ counsel of his or her  
2 choice, whose fees shall be provided by the State, after  
3 approval by the Attorney General, unless there is a  
4 determination by a court that the member's actions were not  
5 performed in good faith or were willful ~~wilful~~ and wanton in  
6 nature. The member shall notify the Attorney General within 7  
7 days of receipt of notice of the initiation of an action  
8 involving services of the Board. Failure to so notify the  
9 Attorney General shall constitute an absolute waiver of the  
10 right to a defense and indemnification. The Attorney General  
11 shall determine within 7 days after receiving the notice  
12 whether he or she will undertake to represent the member.

13 (e) Deliberations of Board. Upon the receipt of a report  
14 called for by this Section, other than those reports of  
15 impaired persons licensed under this Article required pursuant  
16 to the rules of the Board, the Board shall notify in writing by  
17 certified or registered mail or by email to the email address  
18 of record the person who is the subject of the report. The  
19 notification shall be made within 30 days of receipt by the  
20 Board of the report. The notification shall include a written  
21 notice setting forth the person's right to examine the report.  
22 Included in the notification shall be the address at which the  
23 file is maintained, the name of the custodian of the reports,  
24 and the telephone number at which the custodian may be reached.  
25 The person who is the subject of the report shall submit a  
26 written statement responding to, clarifying, adding to, or

1 proposing to amend the report previously filed. The statement  
2 shall become a permanent part of the file and shall be received  
3 by the Board no more than 30 days after the date on which the  
4 person was notified of the existence of the original report.  
5 The Board shall review all reports received by it and any  
6 supporting information and responding statements submitted by  
7 persons who are the subject of reports. The review by the Board  
8 shall be in a timely manner but in no event shall the Board's  
9 initial review of the material contained in each disciplinary  
10 file be less than 61 days nor more than 180 days after the  
11 receipt of the initial report by the Board. When the Board  
12 makes its initial review of the materials contained within its  
13 disciplinary files, the Board shall, in writing, make a  
14 determination as to whether there are sufficient facts to  
15 warrant further investigation or action. Failure to make that  
16 determination within the time provided shall be deemed to be a  
17 determination that there are not sufficient facts to warrant  
18 further investigation or action. Should the Board find that  
19 there are not sufficient facts to warrant further investigation  
20 or action, the report shall be accepted for filing and the  
21 matter shall be deemed closed and so reported. The individual  
22 or entity filing the original report or complaint and the  
23 person who is the subject of the report or complaint shall be  
24 notified in writing by the Board of any final action on their  
25 report or complaint.

26 (f) (Blank). ~~Summary Reports. The Board shall prepare, on a~~

1 ~~timely basis, but in no event less than one every other month,~~  
2 ~~a summary report of final actions taken upon disciplinary files~~  
3 ~~maintained by the Board. The summary reports shall be made~~  
4 ~~available to the public upon request and payment of the fees~~  
5 ~~set by the Department. This publication may be made available~~  
6 ~~to the public on the Department's Internet website.~~

7 (g) Any violation of this Section shall constitute a Class  
8 A misdemeanor.

9 (h) If a person violates the provisions of this Section, an  
10 action may be brought in the name of the People of the State of  
11 Illinois, through the Attorney General of the State of  
12 Illinois, for an order enjoining the violation or for an order  
13 enforcing compliance with this Section. Upon filing of a  
14 ~~verified~~ petition in court, the court may issue a temporary  
15 restraining order without notice or bond and may preliminarily  
16 or permanently enjoin the violation, and if it is established  
17 that the person has violated or is violating the injunction,  
18 the court may punish the offender for contempt of court.  
19 Proceedings under this subsection shall be in addition to, and  
20 not in lieu of, all other remedies and penalties provided for  
21 by this Section.

22 (Source: P.A. 99-143, eff. 7-27-15.)

23 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

24 (Section scheduled to be repealed on January 1, 2018)

25 Sec. 70-5. Grounds for disciplinary action.



1           (a) The Department may refuse to issue or to renew, or may  
2           revoke, suspend, place on probation, reprimand, or take other  
3           disciplinary or non-disciplinary action as the Department may  
4           deem appropriate, including fines not to exceed \$10,000 per  
5           violation, with regard to a license for any one or combination  
6           of the causes set forth in subsection (b) below. All fines  
7           collected under this Section shall be deposited in the Nursing  
8           Dedicated and Professional Fund.

9           (b) Grounds for disciplinary action include the following:

10           (1) Material deception in furnishing information to  
11           the Department.

12           (2) Material violations of any provision of this Act or  
13           violation of the rules of or final administrative action of  
14           the Secretary, after consideration of the recommendation  
15           of the Board.

16           (3) Conviction by plea of guilty or nolo contendere,  
17           finding of guilt, jury verdict, or entry of judgment or by  
18           sentencing of any crime, including, but not limited to,  
19           convictions, preceding sentences of supervision,  
20           conditional discharge, or first offender probation, under  
21           the laws of any jurisdiction of the United States: (i) that  
22           is a felony; or (ii) that is a misdemeanor, an essential  
23           element of which is dishonesty, or that is directly related  
24           to the practice of the profession.

25           (4) A pattern of practice or other behavior which  
26           demonstrates incapacity or incompetency to practice under

1           this Act.

2           (5) Knowingly aiding or assisting another person in  
3           violating any provision of this Act or rules.

4           (6) Failing, within 90 days, to provide a response to a  
5           request for information in response to a written request  
6           made by the Department by certified or registered mail or  
7           by email to the email address of record.

8           (7) Engaging in dishonorable, unethical or  
9           unprofessional conduct of a character likely to deceive,  
10          defraud or harm the public, as defined by rule.

11          (8) Unlawful taking, theft, selling, distributing, or  
12          manufacturing of any drug, narcotic, or prescription  
13          device.

14          (9) Habitual or excessive use or addiction to alcohol,  
15          narcotics, stimulants, or any other chemical agent or drug  
16          that could result in a licensee's inability to practice  
17          with reasonable judgment, skill or safety.

18          (10) Discipline by another U.S. jurisdiction or  
19          foreign nation, if at least one of the grounds for the  
20          discipline is the same or substantially equivalent to those  
21          set forth in this Section.

22          (11) A finding that the licensee, after having her or  
23          his license placed on probationary status or subject to  
24          conditions or restrictions, has violated the terms of  
25          probation or failed to comply with such terms or  
26          conditions.

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

8           (13) Willful omission to file or record, or willfully  
9 impeding the filing or recording or inducing another person  
10 to omit to file or record medical reports as required by  
11 law.

12           (13.5) Willfully ~~or willfully~~ failing to report an  
13 instance of suspected child abuse or neglect as required by  
14 the Abused and Neglected Child Reporting Act.

15           (14) Gross negligence in the practice of practical,  
16 professional, or advanced practice registered nursing.

17           (15) Holding oneself out to be practicing nursing under  
18 any name other than one's own.

19           (16) Failure of a licensee to report to the Department  
20 any adverse final action taken against him or her by  
21 another licensing jurisdiction of the United States or any  
22 foreign state or country, any peer review body, any health  
23 care institution, any professional or nursing society or  
24 association, any governmental agency, any law enforcement  
25 agency, or any court or a nursing liability claim related  
26 to acts or conduct similar to acts or conduct that would

1 constitute grounds for action as defined in this Section.

2 (17) Failure of a licensee to report to the Department  
3 surrender by the licensee of a license or authorization to  
4 practice nursing or advanced practice registered nursing  
5 in another state or jurisdiction or current surrender by  
6 the licensee of membership on any nursing staff or in any  
7 nursing or advanced practice registered nursing or  
8 professional association or society while under  
9 disciplinary investigation by any of those authorities or  
10 bodies for acts or conduct similar to acts or conduct that  
11 would constitute grounds for action as defined by this  
12 Section.

13 (18) Failing, within 60 days, to provide information in  
14 response to a written request made by the Department.

15 (19) Failure to establish and maintain records of  
16 patient care and treatment as required by law.

17 (20) Fraud, deceit or misrepresentation in applying  
18 for or procuring a license under this Act or in connection  
19 with applying for renewal of a license under this Act.

20 (21) Allowing another person or organization to use the  
21 licensees' license to deceive the public.

22 (22) Willfully making or filing false records or  
23 reports in the licensee's practice, including but not  
24 limited to false records to support claims against the  
25 medical assistance program of the Department of Healthcare  
26 and Family Services (formerly Department of Public Aid)

1 under the Illinois Public Aid Code.

2 (23) Attempting to subvert or cheat on a licensing  
3 examination administered under this Act.

4 (24) Immoral conduct in the commission of an act,  
5 including, but not limited to, sexual abuse, sexual  
6 misconduct, or sexual exploitation, related to the  
7 licensee's practice.

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

11 (26) Practicing under a false or assumed name, except  
12 as provided by law.

13 (27) The use of any false, fraudulent, or deceptive  
14 statement in any document connected with the licensee's  
15 practice.

16 (28) Directly or indirectly giving to or receiving from  
17 a person, firm, corporation, partnership, or association a  
18 fee, commission, rebate, or other form of compensation for  
19 professional services not actually or personally rendered.  
20 Nothing in this paragraph (28) affects any bona fide  
21 independent contractor or employment arrangements among  
22 health care professionals, health facilities, health care  
23 providers, or other entities, except as otherwise  
24 prohibited by law. Any employment arrangements may include  
25 provisions for compensation, health insurance, pension, or  
26 other employment benefits for the provision of services

1 within the scope of the licensee's practice under this Act.  
2 Nothing in this paragraph (28) shall be construed to  
3 require an employment arrangement to receive professional  
4 fees for services rendered.

5 (29) A violation of the Health Care Worker  
6 Self-Referral Act.

7 (30) Physical illness, ~~including but not limited to~~  
8 ~~deterioration through the aging process or loss of motor~~  
9 ~~skill~~, mental illness, or disability that results in the  
10 inability to practice the profession with reasonable  
11 judgment, skill, or safety.

12 (31) Exceeding the terms of a collaborative agreement  
13 or the prescriptive authority delegated to a licensee by  
14 his or her collaborating physician or podiatric physician  
15 in guidelines established under a written collaborative  
16 agreement.

17 (32) Making a false or misleading statement regarding a  
18 licensee's skill or the efficacy or value of the medicine,  
19 treatment, or remedy prescribed by him or her in the course  
20 of treatment.

21 (33) Prescribing, selling, administering,  
22 distributing, giving, or self-administering a drug  
23 classified as a controlled substance (designated product)  
24 or narcotic for other than medically accepted therapeutic  
25 purposes.

26 (34) Promotion of the sale of drugs, devices,

1 appliances, or goods provided for a patient in a manner to  
2 exploit the patient for financial gain.

3 (35) Violating State or federal laws, rules, or  
4 regulations relating to controlled substances.

5 (36) Willfully or negligently violating the  
6 confidentiality between an advanced practice registered  
7 nurse, collaborating physician, dentist, or podiatric  
8 physician and a patient, except as required by law.

9 (37) Willfully failing to report an instance of  
10 suspected abuse, neglect, financial exploitation, or  
11 self-neglect of an eligible adult as defined in and  
12 required by the Adult Protective Services Act.

13 (38) Being named as an abuser in a verified report by  
14 the Department on Aging and under the Adult Protective  
15 Services Act, and upon proof by clear and convincing  
16 evidence that the licensee abused, neglected, or  
17 financially exploited an eligible adult as defined in the  
18 Adult Protective Services Act.

19 (39) ~~(37)~~ A violation of any provision of this Act or  
20 any rules adopted ~~promulgated~~ under this Act.

21 (c) The determination by a circuit court that a licensee is  
22 subject to involuntary admission or judicial admission as  
23 provided in the Mental Health and Developmental Disabilities  
24 Code, as amended, operates as an automatic suspension. The  
25 suspension will end only upon a finding by a court that the  
26 patient is no longer subject to involuntary admission or

1 judicial admission and issues an order so finding and  
2 discharging the patient; and upon the recommendation of the  
3 Board to the Secretary that the licensee be allowed to resume  
4 his or her practice.

5 (d) The Department may refuse to issue or may suspend or  
6 otherwise discipline the license of any person who fails to  
7 file a return, or to pay the tax, penalty or interest shown in  
8 a filed return, or to pay any final assessment of the tax,  
9 penalty, or interest as required by any tax Act administered by  
10 the Department of Revenue, until such time as the requirements  
11 of any such tax Act are satisfied.

12 (e) In enforcing this Act, the Department ~~or Board~~, upon a  
13 showing of a possible violation, may compel an individual  
14 licensed to practice under this Act or who has applied for  
15 licensure under this Act, to submit to a mental or physical  
16 examination, or both, as required by and at the expense of the  
17 Department. The Department ~~or Board~~ may order the examining  
18 physician to present testimony concerning the mental or  
19 physical examination of the licensee or applicant. No  
20 information shall be excluded by reason of any common law or  
21 statutory privilege relating to communications between the  
22 licensee or applicant and the examining physician. The  
23 examining physicians shall be specifically designated by the  
24 ~~Board or~~ Department. The individual to be examined may have, at  
25 his or her own expense, another physician of his or her choice  
26 present during all aspects of this examination. Failure of an



1 individual to submit to a mental or physical examination, when  
2 directed, shall result in an automatic suspension without  
3 hearing.

4 All substance-related violations shall mandate an  
5 automatic substance abuse assessment. Failure to submit to an  
6 assessment by a licensed physician who is certified as an  
7 addictionist or an advanced practice registered nurse with  
8 specialty certification in addictions may be grounds for an  
9 automatic suspension, as defined by rule.

10 If the Department ~~or Board~~ finds an individual unable to  
11 practice or unfit for duty because of the reasons set forth in  
12 this subsection (e) ~~Section~~, the Department ~~or Board~~ may  
13 require that individual to submit to a substance abuse  
14 evaluation or treatment by individuals or programs approved or  
15 designated by the Department ~~or Board~~, as a condition, term, or  
16 restriction for continued, restored ~~reinstated~~, or renewed  
17 licensure to practice; or, in lieu of evaluation or treatment,  
18 the Department may file, or the Board may recommend to the  
19 Department to file, a complaint to immediately suspend, revoke,  
20 or otherwise discipline the license of the individual. An  
21 individual whose license was granted, continued, restored  
22 ~~reinstated~~, renewed, disciplined or supervised subject to such  
23 terms, conditions, or restrictions, and who fails to comply  
24 with such terms, conditions, or restrictions, shall be referred  
25 to the Secretary for a determination as to whether the  
26 individual shall have his or her license suspended immediately,

1 pending a hearing by the Department.

2 In instances in which the Secretary immediately suspends a  
3 person's license under this subsection (e) ~~Section~~, a hearing  
4 on that person's license must be convened by the Department  
5 within 15 days after the suspension and completed without  
6 appreciable delay. The Department and Board shall have the  
7 authority to review the subject individual's record of  
8 treatment and counseling regarding the impairment to the extent  
9 permitted by applicable federal statutes and regulations  
10 safeguarding the confidentiality of medical records.

11 An individual licensed under this Act and affected under  
12 this subsection (e) ~~Section~~ shall be afforded an opportunity to  
13 demonstrate to the Department that he or she can resume  
14 practice in compliance with nursing standards under the  
15 provisions of his or her license.

16 (Source: P.A. 98-214, eff. 8-9-13.)

17 (225 ILCS 65/70-10) (was 225 ILCS 65/10-50)

18 (Section scheduled to be repealed on January 1, 2018)

19 Sec. 70-10. Intoxication and drug abuse.

20 (a) Any nurse who is an administrator or officer in any  
21 hospital, nursing home, other health care agency or facility,  
22 or nurse agency and has knowledge of any action or condition  
23 which reasonably indicates that a registered professional  
24 nurse or licensed practical nurse is impaired due to the use of  
25 alcohol or mood altering drugs to the extent that such

1 impairment adversely affects such nurse's professional  
2 performance, or unlawfully possesses, uses, distributes or  
3 converts mood altering drugs belonging to the place of  
4 employment, shall promptly report the individual to the  
5 Department or designee of the Department; provided however, an  
6 administrator or officer need not file the report if the nurse  
7 participates in a course of remedial professional counseling or  
8 medical treatment for substance abuse, as long as such nurse  
9 actively pursues such treatment under monitoring by the  
10 administrator or officer or by the hospital, nursing home,  
11 health care agency or facility, or nurse agency and the nurse  
12 continues to be employed by such hospital, nursing home, health  
13 care agency or facility, or nurse agency. The Department shall  
14 review all reports received by it in a timely manner. Its  
15 initial review shall be completed no later than 60 days after  
16 receipt of the report. Within this 60 day period, the  
17 Department shall, in writing, make a determination as to  
18 whether there are sufficient facts to warrant further  
19 investigation or action. Any nurse participating in mandatory  
20 reporting to the Department under this Section or in good faith  
21 assisting another person in making such a report shall have  
22 immunity from any liability, either criminal or civil, that  
23 might result by reason of such action.

24 Should the Department find insufficient facts to warrant  
25 further investigation, or action, the report shall be accepted  
26 for filing and the matter shall be deemed closed and so

1 reported.

2       Should the Department find sufficient facts to warrant  
3 further investigation, such investigation shall be completed  
4 within 60 days of the date of the determination of sufficient  
5 facts to warrant further investigation or action. Final action  
6 shall be determined no later than 30 days after the completion  
7 of the investigation. If there is a finding which verifies  
8 habitual intoxication or drug addiction which adversely  
9 affects professional performance or the unlawful possession,  
10 use, distribution or conversion of habit-forming drugs by the  
11 reported nurse, the Department may refuse to issue or renew or  
12 may suspend or revoke that nurse's license as a registered  
13 professional nurse or a licensed practical nurse.

14       Any of the aforementioned actions or a determination that  
15 there are insufficient facts to warrant further investigation  
16 or action shall be considered a final action. The nurse  
17 administrator or officer who filed the original report or  
18 complaint, and the nurse who is the subject of the report,  
19 shall be notified in writing by the Department within 15 days  
20 of any final action taken by the Department.

21       (b) (Blank). ~~Each year on March 1, the Department shall~~  
22 ~~submit a report to the General Assembly. The report shall~~  
23 ~~include the number of reports made under this Section to the~~  
24 ~~Department during the previous year, the number of reports~~  
25 ~~reviewed and found insufficient to warrant further~~  
26 ~~investigation, the number of reports not completed and the~~

1 ~~reasons for incompleteness. This report shall be made available~~  
2 ~~also to nurses requesting the report.~~

3 (c) Any person making a report under this Section or in  
4 good faith assisting another person in making such a report  
5 shall have immunity from any liability, either criminal or  
6 civil, that might result by reason of such action. For the  
7 purpose of any legal proceeding, criminal or civil, there shall  
8 be a rebuttable presumption that any person making a report  
9 under this Section or assisting another person in making such  
10 report was acting in good faith. All such reports and any  
11 information disclosed to or collected by the Department  
12 pursuant to this Section shall remain confidential records of  
13 the Department and shall not be disclosed nor be subject to any  
14 law or rule ~~regulation~~ of this State relating to freedom of  
15 information or public disclosure of records.

16 (Source: P.A. 95-639, eff. 10-5-07.)

17 (225 ILCS 65/70-20) (was 225 ILCS 65/20-13)

18 (Section scheduled to be repealed on January 1, 2018)

19 Sec. 70-20. Suspension of license ~~or registration~~ for  
20 failure to pay restitution. The Department, without further  
21 process or hearing, shall suspend the license or other  
22 authorization to practice of any person issued under this Act  
23 who has been certified by court order as not having paid  
24 restitution to a person under Section 8A-3.5 of the Illinois  
25 Public Aid Code or under Section 17-10.5 or 46-1 of the

1 Criminal Code of 1961 or the Criminal Code of 2012. A person  
2 whose license or other authorization to practice is suspended  
3 under this Section is prohibited from practicing until the  
4 restitution is made in full.

5 (Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

6 (225 ILCS 65/70-35) (was 225 ILCS 65/20-31)

7 (Section scheduled to be repealed on January 1, 2018)

8 Sec. 70-35. Licensure requirements; internet site. The  
9 Department shall make available to the public the requirements  
10 for licensure ~~in English and Spanish~~ on the internet through  
11 the Department's World Wide Web site. This information shall  
12 include the requirements for licensure of individuals  
13 currently residing in another state or territory of the United  
14 States or a foreign country, territory, or province. The  
15 Department shall establish an e-mail link to the Department for  
16 information on the requirements for licensure, ~~with replies~~  
17 ~~available in English and Spanish.~~

18 (Source: P.A. 95-639, eff. 10-5-07.)

19 (225 ILCS 65/70-40) (was 225 ILCS 65/20-32)

20 (Section scheduled to be repealed on January 1, 2018)

21 Sec. 70-40. Educational resources; internet link. The  
22 Department may ~~shall~~ work with the Board, the Board of Higher  
23 Education, the Illinois Student Assistance Commission,  
24 Statewide organizations, and community-based organizations to

1 develop a list of Department-approved nursing programs and  
2 other educational resources related to the Test of English as a  
3 Foreign Language and the Commission on Graduates of Foreign  
4 Nursing Schools Examination. The Department shall provide a  
5 link to a list of these resources, ~~in English and Spanish,~~ on  
6 the Department's World Wide Web site.

7 (Source: P.A. 95-639, eff. 10-5-07.)

8 (225 ILCS 65/70-50) (was 225 ILCS 65/20-40)

9 (Section scheduled to be repealed on January 1, 2018)

10 Sec. 70-50. Fund.

11 (a) There is hereby created within the State Treasury the  
12 Nursing Dedicated and Professional Fund. The monies in the Fund  
13 may be used by and at the direction of the Department for the  
14 administration and enforcement of this Act, including, but not  
15 limited to:

16 (1) Distribution and publication of this Act and rules.

17 (2) Employment of secretarial, nursing,  
18 administrative, enforcement, and other staff for the  
19 administration of this Act.

20 (b) Disposition of fees:

21 (1) \$5 of every licensure fee shall be placed in a fund  
22 for assistance to nurses enrolled in a diversionary program  
23 as approved by the Department.

24 (2) All of the fees, fines, and penalties collected  
25 pursuant to this Act shall be deposited in the Nursing

1 Dedicated and Professional Fund.

2 (3) Each fiscal year, the moneys deposited in the  
3 Nursing Dedicated and Professional Fund shall be  
4 appropriated to the Department for expenses of the  
5 Department and the Board in the administration of this Act.  
6 All earnings received from investment of moneys in the  
7 Nursing Dedicated and Professional Fund shall be deposited  
8 in the Nursing Dedicated and Professional Fund and shall be  
9 used for the same purposes as fees deposited in the Fund.

10 (4) For the fiscal year beginning July 1, 2009 and for  
11 each fiscal year thereafter, \$2,000,000 of the moneys  
12 deposited in the Nursing Dedicated and Professional Fund  
13 each year shall be set aside and appropriated to the  
14 Department of Public Health for nursing scholarships  
15 awarded pursuant to the Nursing Education Scholarship Law.  
16 ~~Representatives of the Department and the Nursing~~  
17 ~~Education Scholarship Program Advisory Council shall~~  
18 ~~review this requirement and the scholarship awards every 2~~  
19 ~~years.~~

20 (5) Moneys in the Fund may be transferred to the  
21 Professions Indirect Cost Fund as authorized under Section  
22 2105-300 of the Department of Professional Regulation Law  
23 (20 ILCS 2105/2105-300).

24 (c) Moneys set aside for nursing scholarships awarded  
25 pursuant to the Nursing Education Scholarship Law as provided  
26 in item (4) of subsection (b) of this Section may not be



1 transferred under Section 8h of the State Finance Act.  
2 (Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07;  
3 96-328, eff. 8-11-09; 96-805, eff. 10-30-09.)

4 (225 ILCS 65/70-60) (was 225 ILCS 65/20-55)

5 (Section scheduled to be repealed on January 1, 2018)

6 Sec. 70-60. Summary suspension; imminent danger. The  
7 Secretary of the Department may, upon receipt of a written  
8 communication from the Secretary of Human Services, the  
9 Director of Healthcare and Family Services (formerly Director  
10 of Public Aid), or the Director of Public Health that  
11 continuation of practice of a person licensed under this Act  
12 constitutes an immediate danger to the public, immediately  
13 suspend the license of such person without a hearing. In  
14 instances in which the Secretary immediately suspends a license  
15 under this Section, a hearing upon such person's license must  
16 be convened by the Department within 30 days after such  
17 suspension and completed without appreciable delay, such  
18 hearing held to determine whether to recommend to the Secretary  
19 that the person's license be revoked, suspended, placed on  
20 probationary status or restored ~~reinstated~~, or such person be  
21 subject to other disciplinary action. In such hearing, the  
22 written communication and any other evidence submitted  
23 therewith may be introduced as evidence against such person;  
24 provided, however, the person, or his or her counsel, shall  
25 have the opportunity to discredit or impeach and submit

1 evidence rebutting such evidence.

2 (Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07.)

3 (225 ILCS 65/70-75) (was 225 ILCS 65/20-75)

4 (Section scheduled to be repealed on January 1, 2018)

5 Sec. 70-75. Injunctive remedies.

6 (a) If any person violates the provision of this Act, the  
7 Secretary may, in the name of the People of the State of  
8 Illinois, through the Attorney General of the State of  
9 Illinois, or the State's Attorney of any county in which the  
10 action is brought, petition for an order enjoining such  
11 violation or for an order enforcing compliance with this Act.  
12 Upon the filing of a ~~verified~~ petition in court, the court may  
13 issue a temporary restraining order, without notice or bond,  
14 and may preliminarily and permanently enjoin such violation,  
15 and if it is established that such person has violated or is  
16 violating the injunction, the court may punish the offender for  
17 contempt of court. Proceedings under this Section shall be in  
18 addition to, and not in lieu of, all other remedies and  
19 penalties provided by this Act.

20 (b) If any person shall practice as a nurse or hold herself  
21 or himself out as a nurse without being licensed under the  
22 provisions of this Act, then any licensed nurse, any interested  
23 party, or any person injured thereby may, in addition to the  
24 Secretary, petition for relief as provided in subsection (a) of  
25 this Section.

1 (b-5) Whoever knowingly practices or offers to practice  
2 nursing in this State without a license for that purpose shall  
3 be guilty of a Class A misdemeanor and for each subsequent  
4 conviction, shall be guilty of a Class 4 felony. All criminal  
5 fines, monies, or other property collected or received by the  
6 Department under this Section or any other State or federal  
7 statute, including, but not limited to, property forfeited to  
8 the Department under Section 505 of the Illinois Controlled  
9 Substances Act or Section 85 of the Methamphetamine Control and  
10 Community Protection Act, shall be deposited into the  
11 Professional Regulation Evidence Fund.

12 (c) Whenever in the opinion of the Department any person  
13 violates any provision of this Act, the Department may issue a  
14 rule to show cause why an order to cease and desist should not  
15 be entered against him. The rule shall clearly set forth the  
16 grounds relied upon by the Department and shall provide a  
17 period of 7 days from the date of the rule to file an answer to  
18 the satisfaction of the Department. Failure to answer to the  
19 satisfaction of the Department shall cause an order to cease  
20 and desist to be issued forthwith.

21 (Source: P.A. 94-556, eff. 9-11-05; 95-639, eff. 10-5-07.)

22 (225 ILCS 65/70-80) (was 225 ILCS 65/20-80)

23 (Section scheduled to be repealed on January 1, 2018)

24 Sec. 70-80. Investigation; notice; hearing.

25 (a) The ~~Prior to bringing an action before the Board, the~~

1 Department may investigate the actions of any applicant or of  
2 any person or persons holding or claiming to hold a license  
3 under this Act.

4 (b) The Department shall, before ~~suspending, revoking,~~  
5 ~~placing on probationary status, or taking any other~~  
6 ~~disciplinary action as the Department may deem proper with~~  
7 ~~regard to any license~~ disciplining a license under this Section  
8 or refusing to issue a license, at least 30 days prior to the  
9 date set for the hearing, (i) notify the accused in writing of  
10 any charges made and the time and place for the ~~a~~ hearing of  
11 the charges ~~before the Board,~~ (ii) direct her or him to file a  
12 written answer to the charges ~~thereto to the Board~~ under oath  
13 within 20 days after ~~the~~ service; ~~of such notice~~ and (iii)  
14 inform the applicant or licensee that failure ~~if she or he~~  
15 ~~fails to file such~~ answer will result in a default being  
16 entered ~~default will be taken~~ against the applicant or  
17 licensee. As a result of the default, ~~and~~ such license may be  
18 suspended, revoked, placed on probationary status, or have  
19 other disciplinary action, including limiting the scope,  
20 nature or extent of her or his practice, as the Department may  
21 deem proper taken with regard thereto. ~~Such written notice may~~  
22 ~~be served by personal delivery or certified or registered mail~~  
23 ~~to the respondent at the address of her or his last~~  
24 ~~notification to the Department.~~

25 (c) At the time and place fixed in the notice, the  
26 Department shall proceed to hear the charges and the parties or

1 their counsel shall be accorded ample opportunity to present  
2 any pertinent ~~such~~ statements, testimony, evidence and  
3 arguments. ~~argument as may be pertinent to the charges or to~~  
4 ~~the defense to the charges.~~ The Department may continue a  
5 hearing from time to time. In case the accused person, after  
6 receiving notice, fails to file an answer, her or his license  
7 may in the discretion of the Secretary, having received first  
8 the recommendation of the Board, be suspended, revoked, placed  
9 on probationary status, or be subject to whatever disciplinary  
10 action the Secretary considers proper ~~the Secretary may take~~  
11 ~~whatever disciplinary action as he or she may deem proper,~~  
12 including limiting the scope, nature, or extent of said  
13 person's practice or the imposition of a fine, without a  
14 hearing, if the act or acts charged constitute sufficient  
15 grounds for such action under this Act.

16 (d) The written notice and any notice in the subsequent  
17 proceeding may be served by personal delivery or regular or  
18 certified mail to the respondent at the respondent's address of  
19 record or by email to the respondent's email address of record.

20 (e) The Secretary has the authority to appoint any attorney  
21 licensed to practice law in the State of Illinois to serve as  
22 the hearing officer in any action for refusal to issue,  
23 restore, or renew a license or to discipline a licensee. The  
24 hearing officer has full authority to conduct the hearing. The  
25 Board may have a member or members present at any hearing. The  
26 Board members shall have equal or greater licensing

1 qualifications than those of the licensee being prosecuted.

2 (Source: P.A. 95-639, eff. 10-5-07.)

3 (225 ILCS 65/70-81 new)

4 Sec. 70-81. Confidentiality. All information collected by  
5 the Department in the course of an examination or investigation  
6 of a licensee or applicant, including, but not limited to, any  
7 complaint against a licensee filed with the Department and  
8 information collected to investigate any such complaint, shall  
9 be maintained for the confidential use of the Department and  
10 shall not be disclosed. The Department may not disclose the  
11 information to anyone other than law enforcement officials,  
12 other regulatory agencies that have an appropriate regulatory  
13 interest as determined by the Secretary of the Department, or a  
14 party presenting a lawful subpoena to the Department.  
15 Information and documents disclosed to a federal, State,  
16 county, or local law enforcement agency shall not be disclosed  
17 by the agency for any purpose to any other agency or person. A  
18 formal complaint filed by the Department against a licensee or  
19 applicant shall be a public record, except as otherwise  
20 prohibited by law.

21 (225 ILCS 65/70-85) (was 225 ILCS 65/20-85)

22 (Section scheduled to be repealed on January 1, 2018)

23 Sec. 70-85. Stenographer; transcript. The Department, at  
24 its expense, shall provide a stenographer to take down the

1 testimony and preserve a record of all formal hearing  
2 proceedings if a license may be revoked, suspended, or placed  
3 on probationary status or other disciplinary action may be  
4 taken at the hearing of any case wherein any disciplinary  
5 action is taken regarding a license. Any licensee who is found  
6 to have violated this Act or who fails to appear for a hearing  
7 to refuse to issue, restore, or renew a license or to  
8 discipline a license may be required by the Department to pay  
9 for the costs of the proceeding. These costs are limited to  
10 costs for court reporters, transcripts, and witness attendance  
11 and mileage fees. The Secretary may waive payment of costs by a  
12 licensee in whole or in part where there is an undue financial  
13 hardship. The notice of hearing, complaint and all other  
14 documents in the nature of pleadings and written motions filed  
15 in the proceedings, the transcript of testimony, the report of  
16 the Board and the orders of the Department shall be the record  
17 of the proceedings. The Department shall furnish a transcript  
18 of the record to any person interested in the hearing upon  
19 payment of the fee required under Section 2105-115 of the  
20 Department of Professional Regulation Law (20 ILCS  
21 2105/2105-115).

22 (Source: P.A. 95-639, eff. 10-5-07.)

23 (225 ILCS 65/70-100) (was 225 ILCS 65/20-100)

24 (Section scheduled to be repealed on January 1, 2018)

25 Sec. 70-100. Hearing; findings and recommendations;

1 rehearing Board report.

2 (a) The Board or the hearing officer authorized by the  
3 Department shall hear evidence in support of the formal charges  
4 and evidence produced by the licensee. At the conclusion of the  
5 hearing the Board shall present to the Secretary a written  
6 report of its findings of fact, conclusions of law, and  
7 recommendations. The report shall contain a finding whether or  
8 not the accused person violated this Act or failed to comply  
9 with the conditions required in this Act. The report shall  
10 specify the nature of the violation or failure to comply, and  
11 the Board shall make its recommendations to the Secretary.

12 (b) At the conclusion of the hearing, a copy of the Board's  
13 or hearing officer's report shall be served upon the applicant  
14 or licensee by the Department, either personally or as provided  
15 in this Act for the service of a notice of hearing. Within 20  
16 calendar days after service, the applicant or licensee may  
17 present to the Department a motion in writing for a rehearing,  
18 which shall specify the particular grounds for hearing. The  
19 Department shall respond to the motion for rehearing within 20  
20 calendar days after its service on the Department. If no motion  
21 for rehearing is filed, then upon the expiration of the time  
22 specified for filing such a motion, or upon denial of a motion  
23 for rehearing, the Secretary may enter an order in accordance  
24 with the recommendations of the Board or hearing officer. If  
25 the applicant or licensee orders from the reporting service and  
26 pays for a transcript of the record within the time for filing



1 a motion for rehearing, the 20-day period within which a motion  
2 may be filed shall commence upon the delivery of the transcript  
3 to the applicant or licensee.

4 (c) If the Secretary disagrees in any regard with the  
5 report of the Board, the Secretary may issue an order contrary  
6 to the report. ~~The report of findings of fact, conclusions of~~  
7 ~~law, and recommendation of the Board shall be the basis for the~~  
8 ~~Department's order of refusal or for the granting of a license~~  
9 ~~or permit unless the Secretary shall determine that the report~~  
10 ~~is contrary to the manifest weight of the evidence, in which~~  
11 ~~case the Secretary may issue an order in contravention of the~~  
12 ~~report.~~ The findings are not admissible in evidence against the  
13 person in a criminal prosecution brought for the violation of  
14 this Act, but the hearing and findings are not a bar to a  
15 criminal prosecution brought for the violation of this Act.

16 (d) Whenever the Secretary is not satisfied that  
17 substantial justice has been done, the Secretary may order a  
18 rehearing by the same or another hearing officer.

19 (e) All proceedings under this Section are matters of  
20 public record and shall be preserved.

21 (f) Upon the suspension or revocation of a license, the  
22 licensee shall surrender the license to the Department, and,  
23 upon failure to do so, the Department shall seize the same.

24 (Source: P.A. 95-639, eff. 10-5-07.)

1       Sec. 70-103. Disposition by consent order. At any point in  
2 any investigation or disciplinary proceeding provided for in  
3 this Act, both parties may agree to a negotiated consent order.  
4 The consent order shall be final upon signature of the  
5 Secretary.

6           (225 ILCS 65/70-140) (was 225 ILCS 65/20-140)

7           (Section scheduled to be repealed on January 1, 2018)

8       Sec. 70-140. Review under Administrative Review Law. All  
9 final administrative decisions of the Department ~~are hereunder~~  
10 ~~shall be~~ subject to judicial review pursuant to the provisions  
11 ~~revisions~~ of the Administrative Review Law, and all rules  
12 ~~amendments and modifications thereof, and the rule~~ adopted  
13 under the Administrative Review Law pursuant thereto. The term  
14 "administrative decision" is defined as in Section 3-101 of the  
15 Code of Civil Procedure.

16       Proceedings for judicial review shall be commenced in the  
17 circuit court of the county in which the party applying for  
18 review resides; however, if the party is not a resident of this  
19 State, the venue shall be Sangamon County.

20       (Source: P.A. 95-639, eff. 10-5-07.)

21           (225 ILCS 65/70-145) (was 225 ILCS 65/20-145)

22           (Section scheduled to be repealed on January 1, 2018)

23       Sec. 70-145. Certification of record. The Department shall  
24 not be required to certify any record to the court, Court or

1 file any answer in court, or otherwise appear in any court in a  
2 judicial review proceeding, unless and until the Department has  
3 received from the plaintiff payment of the costs of furnishing  
4 and certifying the record, which costs shall be determined by  
5 the Department. Exhibits shall be certified without cost ~~there~~  
6 ~~is filed in the court, with the complaint, a receipt from the~~  
7 ~~Department acknowledging payment of the costs of furnishing and~~  
8 ~~certifying the record.~~ Failure on the part of the plaintiff to  
9 file such receipt in Court shall be grounds for dismissal of  
10 the action.

11 (Source: P.A. 95-639, eff. 10-5-07.)

12 (225 ILCS 65/70-160) (was 225 ILCS 65/20-160)

13 (Section scheduled to be repealed on January 1, 2018)

14 Sec. 70-160. Illinois Administrative Procedure Act. The  
15 Illinois Administrative Procedure Act is hereby expressly  
16 adopted and incorporated herein as if all of the provisions of  
17 that Act were included in this Act, except that the provision  
18 of subsection (d) of Section 10-65 of the Illinois  
19 Administrative Procedure Act that provides that at hearings the  
20 licensee has the right to show compliance with all lawful  
21 requirements for retention, continuation or renewal of the  
22 license is specifically excluded. For the purposes of this Act,  
23 the notice required under Section 10-25 of the Illinois  
24 Administrative Procedure Act is deemed sufficient when mailed  
25 to the address of record ~~last known address of a party.~~

1 (Source: P.A. 95-639, eff. 10-5-07.)

2 (225 ILCS 65/Art. 75 heading)

3 ARTICLE 75. ILLINOIS NURSING WORKFORCE CENTER ~~FOR NURSING~~

4 (Article scheduled to be repealed on January 1, 2018)

5 (Source: P.A. 94-1020, eff. 7-11-06; 95-639, eff. 10-5-07.)

6 (225 ILCS 65/75-10) (was 225 ILCS 65/17-10)

7 (Section scheduled to be repealed on January 1, 2018)

8 Sec. 75-10. Illinois Nursing Workforce Center ~~for Nursing~~.

9 The purpose of ~~There is created~~ the Illinois Nursing Workforce  
10 Center ~~for Nursing~~ to address issues of supply and demand in  
11 the nursing profession, including issues of recruitment,  
12 retention, and utilization of nurse manpower resources. The  
13 General Assembly finds that the Center will enhance the access  
14 to and delivery of quality health care services by providing an  
15 ongoing strategy for the allocation of the State's resources  
16 directed towards nursing. Each of the following objectives  
17 shall serve as the primary goals for the Center:

18 (1) To develop a strategic plan for nursing manpower in  
19 Illinois by selecting priorities that must be addressed.

20 (2) To convene various groups of representatives of  
21 nurses, other health care providers, businesses and  
22 industries, consumers, legislators, and educators to:

23 (A) review and comment on data analysis prepared  
24 for the Center; and

1 (B) recommend systemic changes, including  
2 strategies for implementation of recommended changes.~~†~~  
3 ~~and~~

4 ~~(C) evaluate and report the results of the Advisory~~  
5 ~~Board's efforts to the General Assembly and others.~~

6 (3) To enhance and promote recognition, reward, and  
7 renewal activities for nurses in Illinois by:

8 (A) proposing and creating reward, recognition,  
9 and renewal activities for nursing; and

10 (B) promoting media and positive image-building  
11 efforts for nursing.

12 (Source: P.A. 94-1020, eff. 7-11-06; 95-639, eff. 10-5-07.)

13 (225 ILCS 65/75-15) (was 225 ILCS 65/17-15)

14 (Section scheduled to be repealed on January 1, 2018)

15 Sec. 75-15. Illinois Center for Nursing Workforce Center  
16 Advisory Board.

17 (a) There is created the Illinois Center for Nursing  
18 Workforce Center Advisory Board, which shall consist of 11  
19 members appointed by the Secretary Governor, with 6 members of  
20 the Advisory Board being nurses representative of various  
21 nursing specialty areas. The other 5 members may include  
22 representatives of associations, health care providers,  
23 nursing educators, and consumers.

24 (b) The membership of the Advisory Board shall reasonably  
25 reflect representation from the geographic areas in this State.

1           (c) Members of the Advisory Board appointed by the  
2 Secretary Governor shall serve for terms of 4 years, with no  
3 member serving more than 10 successive years, ~~except that,~~  
4 ~~initially, 4 members shall be appointed to the Advisory Board~~  
5 ~~for terms that expire on June 30, 2009, 4 members shall be~~  
6 ~~appointed to the Advisory Board for terms that expire on June~~  
7 ~~30, 2008, and 3 members shall be appointed to the Advisory~~  
8 ~~Board for terms that expire on June 30, 2007.~~ A member shall  
9 serve until his or her successor is appointed and has  
10 qualified. Vacancies shall be filled in the same manner as  
11 original appointments, and any member so appointed shall serve  
12 during the remainder of the term for which the vacancy  
13 occurred.

14           (d) A quorum of the Advisory Board shall consist of a  
15 majority of Advisory Board members currently serving. A  
16 majority vote of the quorum is required for Advisory Board  
17 decisions. A vacancy in the membership of the Advisory Board  
18 shall not impair the right of a quorum to exercise all of the  
19 rights and perform all of the duties of the Advisory Board.

20           (e) The Secretary Governor may remove any appointed member  
21 of the Advisory Board for misconduct, incapacity, or neglect of  
22 duty and shall be the sole judge of the sufficiency of the  
23 cause for removal.

24           (f) Members of the Advisory Board are immune from suit in  
25 any action based upon any activities performed in good faith as  
26 members of the Advisory Board.

1 (g) Members of the Advisory Board shall not receive  
2 compensation, but shall be reimbursed for actual traveling,  
3 incidentals, and expenses necessarily incurred in carrying out  
4 their duties as members of the Advisory Board, as approved by  
5 the Department.

6 (h) The Advisory Board shall meet annually to elect a  
7 chairperson and vice chairperson.

8 (Source: P.A. 97-813, eff. 7-13-12; 98-247, eff. 8-9-13.)

9 (225 ILCS 65/75-20) (was 225 ILCS 65/17-20)

10 (Section scheduled to be repealed on January 1, 2018)

11 Sec. 75-20. Powers and duties of the Advisory Board.

12 (a) The Advisory Board shall be advisory to the Department  
13 and shall possess and perform each of the following powers and  
14 duties:

15 (1) determine operational policy;

16 (2) (blank); ~~administer grants, scholarships,~~  
17 ~~internships, and other programs, as defined by rule,~~  
18 ~~including the administration of programs, as determined by~~  
19 ~~law, that further those goals set forth in Section 75-10 of~~  
20 ~~this Article, in consultation with other State agencies, as~~  
21 ~~provided by law;~~

22 (3) establish committees of the Advisory Board as  
23 needed;

24 (4) recommend the adoption and, from time to time, the  
25 revision of those rules that may be adopted and necessary

1 to carry out the provisions of this Act;

2 (5) implement the major functions of the Center, as  
3 established in the goals set forth in Section 75-10 of this  
4 Article; and

5 (6) seek and accept non-State funds for carrying out  
6 the policy of the Center.

7 (b) The Center shall work in consultation with other State  
8 agencies as necessary.

9 (Source: P.A. 94-1020, eff. 7-11-06; 95-639, eff. 10-5-07.)

10 (225 ILCS 65/80-15)

11 (Section scheduled to be repealed on January 1, 2018)

12 Sec. 80-15. Licensure requirement; exempt activities.

13 (a) On and after January 1, 2015, no person shall practice  
14 as a medication aide or hold himself or herself out as a  
15 licensed medication aide in this State unless he or she is  
16 licensed under this Article.

17 (b) Nothing in this Article shall be construed as  
18 preventing or restricting the practice, services, or  
19 activities of:

20 (1) any person licensed in this State by any other law  
21 from engaging in the profession or occupation for which he  
22 or she is licensed;

23 (2) any person employed as a medication aide by the  
24 government of the United States, if such person practices  
25 as a medication aide solely under the direction or control



1 of the organization by which he or she is employed; or

2 (3) any person pursuing a course of study leading to a  
3 certificate in medication aide at an accredited or approved  
4 educational program if such activities and services  
5 constitute a part of a supervised course of study and if  
6 such person is designated by a title which clearly  
7 indicates his or her status as a student or trainee.

8 (c) Nothing in this Article shall be construed to limit the  
9 delegation of tasks or duties by a physician, dentist, advanced  
10 practice registered nurse, or podiatric physician as  
11 authorized by law.

12 (Source: P.A. 98-990, eff. 8-18-14.)

13 (225 ILCS 65/80-35)

14 (Section scheduled to be repealed on January 1, 2018)

15 Sec. 80-35. Examinations. The Department shall authorize  
16 examinations of applicants for a license under this Article at  
17 the times and place as it may designate. The examination shall  
18 be of a character to give a fair test of the qualifications of  
19 the applicant to practice as a medication aide.

20 Applicants for examination as a medication aide shall be  
21 required to pay, either to the Department or the designated  
22 testing service, a fee covering the cost of providing the  
23 examination. Failure to appear for the examination on the  
24 scheduled date, at the time and place specified, after the  
25 applicant's application for examination has been received and

1 acknowledged by the Department or the designated testing  
2 service, shall result in the forfeiture of the examination fee.

3 If an applicant fails to pass an examination for licensure  
4 ~~registration~~ under this Act within 3 years after filing his or  
5 her application, the application shall be denied. The applicant  
6 may thereafter make a new application accompanied by the  
7 required fee; however, the applicant shall meet all  
8 requirements in effect at the time of subsequent application  
9 before obtaining licensure. The Department may employ  
10 consultants for the purposes of preparing and conducting  
11 examinations.

12 (Source: P.A. 98-990, eff. 8-18-14.)

13 (225 ILCS 65/60-15 rep.)

14 (225 ILCS 65/70-30 rep.)

15 (225 ILCS 65/70-65 rep.)

16 (225 ILCS 65/70-105 rep.)

17 (225 ILCS 65/70-110 rep.)

18 (225 ILCS 65/70-115 rep.)

19 (225 ILCS 65/75-5 rep.)

20 Section 165. The Nurse Practice Act is amended by repealing  
21 Sections 60-15, 70-30, 70-65, 70-105, 70-110, 70-115, and 75-5.

22 Section 170. The Illinois Occupational Therapy Practice  
23 Act is amended by changing Sections 3.1 and 19 as follows:

1 (225 ILCS 75/3.1)

2 (Section scheduled to be repealed on January 1, 2024)

3 Sec. 3.1. Referrals.

4 (a) A licensed occupational therapist or licensed  
5 occupational therapy assistant may consult with, educate,  
6 evaluate, and monitor services for individuals, groups, and  
7 populations concerning occupational therapy needs. Except as  
8 indicated in subsections (b) and (c) of this Section,  
9 implementation of direct occupational therapy treatment to  
10 individuals for their specific health care conditions shall be  
11 based upon a referral from a licensed physician, dentist,  
12 podiatric physician, advanced practice registered nurse,  
13 physician assistant, or optometrist.

14 (b) A referral is not required for the purpose of providing  
15 consultation, habilitation, screening, education, wellness,  
16 prevention, environmental assessments, and work-related  
17 ergonomic services to individuals, groups, or populations.

18 (c) Referral from a physician or other health care provider  
19 is not required for evaluation or intervention for children and  
20 youths if an occupational therapist or occupational therapy  
21 assistant provides services in a school-based or educational  
22 environment, including the child's home.

23 (d) An occupational therapist shall refer to a licensed  
24 physician, dentist, optometrist, advanced practice registered  
25 nurse, physician assistant, or podiatric physician any patient  
26 whose medical condition should, at the time of evaluation or

1 treatment, be determined to be beyond the scope of practice of  
2 the occupational therapist.

3 (Source: P.A. 98-214, eff. 8-9-13; 98-264, eff. 12-31-13;  
4 98-756, eff. 7-16-14; 99-173, eff. 7-29-15.)

5 (225 ILCS 75/19) (from Ch. 111, par. 3719)

6 (Section scheduled to be repealed on January 1, 2024)

7 Sec. 19. Grounds for discipline.

8 (a) The Department may refuse to issue or renew, or may  
9 revoke, suspend, place on probation, reprimand or take other  
10 disciplinary or non-disciplinary action as the Department may  
11 deem proper, including imposing fines not to exceed \$10,000 for  
12 each violation and the assessment of costs as provided under  
13 Section 19.3 of this Act, with regard to any license for any  
14 one or combination of the following:

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

17 (2) Violations of this Act, or of the rules promulgated  
18 thereunder;

19 (3) Conviction by plea of guilty or nolo contendere,  
20 finding of guilt, jury verdict, or entry of judgment or  
21 sentencing of any crime, including, but not limited to,  
22 convictions, preceding sentences of supervision,  
23 conditional discharge, or first offender probation, under  
24 the laws of any jurisdiction of the United States that is  
25 (i) a felony or (ii) a misdemeanor, an essential element of

1           which is dishonesty, or that is directly related to the  
2           practice of the profession;

3           (4) Fraud or any misrepresentation in applying for or  
4           procuring a license under this Act, or in connection with  
5           applying for renewal of a license under this Act;

6           (5) Professional incompetence;

7           (6) Aiding or assisting another person, firm,  
8           partnership or corporation in violating any provision of  
9           this Act or rules;

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

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

15          (9) Habitual or excessive use or abuse of drugs defined  
16          in law as controlled substances, alcohol, or any other  
17          substance that results in the inability to practice with  
18          reasonable judgment, skill, or safety;

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

24          (11) Directly or indirectly giving to or receiving from  
25          any person, firm, corporation, partnership, or association  
26          any fee, commission, rebate or other form of compensation

1 for professional services not actually or personally  
2 rendered. Nothing in this paragraph (11) affects any bona  
3 fide independent contractor or employment arrangements  
4 among health care professionals, health facilities, health  
5 care providers, or other entities, except as otherwise  
6 prohibited by law. Any employment arrangements may include  
7 provisions for compensation, health insurance, pension, or  
8 other employment benefits for the provision of services  
9 within the scope of the licensee's practice under this Act.  
10 Nothing in this paragraph (11) shall be construed to  
11 require an employment arrangement to receive professional  
12 fees for services rendered;

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

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

20 (14) Physical illness, including but not limited to,  
21 deterioration through the aging process, or loss of motor  
22 skill which results in the inability to practice under this  
23 Act with reasonable judgment, skill, or safety;

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

26 (16) Allowing one's license under this Act to be used

1 by an unlicensed person in violation of this Act;

2 (17) Practicing under a false or, except as provided by  
3 law, assumed name;

4 (18) Professional incompetence or gross negligence;

5 (19) Malpractice;

6 (20) Promotion of the sale of drugs, devices,  
7 appliances, or goods provided for a patient in any manner  
8 to exploit the client for financial gain of the licensee;

9 (21) Gross, willful, or continued overcharging for  
10 professional services;

11 (22) Mental illness or disability that results in the  
12 inability to practice under this Act with reasonable  
13 judgment, skill, or safety;

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

16 (24) Having treated patients other than by the practice  
17 of occupational therapy as defined in this Act, or having  
18 treated patients as a licensed occupational therapist  
19 independent of a referral from a physician, advanced  
20 practice registered nurse or physician assistant in  
21 accordance with Section 3.1, dentist, podiatric physician,  
22 or optometrist, or having failed to notify the physician,  
23 advanced practice registered nurse, physician assistant,  
24 dentist, podiatric physician, or optometrist who  
25 established a diagnosis that the patient is receiving  
26 occupational therapy pursuant to that diagnosis;

1           (25) Cheating on or attempting to subvert the licensing  
2 examination administered under this Act; and

3           (26) Charging for professional services not rendered,  
4 including filing false statements for the collection of  
5 fees for which services are not rendered.

6           All fines imposed under this Section shall be paid within  
7 60 days after the effective date of the order imposing the fine  
8 or in accordance with the terms set forth in the order imposing  
9 the fine.

10          (b) The determination by a circuit court that a license  
11 holder is subject to involuntary admission or judicial  
12 admission as provided in the Mental Health and Developmental  
13 Disabilities Code, as now or hereafter amended, operates as an  
14 automatic suspension. Such suspension will end only upon a  
15 finding by a court that the patient is no longer subject to  
16 involuntary admission or judicial admission and an order by the  
17 court so finding and discharging the patient. In any case where  
18 a license is suspended under this provision, the licensee shall  
19 file a petition for restoration and shall include evidence  
20 acceptable to the Department that the licensee can resume  
21 practice in compliance with acceptable and prevailing  
22 standards of their profession.

23          (c) The Department may refuse to issue or may suspend  
24 without hearing, as provided for in the Code of Civil  
25 Procedure, the license of any person who fails to file a  
26 return, to pay the tax, penalty, or interest shown in a filed



1 return, or to pay any final assessment of tax, penalty, or  
2 interest as required by any tax Act administered by the  
3 Illinois Department of Revenue, until such time as the  
4 requirements of any such tax Act are satisfied in accordance  
5 with subsection (a) of Section 2105-15 of the Department of  
6 Professional Regulation Law of the Civil Administrative Code of  
7 Illinois.

8 (d) In enforcing this Section, the Department, upon a  
9 showing of a possible violation, may compel any individual who  
10 is licensed under this Act or any individual who has applied  
11 for licensure to submit to a mental or physical examination or  
12 evaluation, or both, which may include a substance abuse or  
13 sexual offender evaluation, at the expense of the Department.  
14 The Department shall specifically designate the examining  
15 physician licensed to practice medicine in all of its branches  
16 or, if applicable, the multidisciplinary team involved in  
17 providing the mental or physical examination and evaluation.  
18 The multidisciplinary team shall be led by a physician licensed  
19 to practice medicine in all of its branches and may consist of  
20 one or more or a combination of physicians licensed to practice  
21 medicine in all of its branches, licensed chiropractic  
22 physicians, licensed clinical psychologists, licensed clinical  
23 social workers, licensed clinical professional counselors, and  
24 other professional and administrative staff. Any examining  
25 physician or member of the multidisciplinary team may require  
26 any person ordered to submit to an examination and evaluation

1 pursuant to this Section to submit to any additional  
2 supplemental testing deemed necessary to complete any  
3 examination or evaluation process, including, but not limited  
4 to, blood testing, urinalysis, psychological testing, or  
5 neuropsychological testing.

6 The Department may order the examining physician or any  
7 member of the multidisciplinary team to provide to the  
8 Department any and all records, including business records,  
9 that relate to the examination and evaluation, including any  
10 supplemental testing performed. The Department may order the  
11 examining physician or any member of the multidisciplinary team  
12 to present testimony concerning this examination and  
13 evaluation of the licensee or applicant, including testimony  
14 concerning any supplemental testing or documents relating to  
15 the examination and evaluation. No information, report,  
16 record, or other documents in any way related to the  
17 examination and evaluation shall be excluded by reason of any  
18 common law or statutory privilege relating to communication  
19 between the licensee or applicant and the examining physician  
20 or any member of the multidisciplinary team. No authorization  
21 is necessary from the licensee or applicant ordered to undergo  
22 an evaluation and examination for the examining physician or  
23 any member of the multidisciplinary team to provide  
24 information, reports, records, or other documents or to provide  
25 any testimony regarding the examination and evaluation. The  
26 individual to be examined may have, at his or her own expense,

1 another physician of his or her choice present during all  
2 aspects of the examination.

3 Failure of any individual to submit to mental or physical  
4 examination or evaluation, or both, when directed, shall result  
5 in an automatic suspension without hearing, until such time as  
6 the individual submits to the examination. If the Department  
7 finds a licensee unable to practice because of the reasons set  
8 forth in this Section, the Department shall require the  
9 licensee to submit to care, counseling, or treatment by  
10 physicians approved or designated by the Department as a  
11 condition for continued, reinstated, or renewed licensure.

12 When the Secretary immediately suspends a license under  
13 this Section, a hearing upon such person's license must be  
14 convened by the Department within 15 days after the suspension  
15 and completed without appreciable delay. The Department shall  
16 have the authority to review the licensee's record of treatment  
17 and counseling regarding the impairment to the extent permitted  
18 by applicable federal statutes and regulations safeguarding  
19 the confidentiality of medical records.

20 Individuals licensed under this Act that are affected under  
21 this Section, shall be afforded an opportunity to demonstrate  
22 to the Department that they can resume practice in compliance  
23 with acceptable and prevailing standards under the provisions  
24 of their license.

25 (e) The Department shall deny a license or renewal  
26 authorized by this Act to a person who has defaulted on an

1 educational loan or scholarship provided or guaranteed by the  
2 Illinois Student Assistance Commission or any governmental  
3 agency of this State in accordance with paragraph (5) of  
4 subsection (a) of Section 2105-15 of the Department of  
5 Professional Regulation Law of the Civil Administrative Code of  
6 Illinois.

7 (f) In cases where the Department of Healthcare and Family  
8 Services has previously determined a licensee or a potential  
9 licensee is more than 30 days delinquent in the payment of  
10 child support and has subsequently certified the delinquency to  
11 the Department, the Department may refuse to issue or renew or  
12 may revoke or suspend that person's license or may take other  
13 disciplinary action against that person based solely upon the  
14 certification of delinquency made by the Department of  
15 Healthcare and Family Services in accordance with paragraph (5)  
16 of subsection (a) of Section 2105-15 of the Department of  
17 Professional Regulation Law of the Civil Administrative Code of  
18 Illinois.

19 (Source: P.A. 98-214, eff. 8-9-13; 98-264, eff. 12-31-13;  
20 98-756, eff. 7-16-14.)

21 Section 175. The Orthotics, Prosthetics, and Pedorthics  
22 Practice Act is amended by changing Sections 15 and 57 as  
23 follows:

24 (225 ILCS 84/15)

1 (Section scheduled to be repealed on January 1, 2020)

2 Sec. 15. Exceptions. This Act shall not be construed to  
3 prohibit:

4 (1) a physician licensed in this State from engaging in the  
5 practice for which he or she is licensed;

6 (2) a person licensed in this State under any other Act  
7 from engaging in the practice for which he or she is licensed;

8 (3) the practice of orthotics, prosthetics, or pedorthics  
9 by a person who is employed by the federal government or any  
10 bureau, division, or agency of the federal government while in  
11 the discharge of the employee's official duties;

12 (4) the practice of orthotics, prosthetics, or pedorthics  
13 by (i) a student enrolled in a school of orthotics,  
14 prosthetics, or pedorthics, (ii) a resident continuing his or  
15 her clinical education in a residency accredited by the  
16 National Commission on Orthotic and Prosthetic Education, or  
17 (iii) a student in a qualified work experience program or  
18 internship in pedorthics;

19 (5) the practice of orthotics, prosthetics, or pedorthics  
20 by one who is an orthotist, prosthetist, or pedorthist licensed  
21 under the laws of another state or territory of the United  
22 States or another country and has applied in writing to the  
23 Department, in a form and substance satisfactory to the  
24 Department, for a license as orthotist, prosthetist, or  
25 pedorthist and who is qualified to receive the license under  
26 Section 40 until (i) the expiration of 6 months after the

1 filing of the written application, (ii) the withdrawal of the  
2 application, or (iii) the denial of the application by the  
3 Department;

4 (6) a person licensed by this State as a physical  
5 therapist, occupational therapist, or advanced practice  
6 registered nurse from engaging in his or her profession; or

7 (7) a physician licensed under the Podiatric Medical  
8 Practice Act of 1987 from engaging in his or her profession.

9 (Source: P.A. 96-682, eff. 8-25-09; 96-1000, eff. 7-2-10.)

10 (225 ILCS 84/57)

11 (Section scheduled to be repealed on January 1, 2020)

12 Sec. 57. Limitation on provision of care and services. A  
13 licensed orthotist, prosthetist, or pedorthist may provide  
14 care or services only if the care or services are provided  
15 pursuant to an order from (i) a licensed physician, (ii) a  
16 licensed podiatric physician, (iii) a licensed advanced  
17 practice registered nurse, or (iv) a licensed physician  
18 assistant. A licensed podiatric physician or advanced practice  
19 registered nurse collaborating with a podiatric physician may  
20 only order care or services concerning the foot from a licensed  
21 prosthetist.

22 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15.)

23 Section 180. The Pharmacy Practice Act is amended by  
24 changing Sections 3, 4, and 16b as follows:

1 (225 ILCS 85/3)

2 (Section scheduled to be repealed on January 1, 2018)

3 Sec. 3. Definitions. For the purpose of this Act, except  
4 where otherwise limited therein:

5 (a) "Pharmacy" or "drugstore" means and includes every  
6 store, shop, pharmacy department, or other place where  
7 pharmacist care is provided by a pharmacist (1) where drugs,  
8 medicines, or poisons are dispensed, sold or offered for sale  
9 at retail, or displayed for sale at retail; or (2) where  
10 prescriptions of physicians, dentists, advanced practice  
11 registered nurses, physician assistants, veterinarians,  
12 podiatric physicians, or optometrists, within the limits of  
13 their licenses, are compounded, filled, or dispensed; or (3)  
14 which has upon it or displayed within it, or affixed to or used  
15 in connection with it, a sign bearing the word or words  
16 "Pharmacist", "Druggist", "Pharmacy", "Pharmaceutical Care",  
17 "Apothecary", "Drugstore", "Medicine Store", "Prescriptions",  
18 "Drugs", "Dispensary", "Medicines", or any word or words of  
19 similar or like import, either in the English language or any  
20 other language; or (4) where the characteristic prescription  
21 sign (Rx) or similar design is exhibited; or (5) any store, or  
22 shop, or other place with respect to which any of the above  
23 words, objects, signs or designs are used in any advertisement.

24 (b) "Drugs" means and includes (1) articles recognized in  
25 the official United States Pharmacopoeia/National Formulary

1 (USP/NF), or any supplement thereto and being intended for and  
2 having for their main use the diagnosis, cure, mitigation,  
3 treatment or prevention of disease in man or other animals, as  
4 approved by the United States Food and Drug Administration, but  
5 does not include devices or their components, parts, or  
6 accessories; and (2) all other articles intended for and having  
7 for their main use the diagnosis, cure, mitigation, treatment  
8 or prevention of disease in man or other animals, as approved  
9 by the United States Food and Drug Administration, but does not  
10 include devices or their components, parts, or accessories; and  
11 (3) articles (other than food) having for their main use and  
12 intended to affect the structure or any function of the body of  
13 man or other animals; and (4) articles having for their main  
14 use and intended for use as a component or any articles  
15 specified in clause (1), (2) or (3); but does not include  
16 devices or their components, parts or accessories.

17 (c) "Medicines" means and includes all drugs intended for  
18 human or veterinary use approved by the United States Food and  
19 Drug Administration.

20 (d) "Practice of pharmacy" means (1) the interpretation and  
21 the provision of assistance in the monitoring, evaluation, and  
22 implementation of prescription drug orders; (2) the dispensing  
23 of prescription drug orders; (3) participation in drug and  
24 device selection; (4) drug administration limited to the  
25 administration of oral, topical, injectable, and inhalation as  
26 follows: in the context of patient education on the proper use



1 or delivery of medications; vaccination of patients 14 years of  
2 age and older pursuant to a valid prescription or standing  
3 order, by a physician licensed to practice medicine in all its  
4 branches, upon completion of appropriate training, including  
5 how to address contraindications and adverse reactions set  
6 forth by rule, with notification to the patient's physician and  
7 appropriate record retention, or pursuant to hospital pharmacy  
8 and therapeutics committee policies and procedures; (5)  
9 vaccination of patients ages 10 through 13 limited to the  
10 Influenza (inactivated influenza vaccine and live attenuated  
11 influenza intranasal vaccine) and Tdap (defined as tetanus,  
12 diphtheria, acellular pertussis) vaccines, pursuant to a valid  
13 prescription or standing order, by a physician licensed to  
14 practice medicine in all its branches, upon completion of  
15 appropriate training, including how to address  
16 contraindications and adverse reactions set forth by rule, with  
17 notification to the patient's physician and appropriate record  
18 retention, or pursuant to hospital pharmacy and therapeutics  
19 committee policies and procedures; (6) drug regimen review; (7)  
20 drug or drug-related research; (8) the provision of patient  
21 counseling; (9) the practice of telepharmacy; (10) the  
22 provision of those acts or services necessary to provide  
23 pharmacist care; (11) medication therapy management; and (12)  
24 the responsibility for compounding and labeling of drugs and  
25 devices (except labeling by a manufacturer, repackager, or  
26 distributor of non-prescription drugs and commercially

1 packaged legend drugs and devices), proper and safe storage of  
2 drugs and devices, and maintenance of required records. A  
3 pharmacist who performs any of the acts defined as the practice  
4 of pharmacy in this State must be actively licensed as a  
5 pharmacist under this Act.

6 (e) "Prescription" means and includes any written, oral,  
7 facsimile, or electronically transmitted order for drugs or  
8 medical devices, issued by a physician licensed to practice  
9 medicine in all its branches, dentist, veterinarian, podiatric  
10 physician, or optometrist, within the limits of their licenses,  
11 by a physician assistant in accordance with subsection (f) of  
12 Section 4, or by an advanced practice registered nurse in  
13 accordance with subsection (g) of Section 4, containing the  
14 following: (1) name of the patient; (2) date when prescription  
15 was issued; (3) name and strength of drug or description of the  
16 medical device prescribed; and (4) quantity; (5) directions for  
17 use; (6) prescriber's name, address, and signature; and (7) DEA  
18 number where required, for controlled substances. The  
19 prescription may, but is not required to, list the illness,  
20 disease, or condition for which the drug or device is being  
21 prescribed. DEA numbers shall not be required on inpatient drug  
22 orders.

23 (f) "Person" means and includes a natural person,  
24 copartnership, association, corporation, government entity, or  
25 any other legal entity.

26 (g) "Department" means the Department of Financial and

1 Professional Regulation.

2 (h) "Board of Pharmacy" or "Board" means the State Board of  
3 Pharmacy of the Department of Financial and Professional  
4 Regulation.

5 (i) "Secretary" means the Secretary of Financial and  
6 Professional Regulation.

7 (j) "Drug product selection" means the interchange for a  
8 prescribed pharmaceutical product in accordance with Section  
9 25 of this Act and Section 3.14 of the Illinois Food, Drug and  
10 Cosmetic Act.

11 (k) "Inpatient drug order" means an order issued by an  
12 authorized prescriber for a resident or patient of a facility  
13 licensed under the Nursing Home Care Act, the ID/DD Community  
14 Care Act, the MC/DD Act, the Specialized Mental Health  
15 Rehabilitation Act of 2013, or the Hospital Licensing Act, or  
16 "An Act in relation to the founding and operation of the  
17 University of Illinois Hospital and the conduct of University  
18 of Illinois health care programs", approved July 3, 1931, as  
19 amended, or a facility which is operated by the Department of  
20 Human Services (as successor to the Department of Mental Health  
21 and Developmental Disabilities) or the Department of  
22 Corrections.

23 (k-5) "Pharmacist" means an individual health care  
24 professional and provider currently licensed by this State to  
25 engage in the practice of pharmacy.

26 (l) "Pharmacist in charge" means the licensed pharmacist

1 whose name appears on a pharmacy license and who is responsible  
2 for all aspects of the operation related to the practice of  
3 pharmacy.

4 (m) "Dispense" or "dispensing" means the interpretation,  
5 evaluation, and implementation of a prescription drug order,  
6 including the preparation and delivery of a drug or device to a  
7 patient or patient's agent in a suitable container  
8 appropriately labeled for subsequent administration to or use  
9 by a patient in accordance with applicable State and federal  
10 laws and regulations. "Dispense" or "dispensing" does not mean  
11 the physical delivery to a patient or a patient's  
12 representative in a home or institution by a designee of a  
13 pharmacist or by common carrier. "Dispense" or "dispensing"  
14 also does not mean the physical delivery of a drug or medical  
15 device to a patient or patient's representative by a  
16 pharmacist's designee within a pharmacy or drugstore while the  
17 pharmacist is on duty and the pharmacy is open.

18 (n) "Nonresident pharmacy" means a pharmacy that is located  
19 in a state, commonwealth, or territory of the United States,  
20 other than Illinois, that delivers, dispenses, or distributes,  
21 through the United States Postal Service, commercially  
22 acceptable parcel delivery service, or other common carrier, to  
23 Illinois residents, any substance which requires a  
24 prescription.

25 (o) "Compounding" means the preparation and mixing of  
26 components, excluding flavorings, (1) as the result of a

1 prescriber's prescription drug order or initiative based on the  
2 prescriber-patient-pharmacist relationship in the course of  
3 professional practice or (2) for the purpose of, or incident  
4 to, research, teaching, or chemical analysis and not for sale  
5 or dispensing. "Compounding" includes the preparation of drugs  
6 or devices in anticipation of receiving prescription drug  
7 orders based on routine, regularly observed dispensing  
8 patterns. Commercially available products may be compounded  
9 for dispensing to individual patients only if all of the  
10 following conditions are met: (i) the commercial product is not  
11 reasonably available from normal distribution channels in a  
12 timely manner to meet the patient's needs and (ii) the  
13 prescribing practitioner has requested that the drug be  
14 compounded.

15 (p) (Blank).

16 (q) (Blank).

17 (r) "Patient counseling" means the communication between a  
18 pharmacist or a student pharmacist under the supervision of a  
19 pharmacist and a patient or the patient's representative about  
20 the patient's medication or device for the purpose of  
21 optimizing proper use of prescription medications or devices.  
22 "Patient counseling" may include without limitation (1)  
23 obtaining a medication history; (2) acquiring a patient's  
24 allergies and health conditions; (3) facilitation of the  
25 patient's understanding of the intended use of the medication;  
26 (4) proper directions for use; (5) significant potential

1 adverse events; (6) potential food-drug interactions; and (7)  
2 the need to be compliant with the medication therapy. A  
3 pharmacy technician may only participate in the following  
4 aspects of patient counseling under the supervision of a  
5 pharmacist: (1) obtaining medication history; (2) providing  
6 the offer for counseling by a pharmacist or student pharmacist;  
7 and (3) acquiring a patient's allergies and health conditions.

8 (s) "Patient profiles" or "patient drug therapy record"  
9 means the obtaining, recording, and maintenance of patient  
10 prescription information, including prescriptions for  
11 controlled substances, and personal information.

12 (t) (Blank).

13 (u) "Medical device" means an instrument, apparatus,  
14 implement, machine, contrivance, implant, in vitro reagent, or  
15 other similar or related article, including any component part  
16 or accessory, required under federal law to bear the label  
17 "Caution: Federal law requires dispensing by or on the order of  
18 a physician". A seller of goods and services who, only for the  
19 purpose of retail sales, compounds, sells, rents, or leases  
20 medical devices shall not, by reasons thereof, be required to  
21 be a licensed pharmacy.

22 (v) "Unique identifier" means an electronic signature,  
23 handwritten signature or initials, thumb print, or other  
24 acceptable biometric or electronic identification process as  
25 approved by the Department.

26 (w) "Current usual and customary retail price" means the

1 price that a pharmacy charges to a non-third-party payor.

2 (x) "Automated pharmacy system" means a mechanical system  
3 located within the confines of the pharmacy or remote location  
4 that performs operations or activities, other than compounding  
5 or administration, relative to storage, packaging, dispensing,  
6 or distribution of medication, and which collects, controls,  
7 and maintains all transaction information.

8 (y) "Drug regimen review" means and includes the evaluation  
9 of prescription drug orders and patient records for (1) known  
10 allergies; (2) drug or potential therapy contraindications;  
11 (3) reasonable dose, duration of use, and route of  
12 administration, taking into consideration factors such as age,  
13 gender, and contraindications; (4) reasonable directions for  
14 use; (5) potential or actual adverse drug reactions; (6)  
15 drug-drug interactions; (7) drug-food interactions; (8)  
16 drug-disease contraindications; (9) therapeutic duplication;  
17 (10) patient laboratory values when authorized and available;  
18 (11) proper utilization (including over or under utilization)  
19 and optimum therapeutic outcomes; and (12) abuse and misuse.

20 (z) "Electronic transmission prescription" means any  
21 prescription order for which a facsimile or electronic image of  
22 the order is electronically transmitted from a licensed  
23 prescriber to a pharmacy. "Electronic transmission  
24 prescription" includes both data and image prescriptions.

25 (aa) "Medication therapy management services" means a  
26 distinct service or group of services offered by licensed

1 pharmacists, physicians licensed to practice medicine in all  
2 its branches, advanced practice registered nurses authorized  
3 in a written agreement with a physician licensed to practice  
4 medicine in all its branches, or physician assistants  
5 authorized in guidelines by a supervising physician that  
6 optimize therapeutic outcomes for individual patients through  
7 improved medication use. In a retail or other non-hospital  
8 pharmacy, medication therapy management services shall consist  
9 of the evaluation of prescription drug orders and patient  
10 medication records to resolve conflicts with the following:

11 (1) known allergies;

12 (2) drug or potential therapy contraindications;

13 (3) reasonable dose, duration of use, and route of  
14 administration, taking into consideration factors such as  
15 age, gender, and contraindications;

16 (4) reasonable directions for use;

17 (5) potential or actual adverse drug reactions;

18 (6) drug-drug interactions;

19 (7) drug-food interactions;

20 (8) drug-disease contraindications;

21 (9) identification of therapeutic duplication;

22 (10) patient laboratory values when authorized and  
23 available;

24 (11) proper utilization (including over or under  
25 utilization) and optimum therapeutic outcomes; and

26 (12) drug abuse and misuse.



1 "Medication therapy management services" includes the  
2 following:

3 (1) documenting the services delivered and  
4 communicating the information provided to patients'  
5 prescribers within an appropriate time frame, not to exceed  
6 48 hours;

7 (2) providing patient counseling designed to enhance a  
8 patient's understanding and the appropriate use of his or  
9 her medications; and

10 (3) providing information, support services, and  
11 resources designed to enhance a patient's adherence with  
12 his or her prescribed therapeutic regimens.

13 "Medication therapy management services" may also include  
14 patient care functions authorized by a physician licensed to  
15 practice medicine in all its branches for his or her identified  
16 patient or groups of patients under specified conditions or  
17 limitations in a standing order from the physician.

18 "Medication therapy management services" in a licensed  
19 hospital may also include the following:

20 (1) reviewing assessments of the patient's health  
21 status; and

22 (2) following protocols of a hospital pharmacy and  
23 therapeutics committee with respect to the fulfillment of  
24 medication orders.

25 (bb) "Pharmacist care" means the provision by a pharmacist  
26 of medication therapy management services, with or without the

1 dispensing of drugs or devices, intended to achieve outcomes  
2 that improve patient health, quality of life, and comfort and  
3 enhance patient safety.

4 (cc) "Protected health information" means individually  
5 identifiable health information that, except as otherwise  
6 provided, is:

7 (1) transmitted by electronic media;

8 (2) maintained in any medium set forth in the  
9 definition of "electronic media" in the federal Health  
10 Insurance Portability and Accountability Act; or

11 (3) transmitted or maintained in any other form or  
12 medium.

13 "Protected health information" does not include  
14 individually identifiable health information found in:

15 (1) education records covered by the federal Family  
16 Educational Right and Privacy Act; or

17 (2) employment records held by a licensee in its role  
18 as an employer.

19 (dd) "Standing order" means a specific order for a patient  
20 or group of patients issued by a physician licensed to practice  
21 medicine in all its branches in Illinois.

22 (ee) "Address of record" means the address recorded by the  
23 Department in the applicant's or licensee's application file or  
24 license file, as maintained by the Department's licensure  
25 maintenance unit.

26 (ff) "Home pharmacy" means the location of a pharmacy's

1 primary operations.

2 (Source: P.A. 98-104, eff. 7-22-13; 98-214, eff. 8-9-13;  
3 98-756, eff. 7-16-14; 99-180, eff. 7-29-15.)

4 (225 ILCS 85/4) (from Ch. 111, par. 4124)

5 (Section scheduled to be repealed on January 1, 2018)

6 Sec. 4. Exemptions. Nothing contained in any Section of  
7 this Act shall apply to, or in any manner interfere with:

8 (a) the lawful practice of any physician licensed to  
9 practice medicine in all of its branches, dentist, podiatric  
10 physician, veterinarian, or therapeutically or diagnostically  
11 certified optometrist within the limits of his or her license,  
12 or prevent him or her from supplying to his or her bona fide  
13 patients such drugs, medicines, or poisons as may seem to him  
14 appropriate;

15 (b) the sale of compressed gases;

16 (c) the sale of patent or proprietary medicines and  
17 household remedies when sold in original and unbroken packages  
18 only, if such patent or proprietary medicines and household  
19 remedies be properly and adequately labeled as to content and  
20 usage and generally considered and accepted as harmless and  
21 nonpoisonous when used according to the directions on the  
22 label, and also do not contain opium or coca leaves, or any  
23 compound, salt or derivative thereof, or any drug which,  
24 according to the latest editions of the following authoritative  
25 pharmaceutical treatises and standards, namely, The United

1 States Pharmacopoeia/National Formulary (USP/NF), the United  
2 States Dispensatory, and the Accepted Dental Remedies of the  
3 Council of Dental Therapeutics of the American Dental  
4 Association or any or either of them, in use on the effective  
5 date of this Act, or according to the existing provisions of  
6 the Federal Food, Drug, and Cosmetic Act and Regulations of the  
7 Department of Health and Human Services, Food and Drug  
8 Administration, promulgated thereunder now in effect, is  
9 designated, described or considered as a narcotic, hypnotic,  
10 habit forming, dangerous, or poisonous drug;

11 (d) the sale of poultry and livestock remedies in original  
12 and unbroken packages only, labeled for poultry and livestock  
13 medication;

14 (e) the sale of poisonous substances or mixture of  
15 poisonous substances, in unbroken packages, for nonmedicinal  
16 use in the arts or industries or for insecticide purposes;  
17 provided, they are properly and adequately labeled as to  
18 content and such nonmedicinal usage, in conformity with the  
19 provisions of all applicable federal, state and local laws and  
20 regulations promulgated thereunder now in effect relating  
21 thereto and governing the same, and those which are required  
22 under such applicable laws and regulations to be labeled with  
23 the word "Poison", are also labeled with the word "Poison"  
24 printed thereon in prominent type and the name of a readily  
25 obtainable antidote with directions for its administration;

26 (f) the delegation of limited prescriptive authority by a

1 physician licensed to practice medicine in all its branches to  
2 a physician assistant under Section 7.5 of the Physician  
3 Assistant Practice Act of 1987. This delegated authority under  
4 Section 7.5 of the Physician Assistant Practice Act of 1987  
5 may, but is not required to, include prescription of controlled  
6 substances, as defined in Article II of the Illinois Controlled  
7 Substances Act, in accordance with a written supervision  
8 agreement; and

9 (g) the delegation of prescriptive authority by a physician  
10 licensed to practice medicine in all its branches or a licensed  
11 podiatric physician to an advanced practice registered nurse in  
12 accordance with a written collaborative agreement under  
13 Sections 65-35 and 65-40 of the Nurse Practice Act.

14 (Source: P.A. 98-214, eff. 8-9-13.)

15 (225 ILCS 85/16b)

16 (Section scheduled to be repealed on January 1, 2018)

17 Sec. 16b. Prescription pick up and drop off. Nothing  
18 contained in this Act shall prohibit a pharmacist or pharmacy,  
19 by means of its employee or by use of a common carrier or the  
20 U.S. mail, at the request of the patient, from picking up  
21 prescription orders from the prescriber or delivering  
22 prescription drugs to the patient or the patient's agent,  
23 including an advanced practice registered nurse, practical  
24 nurse, or registered nurse licensed under the Nurse Practice  
25 Act, or a physician assistant licensed under the Physician

1 Assistant Practice Act of 1987, who provides hospice services  
2 to a hospice patient or who provides home health services to a  
3 person, at the residence or place of employment of the person  
4 for whom the prescription was issued or at the hospital or  
5 medical care facility in which the patient is confined.  
6 Conversely, the patient or patient's agent may drop off  
7 prescriptions at a designated area. In this Section, "home  
8 health services" has the meaning ascribed to it in the Home  
9 Health, Home Services, and Home Nursing Agency Licensing Act;  
10 and "hospice patient" and "hospice services" have the meanings  
11 ascribed to them in the Hospice Program Licensing Act.  
12 (Source: P.A. 99-163, eff. 1-1-16.)

13 Section 185. The Illinois Physical Therapy Act is amended  
14 by changing Sections 1 and 17 as follows:

15 (225 ILCS 90/1) (from Ch. 111, par. 4251)

16 (Section scheduled to be repealed on January 1, 2026)

17 Sec. 1. Definitions. As used in this Act:

18 (1) "Physical therapy" means all of the following:

19 (A) Examining, evaluating, and testing individuals who  
20 may have mechanical, physiological, or developmental  
21 impairments, functional limitations, disabilities, or  
22 other health and movement-related conditions, classifying  
23 these disorders, determining a rehabilitation prognosis  
24 and plan of therapeutic intervention, and assessing the

1 on-going effects of the interventions.

2 (B) Alleviating impairments, functional limitations,  
3 or disabilities by designing, implementing, and modifying  
4 therapeutic interventions that may include, but are not  
5 limited to, the evaluation or treatment of a person through  
6 the use of the effective properties of physical measures  
7 and heat, cold, light, water, radiant energy, electricity,  
8 sound, and air and use of therapeutic massage, therapeutic  
9 exercise, mobilization, and rehabilitative procedures,  
10 with or without assistive devices, for the purposes of  
11 preventing, correcting, or alleviating a physical or  
12 mental impairment, functional limitation, or disability.

13 (C) Reducing the risk of injury, impairment,  
14 functional limitation, or disability, including the  
15 promotion and maintenance of fitness, health, and  
16 wellness.

17 (D) Engaging in administration, consultation,  
18 education, and research.

19 "Physical therapy" includes, but is not limited to: (a)  
20 performance of specialized tests and measurements, (b)  
21 administration of specialized treatment procedures, (c)  
22 interpretation of referrals from physicians, dentists,  
23 advanced practice registered nurses, physician assistants, and  
24 podiatric physicians, (d) establishment, and modification of  
25 physical therapy treatment programs, (e) administration of  
26 topical medication used in generally accepted physical therapy

1 procedures when such medication is either prescribed by the  
2 patient's physician, licensed to practice medicine in all its  
3 branches, the patient's physician licensed to practice  
4 podiatric medicine, the patient's advanced practice registered  
5 nurse, the patient's physician assistant, or the patient's  
6 dentist or used following the physician's orders or written  
7 instructions, and (f) supervision or teaching of physical  
8 therapy. Physical therapy does not include radiology,  
9 electrosurgery, chiropractic technique or determination of a  
10 differential diagnosis; provided, however, the limitation on  
11 determining a differential diagnosis shall not in any manner  
12 limit a physical therapist licensed under this Act from  
13 performing an evaluation pursuant to such license. Nothing in  
14 this Section shall limit a physical therapist from employing  
15 appropriate physical therapy techniques that he or she is  
16 educated and licensed to perform. A physical therapist shall  
17 refer to a licensed physician, advanced practice registered  
18 nurse, physician assistant, dentist, podiatric physician,  
19 other physical therapist, or other health care provider any  
20 patient whose medical condition should, at the time of  
21 evaluation or treatment, be determined to be beyond the scope  
22 of practice of the physical therapist.

23 (2) "Physical therapist" means a person who practices  
24 physical therapy and who has met all requirements as provided  
25 in this Act.

26 (3) "Department" means the Department of Professional



1 Regulation.

2 (4) "Director" means the Director of Professional  
3 Regulation.

4 (5) "Board" means the Physical Therapy Licensing and  
5 Disciplinary Board approved by the Director.

6 (6) "Referral" means a written or oral authorization for  
7 physical therapy services for a patient by a physician,  
8 dentist, advanced practice registered nurse, physician  
9 assistant, or podiatric physician who maintains medical  
10 supervision of the patient and makes a diagnosis or verifies  
11 that the patient's condition is such that it may be treated by  
12 a physical therapist.

13 (7) "Documented current and relevant diagnosis" for the  
14 purpose of this Act means a diagnosis, substantiated by  
15 signature or oral verification of a physician, dentist,  
16 advanced practice registered nurse, physician assistant, or  
17 podiatric physician, that a patient's condition is such that it  
18 may be treated by physical therapy as defined in this Act,  
19 which diagnosis shall remain in effect until changed by the  
20 physician, dentist, advanced practice registered nurse,  
21 physician assistant, or podiatric physician.

22 (8) "State" includes:

23 (a) the states of the United States of America;

24 (b) the District of Columbia; and

25 (c) the Commonwealth of Puerto Rico.

26 (9) "Physical therapist assistant" means a person licensed

1 to assist a physical therapist and who has met all requirements  
2 as provided in this Act and who works under the supervision of  
3 a licensed physical therapist to assist in implementing the  
4 physical therapy treatment program as established by the  
5 licensed physical therapist. The patient care activities  
6 provided by the physical therapist assistant shall not include  
7 the interpretation of referrals, evaluation procedures, or the  
8 planning or major modification of patient programs.

9 (10) "Physical therapy aide" means a person who has  
10 received on the job training, specific to the facility in which  
11 he is employed.

12 (11) "Advanced practice registered nurse" means a person  
13 licensed as an advanced practice registered nurse under the  
14 Nurse Practice Act.

15 (12) "Physician assistant" means a person licensed under  
16 the Physician Assistant Practice Act of 1987.

17 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15;  
18 99-229, eff. 8-3-15; 99-642, eff. 7-28-16; revised 10-27-16.)

19 (225 ILCS 90/17) (from Ch. 111, par. 4267)

20 (Section scheduled to be repealed on January 1, 2026)

21 Sec. 17. (1) The Department may refuse to issue or to  
22 renew, or may revoke, suspend, place on probation, reprimand,  
23 or take other disciplinary action as the Department deems  
24 appropriate, including the issuance of fines not to exceed  
25 \$5000, with regard to a license for any one or a combination of

1 the following:

2 A. Material misstatement in furnishing information to  
3 the Department or otherwise making misleading, deceptive,  
4 untrue, or fraudulent representations in violation of this  
5 Act or otherwise in the practice of the profession;

6 B. Violations of this Act, or of the rules or  
7 regulations promulgated hereunder;

8 C. Conviction of any crime under the laws of the United  
9 States or any state or territory thereof which is a felony  
10 or which is a misdemeanor, an essential element of which is  
11 dishonesty, or of any crime which is directly related to  
12 the practice of the profession; conviction, as used in this  
13 paragraph, shall include a finding or verdict of guilty, an  
14 admission of guilt or a plea of nolo contendere;

15 D. Making any misrepresentation for the purpose of  
16 obtaining licenses, or violating any provision of this Act  
17 or the rules promulgated thereunder pertaining to  
18 advertising;

19 E. A pattern of practice or other behavior which  
20 demonstrates incapacity or incompetency to practice under  
21 this Act;

22 F. Aiding or assisting another person in violating any  
23 provision of this Act or Rules;

24 G. Failing, within 60 days, to provide information in  
25 response to a written request made by the Department;

26 H. Engaging in dishonorable, unethical or

1 unprofessional conduct of a character likely to deceive,  
2 defraud or harm the public. Unprofessional conduct shall  
3 include any departure from or the failure to conform to the  
4 minimal standards of acceptable and prevailing physical  
5 therapy practice, in which proceeding actual injury to a  
6 patient need not be established;

7 I. Unlawful distribution of any drug or narcotic, or  
8 unlawful conversion of any drug or narcotic not belonging  
9 to the person for such person's own use or benefit or for  
10 other than medically accepted therapeutic purposes;

11 J. Habitual or excessive use or addiction to alcohol,  
12 narcotics, stimulants, or any other chemical agent or drug  
13 which results in a physical therapist's or physical  
14 therapist assistant's inability to practice with  
15 reasonable judgment, skill or safety;

16 K. Revocation or suspension of a license to practice  
17 physical therapy as a physical therapist or physical  
18 therapist assistant or the taking of other disciplinary  
19 action by the proper licensing authority of another state,  
20 territory or country;

21 L. Directly or indirectly giving to or receiving from  
22 any person, firm, corporation, partnership, or association  
23 any fee, commission, rebate or other form of compensation  
24 for any professional services not actually or personally  
25 rendered. Nothing contained in this paragraph prohibits  
26 persons holding valid and current licenses under this Act

1 from practicing physical therapy in partnership under a  
2 partnership agreement, including a limited liability  
3 partnership, a limited liability company, or a corporation  
4 under the Professional Service Corporation Act or from  
5 pooling, sharing, dividing, or apportioning the fees and  
6 monies received by them or by the partnership, company, or  
7 corporation in accordance with the partnership agreement  
8 or the policies of the company or professional corporation.  
9 Nothing in this paragraph (L) affects any bona fide  
10 independent contractor or employment arrangements among  
11 health care professionals, health facilities, health care  
12 providers, or other entities, except as otherwise  
13 prohibited by law. Any employment arrangements may include  
14 provisions for compensation, health insurance, pension, or  
15 other employment benefits for the provision of services  
16 within the scope of the licensee's practice under this Act.  
17 Nothing in this paragraph (L) shall be construed to require  
18 an employment arrangement to receive professional fees for  
19 services rendered;

20 M. A finding by the Board that the licensee after  
21 having his or her license placed on probationary status has  
22 violated the terms of probation;

23 N. Abandonment of a patient;

24 O. Willfully failing to report an instance of suspected  
25 child abuse or neglect as required by the Abused and  
26 Neglected Child Reporting Act;

1 P. Willfully failing to report an instance of suspected  
2 elder abuse or neglect as required by the Elder Abuse  
3 Reporting Act;

4 Q. Physical illness, including but not limited to,  
5 deterioration through the aging process, or loss of motor  
6 skill which results in the inability to practice the  
7 profession with reasonable judgement, skill or safety;

8 R. The use of any words (such as physical therapy,  
9 physical therapist physiotherapy or physiotherapist),  
10 abbreviations, figures or letters with the intention of  
11 indicating practice as a licensed physical therapist  
12 without a valid license as a physical therapist issued  
13 under this Act;

14 S. The use of the term physical therapist assistant, or  
15 abbreviations, figures, or letters with the intention of  
16 indicating practice as a physical therapist assistant  
17 without a valid license as a physical therapist assistant  
18 issued under this Act;

19 T. Willfully violating or knowingly assisting in the  
20 violation of any law of this State relating to the practice  
21 of abortion;

22 U. Continued practice by a person knowingly having an  
23 infectious, communicable or contagious disease;

24 V. Having treated ailments of human beings otherwise  
25 than by the practice of physical therapy as defined in this  
26 Act, or having treated ailments of human beings as a

1 licensed physical therapist independent of a documented  
2 referral or a documented current and relevant diagnosis  
3 from a physician, dentist, advanced practice registered  
4 nurse, physician assistant, or podiatric physician, or  
5 having failed to notify the physician, dentist, advanced  
6 practice registered nurse, physician assistant, or  
7 podiatric physician who established a documented current  
8 and relevant diagnosis that the patient is receiving  
9 physical therapy pursuant to that diagnosis;

10 W. Being named as a perpetrator in an indicated report  
11 by the Department of Children and Family Services pursuant  
12 to the Abused and Neglected Child Reporting Act, and upon  
13 proof by clear and convincing evidence that the licensee  
14 has caused a child to be an abused child or neglected child  
15 as defined in the Abused and Neglected Child Reporting Act;

16 X. Interpretation of referrals, performance of  
17 evaluation procedures, planning or making major  
18 modifications of patient programs by a physical therapist  
19 assistant;

20 Y. Failure by a physical therapist assistant and  
21 supervising physical therapist to maintain continued  
22 contact, including periodic personal supervision and  
23 instruction, to insure safety and welfare of patients;

24 Z. Violation of the Health Care Worker Self-Referral  
25 Act.

26 (2) The determination by a circuit court that a licensee is

1 subject to involuntary admission or judicial admission as  
2 provided in the Mental Health and Developmental Disabilities  
3 Code operates as an automatic suspension. Such suspension will  
4 end only upon a finding by a court that the patient is no  
5 longer subject to involuntary admission or judicial admission  
6 and the issuance of an order so finding and discharging the  
7 patient; and upon the recommendation of the Board to the  
8 Director that the licensee be allowed to resume his practice.

9 (3) The Department may refuse to issue or may suspend the  
10 license of any person who fails to file a return, or to pay the  
11 tax, penalty or interest shown in a filed return, or to pay any  
12 final assessment of tax, penalty or interest, as required by  
13 any tax Act administered by the Illinois Department of Revenue,  
14 until such time as the requirements of any such tax Act are  
15 satisfied.

16 (Source: P.A. 98-214, eff. 8-9-13.)

17 Section 190. The Podiatric Medical Practice Act of 1987 is  
18 amended by changing Section 20.5 as follows:

19 (225 ILCS 100/20.5)

20 (Section scheduled to be repealed on January 1, 2018)

21 Sec. 20.5. Delegation of authority to advanced practice  
22 registered nurses.

23 (a) A podiatric physician in active clinical practice may  
24 collaborate with an advanced practice registered nurse in



1 accordance with the requirements of the Nurse Practice Act.  
2 Collaboration shall be for the purpose of providing podiatric  
3 care and no employment relationship shall be required. A  
4 written collaborative agreement shall conform to the  
5 requirements of Section 65-35 of the Nurse Practice Act. A  
6 written collaborative agreement and podiatric physician  
7 collaboration and consultation shall be adequate with respect  
8 to advanced practice registered nurses if all of the following  
9 apply:

10 (1) With respect to the provision of anesthesia  
11 services by a certified registered nurse anesthetist, the  
12 collaborating podiatric physician must have training and  
13 experience in the delivery of anesthesia consistent with  
14 Department rules.

15 (2) Methods of communication are available with the  
16 collaborating podiatric physician in person or through  
17 telecommunications or electronic communications for  
18 consultation, collaboration, and referral as needed to  
19 address patient care needs.

20 (3) With respect to the provision of anesthesia  
21 services by a certified registered nurse anesthetist, an  
22 anesthesiologist, physician, or podiatric physician shall  
23 participate through discussion of and agreement with the  
24 anesthesia plan and shall remain physically present and be  
25 available on the premises during the delivery of anesthesia  
26 services for diagnosis, consultation, and treatment of

1 emergency medical conditions. The anesthesiologist or  
2 operating podiatric physician must agree with the  
3 anesthesia plan prior to the delivery of services.

4 (b) The collaborating podiatric physician shall have  
5 access to the records of all patients attended to by an  
6 advanced practice registered nurse.

7 (c) Nothing in this Section shall be construed to limit the  
8 delegation of tasks or duties by a podiatric physician to a  
9 licensed practical nurse, a registered professional nurse, or  
10 other appropriately trained persons.

11 (d) A podiatric physician shall not be liable for the acts  
12 or omissions of an advanced practice registered nurse solely on  
13 the basis of having signed guidelines or a collaborative  
14 agreement, an order, a standing order, a standing delegation  
15 order, or other order or guideline authorizing an advanced  
16 practice registered nurse to perform acts, unless the podiatric  
17 physician has reason to believe the advanced practice  
18 registered nurse lacked the competency to perform the act or  
19 acts or commits willful or wanton misconduct.

20 (e) A podiatric physician, may, but is not required to  
21 delegate prescriptive authority to an advanced practice  
22 registered nurse as part of a written collaborative agreement  
23 and the delegation of prescriptive authority shall conform to  
24 the requirements of Section 65-40 of the Nurse Practice Act.

25 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15.)

1           Section 195. The Respiratory Care Practice Act is amended  
2 by changing Sections 10 and 15 as follows:

3           (225 ILCS 106/10)

4           (Section scheduled to be repealed on January 1, 2026)

5           Sec. 10. Definitions. In this Act:

6           "Address of record" means the designated address recorded  
7 by the Department in the applicant's or licensee's application  
8 file or license file as maintained by the Department's  
9 licensure maintenance unit. It is the duty of the applicant or  
10 licensee to inform the Department of any change of address and  
11 those changes must be made either through the Department's  
12 website or by contacting the Department.

13           "Advanced practice registered nurse" means an advanced  
14 practice registered nurse licensed under the Nurse Practice  
15 Act.

16           "Board" means the Respiratory Care Board appointed by the  
17 Secretary.

18           "Basic respiratory care activities" means and includes all  
19 of the following activities:

20           (1) Cleaning, disinfecting, and sterilizing equipment  
21 used in the practice of respiratory care as delegated by a  
22 licensed health care professional or other authorized  
23 licensed personnel.

24           (2) Assembling equipment used in the practice of  
25 respiratory care as delegated by a licensed health care

1 professional or other authorized licensed personnel.

2 (3) Collecting and reviewing patient data through  
3 non-invasive means, provided that the collection and  
4 review does not include the individual's interpretation of  
5 the clinical significance of the data. Collecting and  
6 reviewing patient data includes the performance of pulse  
7 oximetry and non-invasive monitoring procedures in order  
8 to obtain vital signs and notification to licensed health  
9 care professionals and other authorized licensed personnel  
10 in a timely manner.

11 (4) Maintaining a nasal cannula or face mask for oxygen  
12 therapy in the proper position on the patient's face.

13 (5) Assembling a nasal cannula or face mask for oxygen  
14 therapy at patient bedside in preparation for use.

15 (6) Maintaining a patient's natural airway by  
16 physically manipulating the jaw and neck, suctioning the  
17 oral cavity, or suctioning the mouth or nose with a bulb  
18 syringe.

19 (7) Performing assisted ventilation during emergency  
20 resuscitation using a manual resuscitator.

21 (8) Using a manual resuscitator at the direction of a  
22 licensed health care professional or other authorized  
23 licensed personnel who is present and performing routine  
24 airway suctioning. These activities do not include care of  
25 a patient's artificial airway or the adjustment of  
26 mechanical ventilator settings while a patient is

1 connected to the ventilator.

2 "Basic respiratory care activities" does not mean  
3 activities that involve any of the following:

4 (1) Specialized knowledge that results from a course of  
5 education or training in respiratory care.

6 (2) An unreasonable risk of a negative outcome for the  
7 patient.

8 (3) The assessment or making of a decision concerning  
9 patient care.

10 (4) The administration of aerosol medication or  
11 medical gas.

12 (5) The insertion and maintenance of an artificial  
13 airway.

14 (6) Mechanical ventilatory support.

15 (7) Patient assessment.

16 (8) Patient education.

17 (9) The transferring of oxygen devices, for purposes of  
18 patient transport, with a liter flow greater than 6 liters  
19 per minute, and the transferring of oxygen devices at any  
20 liter flow being delivered to patients less than 12 years  
21 of age.

22 "Department" means the Department of Financial and  
23 Professional Regulation.

24 "Licensed" means that which is required to hold oneself out  
25 as a respiratory care practitioner as defined in this Act.

26 "Licensed health care professional" means a physician

1 licensed to practice medicine in all its branches, a licensed  
2 advanced practice registered nurse, or a licensed physician  
3 assistant.

4 "Order" means a written, oral, or telecommunicated  
5 authorization for respiratory care services for a patient by  
6 (i) a licensed health care professional who maintains medical  
7 supervision of the patient and makes a diagnosis or verifies  
8 that the patient's condition is such that it may be treated by  
9 a respiratory care practitioner or (ii) a certified registered  
10 nurse anesthetist in a licensed hospital or ambulatory surgical  
11 treatment center.

12 "Other authorized licensed personnel" means a licensed  
13 respiratory care practitioner, a licensed registered nurse, or  
14 a licensed practical nurse whose scope of practice authorizes  
15 the professional to supervise an individual who is not  
16 licensed, certified, or registered as a health professional.

17 "Proximate supervision" means a situation in which an  
18 individual is responsible for directing the actions of another  
19 individual in the facility and is physically close enough to be  
20 readily available, if needed, by the supervised individual.

21 "Respiratory care" and "cardiorespiratory care" mean  
22 preventative services, evaluation and assessment services,  
23 therapeutic services, cardiopulmonary disease management, and  
24 rehabilitative services under the order of a licensed health  
25 care professional for an individual with a disorder, disease,  
26 or abnormality of the cardiopulmonary system. These terms

1 include, but are not limited to, measuring, observing,  
2 assessing, and monitoring signs and symptoms, reactions,  
3 general behavior, and general physical response of individuals  
4 to respiratory care services, including the determination of  
5 whether those signs, symptoms, reactions, behaviors, or  
6 general physical responses exhibit abnormal characteristics;  
7 the administration of pharmacological and therapeutic agents  
8 and procedures related to respiratory care services; the  
9 collection of blood specimens and other bodily fluids and  
10 tissues for, and the performance of, cardiopulmonary  
11 diagnostic testing procedures, including, but not limited to,  
12 blood gas analysis; development, implementation, and  
13 modification of respiratory care treatment plans based on  
14 assessed abnormalities of the cardiopulmonary system,  
15 respiratory care guidelines, referrals, and orders of a  
16 licensed health care professional; application, operation, and  
17 management of mechanical ventilatory support and other means of  
18 life support, including, but not limited to, hemodynamic  
19 cardiovascular support; and the initiation of emergency  
20 procedures under the rules promulgated by the Department. A  
21 respiratory care practitioner shall refer to a physician  
22 licensed to practice medicine in all its branches any patient  
23 whose condition, at the time of evaluation or treatment, is  
24 determined to be beyond the scope of practice of the  
25 respiratory care practitioner.

26 "Respiratory care education program" means a course of

1 academic study leading to eligibility for registry or  
2 certification in respiratory care. The training is to be  
3 approved by an accrediting agency recognized by the Board and  
4 shall include an evaluation of competence through a  
5 standardized testing mechanism that is determined by the Board  
6 to be both valid and reliable.

7 "Respiratory care practitioner" means a person who is  
8 licensed by the Department of Professional Regulation and meets  
9 all of the following criteria:

10 (1) The person is engaged in the practice of  
11 cardiorespiratory care and has the knowledge and skill  
12 necessary to administer respiratory care.

13 (2) The person is capable of serving as a resource to  
14 the licensed health care professional in relation to the  
15 technical aspects of cardiorespiratory care and the safe  
16 and effective methods for administering cardiorespiratory  
17 care modalities.

18 (3) The person is able to function in situations of  
19 unsupervised patient contact requiring great individual  
20 judgment.

21 "Secretary" means the Secretary of Financial and  
22 Professional Regulation.

23 (Source: P.A. 99-173, eff. 7-29-15; 99-230, eff. 8-3-15;  
24 99-642, eff. 7-28-16.)



1 (Section scheduled to be repealed on January 1, 2026)

2 Sec. 15. Exemptions.

3 (a) This Act does not prohibit a person legally regulated  
4 in this State by any other Act from engaging in any practice  
5 for which he or she is authorized.

6 (b) Nothing in this Act shall prohibit the practice of  
7 respiratory care by a person who is employed by the United  
8 States government or any bureau, division, or agency thereof  
9 while in the discharge of the employee's official duties.

10 (c) Nothing in this Act shall be construed to limit the  
11 activities and services of a person enrolled in an approved  
12 course of study leading to a degree or certificate of registry  
13 or certification eligibility in respiratory care if these  
14 activities and services constitute a part of a supervised  
15 course of study and if the person is designated by a title  
16 which clearly indicates his or her status as a student or  
17 trainee. Status as a student or trainee shall not exceed 3  
18 years from the date of enrollment in an approved course.

19 (d) Nothing in this Act shall prohibit a person from  
20 treating ailments by spiritual means through prayer alone in  
21 accordance with the tenets and practices of a recognized church  
22 or religious denomination.

23 (e) Nothing in this Act shall be construed to prevent a  
24 person who is a registered nurse, an advanced practice  
25 registered nurse, a licensed practical nurse, a physician  
26 assistant, or a physician licensed to practice medicine in all

1 its branches from providing respiratory care.

2 (f) Nothing in this Act shall limit a person who is  
3 credentialed by the National Society for Cardiopulmonary  
4 Technology or the National Board for Respiratory Care from  
5 performing pulmonary function tests and respiratory care  
6 procedures related to the pulmonary function test. Individuals  
7 who do not possess a license to practice respiratory care or a  
8 license in another health care field may perform basic  
9 screening spirometry limited to peak flow, forced vital  
10 capacity, slow vital capacity, and maximum voluntary  
11 ventilation if they possess spirometry certification from the  
12 National Institute for Occupational Safety and Health, an  
13 Office Spirometry Certificate from the American Association  
14 for Respiratory Care, or other similarly accepted  
15 certification training.

16 (g) Nothing in this Act shall prohibit the collection and  
17 analysis of blood by clinical laboratory personnel meeting the  
18 personnel standards of the Illinois Clinical Laboratory Act.

19 (h) Nothing in this Act shall prohibit a polysomnographic  
20 technologist, technician, or trainee, as defined in the job  
21 descriptions jointly accepted by the American Academy of Sleep  
22 Medicine, the Association of Polysomnographic Technologists,  
23 the Board of Registered Polysomnographic Technologists, and  
24 the American Society of Electroneurodiagnostic Technologists,  
25 from performing activities within the scope of practice of  
26 polysomnographic technology while under the direction of a

1 physician licensed in this State.

2 (i) Nothing in this Act shall prohibit a family member from  
3 providing respiratory care services to an ill person.

4 (j) Nothing in this Act shall be construed to limit an  
5 unlicensed practitioner in a licensed hospital who is working  
6 under the proximate supervision of a licensed health care  
7 professional or other authorized licensed personnel and  
8 providing direct patient care services from performing basic  
9 respiratory care activities if the unlicensed practitioner (i)  
10 has been trained to perform the basic respiratory care  
11 activities at the facility that employs or contracts with the  
12 individual and (ii) at a minimum, has annually received an  
13 evaluation of the unlicensed practitioner's performance of  
14 basic respiratory care activities documented by the facility.

15 (k) Nothing in this Act shall be construed to prohibit a  
16 person enrolled in a respiratory care education program or an  
17 approved course of study leading to a degree or certification  
18 in a health care-related discipline that provides respiratory  
19 care activities within his or her scope of practice and  
20 employed in a licensed hospital in order to provide direct  
21 patient care services under the direction of other authorized  
22 licensed personnel from providing respiratory care activities.

23 (l) Nothing in this Act prohibits a person licensed as a  
24 respiratory care practitioner in another jurisdiction from  
25 providing respiratory care: (i) in a declared emergency in this  
26 State; (ii) as a member of an organ procurement team; or (iii)

1 as part of a medical transport team that is transporting a  
2 patient into or out of this State.

3 (Source: P.A. 99-230, eff. 8-3-15.)

4 Section 200. The Sex Offender Evaluation and Treatment  
5 Provider Act is amended by changing Sections 35 and 40 as  
6 follows:

7 (225 ILCS 109/35)

8 Sec. 35. Qualifications for licensure.

9 (a)(1) A person is qualified for licensure as a sex  
10 offender evaluator if that person:

11 (A) has applied in writing on forms prepared and  
12 furnished by the Department;

13 (B) has not engaged or is not engaged in any practice  
14 or conduct that would be grounds for disciplining a  
15 licensee under Section 75 of this Act; and

16 (C) satisfies the licensure and experience  
17 requirements of paragraph (2) of this subsection (a).

18 (2) A person who applies to the Department shall be issued  
19 a sex offender evaluator license by the Department if the  
20 person meets the qualifications set forth in paragraph (1) of  
21 this subsection (a) and provides evidence to the Department  
22 that the person:

23 (A) is a physician licensed to practice medicine in all  
24 of its branches under the Medical Practice Act of 1987 or

1 licensed under the laws of another state; an advanced  
2 practice registered nurse with psychiatric specialty  
3 licensed under the Nurse Practice Act or licensed under the  
4 laws of another state; a clinical psychologist licensed  
5 under the Clinical Psychologist Licensing Act or licensed  
6 under the laws of another state; a licensed clinical social  
7 worker licensed under the Clinical Social Work and Social  
8 Work Practice Act or licensed under the laws of another  
9 state; a licensed clinical professional counselor licensed  
10 under the Professional Counselor and Clinical Professional  
11 Counselor Licensing and Practice Act or licensed under the  
12 laws of another state; or a licensed marriage and family  
13 therapist licensed under the Marriage and Family Therapy  
14 ~~Therapist~~ Licensing Act or licensed under the laws of  
15 another state;

16 (B) has 400 hours of supervised experience in the  
17 treatment or evaluation of sex offenders in the last 4  
18 years, at least 200 of which are face-to-face therapy or  
19 evaluation with sex offenders;

20 (C) has completed at least 10 sex offender evaluations  
21 under supervision in the past 4 years; and

22 (D) has at least 40 hours of documented training in the  
23 specialty of sex offender evaluation, treatment, or  
24 management.

25 Until January 1, 2015, the requirements of subparagraphs

26 (B) and (D) of paragraph (2) of this subsection (a) are

1 satisfied if the applicant has been listed on the Sex Offender  
2 Management Board's Approved Provider List for a minimum of 2  
3 years before application for licensure. Until January 1, 2015,  
4 the requirements of subparagraph (C) of paragraph (2) of this  
5 subsection (a) are satisfied if the applicant has completed at  
6 least 10 sex offender evaluations within the 4 years before  
7 application for licensure.

8 (b) (1) A person is qualified for licensure as a sex  
9 offender treatment provider if that person:

10 (A) has applied in writing on forms prepared and  
11 furnished by the Department;

12 (B) has not engaged or is not engaged in any practice  
13 or conduct that would be grounds for disciplining a  
14 licensee under Section 75 of this Act; and

15 (C) satisfies the licensure and experience  
16 requirements of paragraph (2) of this subsection (b).

17 (2) A person who applies to the Department shall be issued  
18 a sex offender treatment provider license by the Department if  
19 the person meets the qualifications set forth in paragraph (1)  
20 of this subsection (b) and provides evidence to the Department  
21 that the person:

22 (A) is a physician licensed to practice medicine in all  
23 of its branches under the Medical Practice Act of 1987 or  
24 licensed under the laws of another state; an advanced  
25 practice registered nurse with psychiatric specialty  
26 licensed under the Nurse Practice Act or licensed under the

1 laws of another state; a clinical psychologist licensed  
2 under the Clinical Psychologist Licensing Act or licensed  
3 under the laws of another state; a licensed clinical social  
4 worker licensed under the Clinical Social Work and Social  
5 Work Practice Act or licensed under the laws of another  
6 state; a licensed clinical professional counselor licensed  
7 under the Professional Counselor and Clinical Professional  
8 Counselor Licensing and Practice Act or licensed under the  
9 laws of another state; or a licensed marriage and family  
10 therapist licensed under the Marriage and Family Therapy  
11 ~~Therapist~~ Licensing Act or licensed under the laws of  
12 another state;

13 (B) has 400 hours of supervised experience in the  
14 treatment of sex offenders in the last 4 years, at least  
15 200 of which are face-to-face therapy with sex offenders;  
16 and

17 (C) has at least 40 hours documented training in the  
18 specialty of sex offender evaluation, treatment, or  
19 management.

20 Until January 1, 2015, the requirements of subparagraphs  
21 (B) and (C) of paragraph (2) of this subsection (b) are  
22 satisfied if the applicant has been listed on the Sex Offender  
23 Management Board's Approved Provider List for a minimum of 2  
24 years before application.

25 (c) (1) A person is qualified for licensure as an associate  
26 sex offender provider if that person:

1 (A) has applied in writing on forms prepared and  
2 furnished by the Department;

3 (B) has not engaged or is not engaged in any practice  
4 or conduct that would be grounds for disciplining a  
5 licensee under Section 75 of this Act; and

6 (C) satisfies the education and experience  
7 requirements of paragraph (2) of this subsection (c).

8 (2) A person who applies to the Department shall be issued  
9 an associate sex offender provider license by the Department if  
10 the person meets the qualifications set forth in paragraph (1)  
11 of this subsection (c) and provides evidence to the Department  
12 that the person holds a master's degree or higher in social  
13 work, psychology, marriage and family therapy, counseling or  
14 closely related behavioral science degree, or psychiatry.

15 (Source: P.A. 97-1098, eff. 7-1-13; 98-612, eff. 12-27-13;  
16 revised 9-14-16.)

17 (225 ILCS 109/40)

18 Sec. 40. Application; exemptions.

19 (a) No person may act as a sex offender evaluator, sex  
20 offender treatment provider, or associate sex offender  
21 provider as defined in this Act for the provision of sex  
22 offender evaluations or sex offender treatment pursuant to the  
23 Sex Offender Management Board Act, the Sexually Dangerous  
24 Persons Act, or the Sexually Violent Persons Commitment Act  
25 unless the person is licensed to do so by the Department. Any



1 evaluation or treatment services provided by a licensed health  
2 care professional not licensed under this Act shall not be  
3 valid under the Sex Offender Management Board Act, the Sexually  
4 Dangerous Persons Act, or the Sexually Violent Persons  
5 Commitment Act. No business shall provide, attempt to provide,  
6 or offer to provide sex offender evaluation services unless it  
7 is organized under the Professional Service Corporation Act,  
8 the Medical Corporation Act, or the Professional Limited  
9 Liability Company Act.

10 (b) Nothing in this Act shall be construed to require any  
11 licensed physician, advanced practice registered nurse,  
12 physician assistant, or other health care professional to be  
13 licensed under this Act for the provision of services for which  
14 the person is otherwise licensed. This Act does not prohibit a  
15 person licensed under any other Act in this State from engaging  
16 in the practice for which he or she is licensed. This Act only  
17 applies to the provision of sex offender evaluations or sex  
18 offender treatment provided for the purposes of complying with  
19 the Sex Offender Management Board Act, the Sexually Dangerous  
20 Persons Act, or the Sexually Violent Persons Commitment Act.

21 (Source: P.A. 99-227, eff. 8-3-15.)

22 Section 205. The Registered Surgical Assistant and  
23 Registered Surgical Technologist Title Protection Act is  
24 amended by changing Section 40 as follows:

1 (225 ILCS 130/40)

2 (Section scheduled to be repealed on January 1, 2024)

3 Sec. 40. Application of Act. This Act shall not be  
4 construed to prohibit the following:

5 (1) A person licensed in this State under any other Act  
6 from engaging in the practice for which he or she is  
7 licensed, including but not limited to a physician licensed  
8 to practice medicine in all its branches, physician  
9 assistant, advanced practice registered nurse, or nurse  
10 performing surgery-related tasks within the scope of his or  
11 her license, nor are these individuals required to be  
12 registered under this Act.

13 (2) A person from engaging in practice as a surgical  
14 assistant or surgical technologist in the discharge of his  
15 or her official duties as an employee of the United States  
16 government.

17 (3) One or more registered surgical assistants or  
18 surgical technologists from forming a professional service  
19 corporation in accordance with the Professional Service  
20 Corporation Act and applying for licensure as a corporation  
21 providing surgical assistant or surgical technologist  
22 services.

23 (4) A student engaging in practice as a surgical  
24 assistant or surgical technologist under the direct  
25 supervision of a physician licensed to practice medicine in  
26 all of its branches as part of his or her program of study

1 at a school approved by the Department or in preparation to  
2 qualify for the examination as prescribed under Sections 45  
3 and 50 of this Act.

4 (5) A person from assisting in surgery at a physician's  
5 discretion, including but not limited to medical students  
6 and residents, nor are medical students and residents  
7 required to be registered under this Act.

8 (6) A hospital, health system or network, ambulatory  
9 surgical treatment center, physician licensed to practice  
10 medicine in all its branches, physician medical group, or  
11 other entity that provides surgery-related services from  
12 employing individuals that the entity considers competent  
13 to assist in surgery. These entities are not required to  
14 utilize registered surgical assistants or registered  
15 surgical technologists when providing surgery-related  
16 services to patients. Nothing in this subsection shall be  
17 construed to limit the ability of an employer to utilize  
18 the services of any person to assist in surgery within the  
19 employment setting consistent with the individual's skill  
20 and training.

21 (Source: P.A. 98-364, eff. 12-31-13.)

22 Section 210. The Genetic Counselor Licensing Act is amended  
23 by changing Sections 90 and 95 as follows:

24 (225 ILCS 135/90)

1 (Section scheduled to be repealed on January 1, 2025)

2 Sec. 90. Privileged communications and exceptions.

3 (a) With the exception of disclosure to the physician  
4 performing or supervising a genetic test and to the referring  
5 physician licensed to practice medicine in all its branches,  
6 advanced practice registered nurse, or physician assistant, no  
7 licensed genetic counselor shall disclose any information  
8 acquired from persons consulting the counselor in a  
9 professional capacity, except that which may be voluntarily  
10 disclosed under any of the following circumstances:

11 (1) In the course of formally reporting, conferring, or  
12 consulting with administrative superiors, colleagues, or  
13 consultants who share professional responsibility, in  
14 which instance all recipients of the information are  
15 similarly bound to regard the communication as privileged.

16 (2) With the written consent of the person who provided  
17 the information and about whom the information concerns.

18 (3) In the case of death or disability, with the  
19 written consent of a personal representative.

20 (4) When a communication reveals the intended  
21 commission of a crime or harmful act and such disclosure is  
22 judged necessary in the professional judgment of the  
23 licensed genetic counselor to protect any person from a  
24 clear risk of serious mental or physical harm or injury or  
25 to forestall a serious threat to the public safety.

26 (5) When the person waives the privilege by bringing

1 any public charges or filing a lawsuit against the  
2 licensee.

3 (b) Any person having access to records or anyone who  
4 participates in providing genetic counseling services, or in  
5 providing any human services, or is supervised by a licensed  
6 genetic counselor is similarly bound to regard all information  
7 and communications as privileged in accord with this Section.

8 (c) The Mental Health and Developmental Disabilities  
9 Confidentiality Act is incorporated herein as if all of its  
10 provisions were included in this Act. In the event of a  
11 conflict between the application of this Section and the Mental  
12 Health and Developmental Disabilities Confidentiality Act to a  
13 specific situation, the provisions of the Mental Health and  
14 Developmental Disabilities Confidentiality Act shall control.

15 (Source: P.A. 96-1313, eff. 7-27-10.)

16 (225 ILCS 135/95)

17 (Section scheduled to be repealed on January 1, 2025)

18 Sec. 95. Grounds for discipline.

19 (a) The Department may refuse to issue, renew, or may  
20 revoke, suspend, place on probation, reprimand, or take other  
21 disciplinary or non-disciplinary action as the Department  
22 deems appropriate, including the issuance of fines not to  
23 exceed \$10,000 for each violation, with regard to any license  
24 for any one or more of the following:

25 (1) Material misstatement in furnishing information to

1 the Department or to any other State agency.

2 (2) Violations or negligent or intentional disregard  
3 of this Act, or any of its rules.

4 (3) Conviction by plea of guilty or nolo contendere,  
5 finding of guilt, jury verdict, or entry of judgment or  
6 sentencing, including, but not limited to, convictions,  
7 preceding sentences of supervision, conditional discharge,  
8 or first offender probation, under the laws of any  
9 jurisdiction of the United States: (i) that is a felony or  
10 (ii) that is a misdemeanor, an essential element of which  
11 is dishonesty, or that is directly related to the practice  
12 of genetic counseling.

13 (4) Making any misrepresentation for the purpose of  
14 obtaining a license, or violating any provision of this Act  
15 or its rules.

16 (5) Negligence in the rendering of genetic counseling  
17 services.

18 (6) Failure to provide genetic testing results and any  
19 requested information to a referring physician licensed to  
20 practice medicine in all its branches, advanced practice  
21 registered nurse, or physician assistant.

22 (7) Aiding or assisting another person in violating any  
23 provision of this Act or any rules.

24 (8) Failing to provide information within 60 days in  
25 response to a written request made by the Department.

26 (9) Engaging in dishonorable, unethical, or

1 unprofessional conduct of a character likely to deceive,  
2 defraud, or harm the public and violating the rules of  
3 professional conduct adopted by the Department.

4 (10) Failing to maintain the confidentiality of any  
5 information received from a client, unless otherwise  
6 authorized or required by law.

7 (10.5) Failure to maintain client records of services  
8 provided and provide copies to clients upon request.

9 (11) Exploiting a client for personal advantage,  
10 profit, or interest.

11 (12) Habitual or excessive use or addiction to alcohol,  
12 narcotics, stimulants, or any other chemical agent or drug  
13 which results in inability to practice with reasonable  
14 skill, judgment, or safety.

15 (13) Discipline by another governmental agency or unit  
16 of government, by any jurisdiction of the United States, or  
17 by a foreign nation, if at least one of the grounds for the  
18 discipline is the same or substantially equivalent to those  
19 set forth in this Section.

20 (14) Directly or indirectly giving to or receiving from  
21 any person, firm, corporation, partnership, or association  
22 any fee, commission, rebate, or other form of compensation  
23 for any professional service not actually rendered.  
24 Nothing in this paragraph (14) affects any bona fide  
25 independent contractor or employment arrangements among  
26 health care professionals, health facilities, health care

1 providers, or other entities, except as otherwise  
2 prohibited by law. Any employment arrangements may include  
3 provisions for compensation, health insurance, pension, or  
4 other employment benefits for the provision of services  
5 within the scope of the licensee's practice under this Act.  
6 Nothing in this paragraph (14) shall be construed to  
7 require an employment arrangement to receive professional  
8 fees for services rendered.

9 (15) A finding by the Department that the licensee,  
10 after having the license placed on probationary status has  
11 violated the terms of probation.

12 (16) Failing to refer a client to other health care  
13 professionals when the licensee is unable or unwilling to  
14 adequately support or serve the client.

15 (17) Willfully filing false reports relating to a  
16 licensee's practice, including but not limited to false  
17 records filed with federal or State agencies or  
18 departments.

19 (18) Willfully failing to report an instance of  
20 suspected child abuse or neglect as required by the Abused  
21 and Neglected Child Reporting Act.

22 (19) Being named as a perpetrator in an indicated  
23 report by the Department of Children and Family Services  
24 pursuant to the Abused and Neglected Child Reporting Act,  
25 and upon proof by clear and convincing evidence that the  
26 licensee has caused a child to be an abused child or



1 neglected child as defined in the Abused and Neglected  
2 Child Reporting Act.

3 (20) Physical or mental disability, including  
4 deterioration through the aging process or loss of  
5 abilities and skills which results in the inability to  
6 practice the profession with reasonable judgment, skill,  
7 or safety.

8 (21) Solicitation of professional services by using  
9 false or misleading advertising.

10 (22) Failure to file a return, or to pay the tax,  
11 penalty of interest shown in a filed return, or to pay any  
12 final assessment of tax, penalty or interest, as required  
13 by any tax Act administered by the Illinois Department of  
14 Revenue or any successor agency or the Internal Revenue  
15 Service or any successor agency.

16 (23) Fraud or making any misrepresentation in applying  
17 for or procuring a license under this Act or in connection  
18 with applying for renewal of a license under this Act.

19 (24) Practicing or attempting to practice under a name  
20 other than the full name as shown on the license or any  
21 other legally authorized name.

22 (25) Gross overcharging for professional services,  
23 including filing statements for collection of fees or  
24 monies for which services are not rendered.

25 (26) (Blank).

26 (27) Charging for professional services not rendered,

1 including filing false statements for the collection of  
2 fees for which services are not rendered.

3 (28) Allowing one's license under this Act to be used  
4 by an unlicensed person in violation of this Act.

5 (b) The Department shall deny, without hearing, any  
6 application or renewal for a license under this Act to any  
7 person who has defaulted on an educational loan guaranteed by  
8 the Illinois ~~Student State~~ Assistance Commission; however, the  
9 Department may issue a license or renewal if the person in  
10 default has established a satisfactory repayment record as  
11 determined by the Illinois Student Assistance Commission.

12 (c) The determination by a court that a licensee is subject  
13 to involuntary admission or judicial admission as provided in  
14 the Mental Health and Developmental Disabilities Code will  
15 result in an automatic suspension of his or her license. The  
16 suspension will end upon a finding by a court that the licensee  
17 is no longer subject to involuntary admission or judicial  
18 admission, the issuance of an order so finding and discharging  
19 the patient, and the determination of the Secretary that the  
20 licensee be allowed to resume professional practice.

21 (d) The Department may refuse to issue or renew or may  
22 suspend without hearing the license of any person who fails to  
23 file a return, to pay the tax penalty or interest shown in a  
24 filed return, or to pay any final assessment of the tax,  
25 penalty, or interest as required by any Act regarding the  
26 payment of taxes administered by the Illinois Department of

1 Revenue until the requirements of the Act are satisfied in  
2 accordance with subsection (g) of Section 2105-15 of the Civil  
3 Administrative Code of Illinois.

4 (e) In cases where the Department of Healthcare and Family  
5 Services has previously determined that a licensee or a  
6 potential licensee is more than 30 days delinquent in the  
7 payment of child support and has subsequently certified the  
8 delinquency to the Department, the Department may refuse to  
9 issue or renew or may revoke or suspend that person's license  
10 or may take other disciplinary action against that person based  
11 solely upon the certification of delinquency made by the  
12 Department of Healthcare and Family Services in accordance with  
13 item (5) of subsection (a) of Section 2105-15 of the Department  
14 of Professional Regulation Law of the Civil Administrative Code  
15 of Illinois.

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

20 (Source: P.A. 98-813, eff. 1-1-15; 99-173, eff. 7-29-15;  
21 99-633, eff. 1-1-17; revised 10-27-16.)

22 Section 215. The Illinois Public Aid Code is amended by  
23 changing Sections 5-8 and 12-4.37 as follows:

24 (305 ILCS 5/5-8) (from Ch. 23, par. 5-8)

1           Sec. 5-8. Practitioners. In supplying medical assistance,  
2 the Illinois Department may provide for the legally authorized  
3 services of (i) persons licensed under the Medical Practice Act  
4 of 1987, as amended, except as hereafter in this Section  
5 stated, whether under a general or limited license, (ii)  
6 persons licensed under the Nurse Practice Act as advanced  
7 practice registered nurses, regardless of whether or not the  
8 persons have written collaborative agreements, (iii) persons  
9 licensed or registered under other laws of this State to  
10 provide dental, medical, pharmaceutical, optometric,  
11 podiatric, or nursing services, or other remedial care  
12 recognized under State law, and (iv) persons licensed under  
13 other laws of this State as a clinical social worker. The  
14 Department shall adopt rules, no later than 90 days after the  
15 effective date of this amendatory Act of the 99th General  
16 Assembly, for the legally authorized services of persons  
17 licensed under other laws of this State as a clinical social  
18 worker. The Department may not provide for legally authorized  
19 services of any physician who has been convicted of having  
20 performed an abortion procedure in a wilful and wanton manner  
21 on a woman who was not pregnant at the time such abortion  
22 procedure was performed. The utilization of the services of  
23 persons engaged in the treatment or care of the sick, which  
24 persons are not required to be licensed or registered under the  
25 laws of this State, is not prohibited by this Section.

26       (Source: P.A. 99-173, eff. 7-29-15; 99-621, eff. 1-1-17.)

1 (305 ILCS 5/12-4.37)

2 Sec. 12-4.37. Children's Healthcare Partnership Pilot  
3 Program.

4 (a) The Department of Healthcare and Family Services, in  
5 cooperation with the Department of Human Services, shall  
6 establish a Children's Healthcare Partnership Pilot Program in  
7 Sangamon County to fund the provision of various health care  
8 services by a single provider, or a group of providers that  
9 have entered into an agreement for that purpose, at a single  
10 location in the county. Services covered under the pilot  
11 program shall include, but need not be limited to, family  
12 practice, pediatric, nursing (including advanced practice  
13 registered nursing), psychiatric, dental, and vision services.  
14 The Departments shall fund the provision of all services  
15 provided under the pilot program using a rate structure that is  
16 cost-based. To be selected by the Departments as the provider  
17 of health care services under the pilot program, a provider or  
18 group of providers must serve a disproportionate share of  
19 low-income or indigent patients, including recipients of  
20 medical assistance under Article V of this Code. The  
21 Departments shall adopt rules as necessary to implement this  
22 Section.

23 (b) Implementation of this Section is contingent on federal  
24 approval. The Department of Healthcare and Family Services  
25 shall take appropriate action by January 1, 2010 to seek

1 federal approval.

2 (c) This Section is inoperative if the provider of health  
3 care services under the pilot program receives designation as a  
4 Federally Qualified Health Center (FQHC) or FQHC Look-Alike.  
5 (Source: P.A. 96-691, eff. 8-25-09; 96-1000, eff. 7-2-10.)

6 Section 220. The Older Adult Services Act is amended by  
7 changing Section 35 as follows:

8 (320 ILCS 42/35)

9 Sec. 35. Older Adult Services Advisory Committee.

10 (a) The Older Adult Services Advisory Committee is created  
11 to advise the directors of Aging, Healthcare and Family  
12 Services, and Public Health on all matters related to this Act  
13 and the delivery of services to older adults in general.

14 (b) The Advisory Committee shall be comprised of the  
15 following:

16 (1) The Director of Aging or his or her designee, who  
17 shall serve as chair and shall be an ex officio and  
18 nonvoting member.

19 (2) The Director of Healthcare and Family Services and  
20 the Director of Public Health or their designees, who shall  
21 serve as vice-chairs and shall be ex officio and nonvoting  
22 members.

23 (3) One representative each of the Governor's Office,  
24 the Department of Healthcare and Family Services, the

1 Department of Public Health, the Department of Veterans'  
2 Affairs, the Department of Human Services, the Department  
3 of Insurance, the Department of Commerce and Economic  
4 Opportunity, the Department on Aging, the Department on  
5 Aging's State Long Term Care Ombudsman, the Illinois  
6 Housing Finance Authority, and the Illinois Housing  
7 Development Authority, each of whom shall be selected by  
8 his or her respective director and shall be an ex officio  
9 and nonvoting member.

10 (4) Thirty members appointed by the Director of Aging  
11 in collaboration with the directors of Public Health and  
12 Healthcare and Family Services, and selected from the  
13 recommendations of statewide associations and  
14 organizations, as follows:

15 (A) One member representing the Area Agencies on  
16 Aging;

17 (B) Four members representing nursing homes or  
18 licensed assisted living establishments;

19 (C) One member representing home health agencies;

20 (D) One member representing case management  
21 services;

22 (E) One member representing statewide senior  
23 center associations;

24 (F) One member representing Community Care Program  
25 homemaker services;

26 (G) One member representing Community Care Program

1 adult day services;

2 (H) One member representing nutrition project  
3 directors;

4 (I) One member representing hospice programs;

5 (J) One member representing individuals with  
6 Alzheimer's disease and related dementias;

7 (K) Two members representing statewide trade or  
8 labor unions;

9 (L) One advanced practice registered nurse with  
10 experience in gerontological nursing;

11 (M) One physician specializing in gerontology;

12 (N) One member representing regional long-term  
13 care ombudsmen;

14 (O) One member representing municipal, township,  
15 or county officials;

16 (P) (Blank);

17 (Q) (Blank);

18 (R) One member representing the parish nurse  
19 movement;

20 (S) One member representing pharmacists;

21 (T) Two members representing statewide  
22 organizations engaging in advocacy or legal  
23 representation on behalf of the senior population;

24 (U) Two family caregivers;

25 (V) Two citizen members over the age of 60;

26 (W) One citizen with knowledge in the area of



1 gerontology research or health care law;

2 (X) One representative of health care facilities  
3 licensed under the Hospital Licensing Act; and

4 (Y) One representative of primary care service  
5 providers.

6 The Director of Aging, in collaboration with the Directors  
7 of Public Health and Healthcare and Family Services, may  
8 appoint additional citizen members to the Older Adult Services  
9 Advisory Committee. Each such additional member must be either  
10 an individual age 60 or older or an uncompensated caregiver for  
11 a family member or friend who is age 60 or older.

12 (c) Voting members of the Advisory Committee shall serve  
13 for a term of 3 years or until a replacement is named. All  
14 members shall be appointed no later than January 1, 2005. Of  
15 the initial appointees, as determined by lot, 10 members shall  
16 serve a term of one year; 10 shall serve for a term of 2 years;  
17 and 12 shall serve for a term of 3 years. Any member appointed  
18 to fill a vacancy occurring prior to the expiration of the term  
19 for which his or her predecessor was appointed shall be  
20 appointed for the remainder of that term. The Advisory  
21 Committee shall meet at least quarterly and may meet more  
22 frequently at the call of the Chair. A simple majority of those  
23 appointed shall constitute a quorum. The affirmative vote of a  
24 majority of those present and voting shall be necessary for  
25 Advisory Committee action. Members of the Advisory Committee  
26 shall receive no compensation for their services.

1           (d) The Advisory Committee shall have an Executive  
2 Committee comprised of the Chair, the Vice Chairs, and up to 15  
3 members of the Advisory Committee appointed by the Chair who  
4 have demonstrated expertise in developing, implementing, or  
5 coordinating the system restructuring initiatives defined in  
6 Section 25. The Executive Committee shall have responsibility  
7 to oversee and structure the operations of the Advisory  
8 Committee and to create and appoint necessary subcommittees and  
9 subcommittee members.

10           (e) The Advisory Committee shall study and make  
11 recommendations related to the implementation of this Act,  
12 including but not limited to system restructuring initiatives  
13 as defined in Section 25 or otherwise related to this Act.

14           (Source: P.A. 95-331, eff. 8-21-07; 96-916, eff. 6-9-10.)

15           Section 225. The Abused and Neglected Child Reporting Act  
16 is amended by changing Section 4 as follows:

17           (325 ILCS 5/4)

18           Sec. 4. Persons required to report; privileged  
19 communications; transmitting false report. Any physician,  
20 resident, intern, hospital, hospital administrator and  
21 personnel engaged in examination, care and treatment of  
22 persons, surgeon, dentist, dentist hygienist, osteopath,  
23 chiropractor, podiatric physician, physician assistant,  
24 substance abuse treatment personnel, funeral home director or

1 employee, coroner, medical examiner, emergency medical  
2 technician, acupuncturist, crisis line or hotline personnel,  
3 school personnel (including administrators and both certified  
4 and non-certified school employees), personnel of institutions  
5 of higher education, educational advocate assigned to a child  
6 pursuant to the School Code, member of a school board or the  
7 Chicago Board of Education or the governing body of a private  
8 school (but only to the extent required in accordance with  
9 other provisions of this Section expressly concerning the duty  
10 of school board members to report suspected child abuse),  
11 truant officers, social worker, social services administrator,  
12 domestic violence program personnel, registered nurse,  
13 licensed practical nurse, genetic counselor, respiratory care  
14 practitioner, advanced practice registered nurse, home health  
15 aide, director or staff assistant of a nursery school or a  
16 child day care center, recreational or athletic program or  
17 facility personnel, early intervention provider as defined in  
18 the Early Intervention Services System Act, law enforcement  
19 officer, licensed professional counselor, licensed clinical  
20 professional counselor, registered psychologist and assistants  
21 working under the direct supervision of a psychologist,  
22 psychiatrist, or field personnel of the Department of  
23 Healthcare and Family Services, Juvenile Justice, Public  
24 Health, Human Services (acting as successor to the Department  
25 of Mental Health and Developmental Disabilities,  
26 Rehabilitation Services, or Public Aid), Corrections, Human

1 Rights, or Children and Family Services, supervisor and  
2 administrator of general assistance under the Illinois Public  
3 Aid Code, probation officer, animal control officer or Illinois  
4 Department of Agriculture Bureau of Animal Health and Welfare  
5 field investigator, or any other foster parent, homemaker or  
6 child care worker having reasonable cause to believe a child  
7 known to them in their professional or official capacity may be  
8 an abused child or a neglected child shall immediately report  
9 or cause a report to be made to the Department.

10 Any member of the clergy having reasonable cause to believe  
11 that a child known to that member of the clergy in his or her  
12 professional capacity may be an abused child as defined in item  
13 (c) of the definition of "abused child" in Section 3 of this  
14 Act shall immediately report or cause a report to be made to  
15 the Department.

16 Any physician, physician's assistant, registered nurse,  
17 licensed practical nurse, medical technician, certified  
18 nursing assistant, social worker, or licensed professional  
19 counselor of any office, clinic, or any other physical location  
20 that provides abortions, abortion referrals, or contraceptives  
21 having reasonable cause to believe a child known to him or her  
22 in his or her professional or official capacity may be an  
23 abused child or a neglected child shall immediately report or  
24 cause a report to be made to the Department.

25 If an allegation is raised to a school board member during  
26 the course of an open or closed school board meeting that a

1 child who is enrolled in the school district of which he or she  
2 is a board member is an abused child as defined in Section 3 of  
3 this Act, the member shall direct or cause the school board to  
4 direct the superintendent of the school district or other  
5 equivalent school administrator to comply with the  
6 requirements of this Act concerning the reporting of child  
7 abuse. For purposes of this paragraph, a school board member is  
8 granted the authority in his or her individual capacity to  
9 direct the superintendent of the school district or other  
10 equivalent school administrator to comply with the  
11 requirements of this Act concerning the reporting of child  
12 abuse.

13 Notwithstanding any other provision of this Act, if an  
14 employee of a school district has made a report or caused a  
15 report to be made to the Department under this Act involving  
16 the conduct of a current or former employee of the school  
17 district and a request is made by another school district for  
18 the provision of information concerning the job performance or  
19 qualifications of the current or former employee because he or  
20 she is an applicant for employment with the requesting school  
21 district, the general superintendent of the school district to  
22 which the request is being made must disclose to the requesting  
23 school district the fact that an employee of the school  
24 district has made a report involving the conduct of the  
25 applicant or caused a report to be made to the Department, as  
26 required under this Act. Only the fact that an employee of the

1 school district has made a report involving the conduct of the  
2 applicant or caused a report to be made to the Department may  
3 be disclosed by the general superintendent of the school  
4 district to which the request for information concerning the  
5 applicant is made, and this fact may be disclosed only in cases  
6 where the employee and the general superintendent have not been  
7 informed by the Department that the allegations were unfounded.  
8 An employee of a school district who is or has been the subject  
9 of a report made pursuant to this Act during his or her  
10 employment with the school district must be informed by that  
11 school district that if he or she applies for employment with  
12 another school district, the general superintendent of the  
13 former school district, upon the request of the school district  
14 to which the employee applies, shall notify that requesting  
15 school district that the employee is or was the subject of such  
16 a report.

17 Whenever such person is required to report under this Act  
18 in his capacity as a member of the staff of a medical or other  
19 public or private institution, school, facility or agency, or  
20 as a member of the clergy, he shall make report immediately to  
21 the Department in accordance with the provisions of this Act  
22 and may also notify the person in charge of such institution,  
23 school, facility or agency, or church, synagogue, temple,  
24 mosque, or other religious institution, or his designated agent  
25 that such report has been made. Under no circumstances shall  
26 any person in charge of such institution, school, facility or

1 agency, or church, synagogue, temple, mosque, or other  
2 religious institution, or his designated agent to whom such  
3 notification has been made, exercise any control, restraint,  
4 modification or other change in the report or the forwarding of  
5 such report to the Department.

6 The privileged quality of communication between any  
7 professional person required to report and his patient or  
8 client shall not apply to situations involving abused or  
9 neglected children and shall not constitute grounds for failure  
10 to report as required by this Act or constitute grounds for  
11 failure to share information or documents with the Department  
12 during the course of a child abuse or neglect investigation. If  
13 requested by the professional, the Department shall confirm in  
14 writing that the information or documents disclosed by the  
15 professional were gathered in the course of a child abuse or  
16 neglect investigation.

17 The reporting requirements of this Act shall not apply to  
18 the contents of a privileged communication between an attorney  
19 and his or her client or to confidential information within the  
20 meaning of Rule 1.6 of the Illinois Rules of Professional  
21 Conduct relating to the legal representation of an individual  
22 client.

23 A member of the clergy may claim the privilege under  
24 Section 8-803 of the Code of Civil Procedure.

25 Any office, clinic, or any other physical location that  
26 provides abortions, abortion referrals, or contraceptives

1 shall provide to all office personnel copies of written  
2 information and training materials about abuse and neglect and  
3 the requirements of this Act that are provided to employees of  
4 the office, clinic, or physical location who are required to  
5 make reports to the Department under this Act, and instruct  
6 such office personnel to bring to the attention of an employee  
7 of the office, clinic, or physical location who is required to  
8 make reports to the Department under this Act any reasonable  
9 suspicion that a child known to him or her in his or her  
10 professional or official capacity may be an abused child or a  
11 neglected child. In addition to the above persons required to  
12 report suspected cases of abused or neglected children, any  
13 other person may make a report if such person has reasonable  
14 cause to believe a child may be an abused child or a neglected  
15 child.

16 Any person who enters into employment on and after July 1,  
17 1986 and is mandated by virtue of that employment to report  
18 under this Act, shall sign a statement on a form prescribed by  
19 the Department, to the effect that the employee has knowledge  
20 and understanding of the reporting requirements of this Act.  
21 The statement shall be signed prior to commencement of the  
22 employment. The signed statement shall be retained by the  
23 employer. The cost of printing, distribution, and filing of the  
24 statement shall be borne by the employer.

25 Within one year of initial employment and at least every 5  
26 years thereafter, school personnel required to report child



1 abuse as provided under this Section must complete mandated  
2 reporter training by a provider or agency with expertise in  
3 recognizing and reporting child abuse.

4 The Department shall provide copies of this Act, upon  
5 request, to all employers employing persons who shall be  
6 required under the provisions of this Section to report under  
7 this Act.

8 Any person who knowingly transmits a false report to the  
9 Department commits the offense of disorderly conduct under  
10 subsection (a) (7) of Section 26-1 of the Criminal Code of 2012.  
11 A violation of this provision is a Class 4 felony.

12 Any person who knowingly and willfully violates any  
13 provision of this Section other than a second or subsequent  
14 violation of transmitting a false report as described in the  
15 preceding paragraph, is guilty of a Class A misdemeanor for a  
16 first violation and a Class 4 felony for a second or subsequent  
17 violation; except that if the person acted as part of a plan or  
18 scheme having as its object the prevention of discovery of an  
19 abused or neglected child by lawful authorities for the purpose  
20 of protecting or insulating any person or entity from arrest or  
21 prosecution, the person is guilty of a Class 4 felony for a  
22 first offense and a Class 3 felony for a second or subsequent  
23 offense (regardless of whether the second or subsequent offense  
24 involves any of the same facts or persons as the first or other  
25 prior offense).

26 A child whose parent, guardian or custodian in good faith

1 selects and depends upon spiritual means through prayer alone  
2 for the treatment or cure of disease or remedial care may be  
3 considered neglected or abused, but not for the sole reason  
4 that his parent, guardian or custodian accepts and practices  
5 such beliefs.

6 A child shall not be considered neglected or abused solely  
7 because the child is not attending school in accordance with  
8 the requirements of Article 26 of the School Code, as amended.

9 Nothing in this Act prohibits a mandated reporter who  
10 reasonably believes that an animal is being abused or neglected  
11 in violation of the Humane Care for Animals Act from reporting  
12 animal abuse or neglect to the Department of Agriculture's  
13 Bureau of Animal Health and Welfare.

14 A home rule unit may not regulate the reporting of child  
15 abuse or neglect in a manner inconsistent with the provisions  
16 of this Section. This Section is a limitation under subsection  
17 (i) of Section 6 of Article VII of the Illinois Constitution on  
18 the concurrent exercise by home rule units of powers and  
19 functions exercised by the State.

20 For purposes of this Section "child abuse or neglect"  
21 includes abuse or neglect of an adult resident as defined in  
22 this Act.

23 (Source: P.A. 97-189, eff. 7-22-11; 97-254, eff. 1-1-12;  
24 97-387, eff. 8-15-11; 97-711, eff. 6-27-12; 97-813, eff.  
25 7-13-12; 97-1150, eff. 1-25-13; 98-67, eff. 7-15-13; 98-214,  
26 eff. 8-9-13; 98-408, eff. 7-1-14; 98-756, eff. 7-16-14.)

1           Section 230. The Health Care Workplace Violence Prevention  
2 Act is amended by changing Section 10 as follows:

3           (405 ILCS 90/10)

4           Sec. 10. Definitions. In this Act:

5           "Department" means (i) the Department of Human Services, in  
6 the case of a health care workplace that is operated or  
7 regulated by the Department of Human Services, or (ii) the  
8 Department of Public Health, in the case of a health care  
9 workplace that is operated or regulated by the Department of  
10 Public Health.

11           "Director" means the Secretary of Human Services or the  
12 Director of Public Health, as appropriate.

13           "Employee" means any individual who is employed on a  
14 full-time, part-time, or contractual basis by a health care  
15 workplace.

16           "Health care workplace" means a mental health facility or  
17 developmental disability facility as defined in the Mental  
18 Health and Developmental Disabilities Code, other than a  
19 hospital or unit thereof licensed under the Hospital Licensing  
20 Act or operated under the University of Illinois Hospital Act.

21           "Health care workplace" does not include, and shall not be  
22 construed to include, any office of a physician licensed to  
23 practice medicine in all its branches, an advanced practice  
24 registered nurse, or a physician assistant, regardless of the

1 form of such office.

2 "Imminent danger" means a preliminary determination of  
3 immediate, threatened, or impending risk of physical injury as  
4 determined by the employee.

5 "Responsible agency" means the State agency that (i)  
6 licenses, certifies, registers, or otherwise regulates or  
7 exercises jurisdiction over a health care workplace or a health  
8 care workplace's activities or (ii) contracts with a health  
9 care workplace for the delivery of health care services.

10 "Violence" or "violent act" means any act by a patient or  
11 resident that causes or threatens to cause an injury to another  
12 person.

13 (Source: P.A. 94-347, eff. 7-28-05.)

14 Section 235. The Perinatal Mental Health Disorders  
15 Prevention and Treatment Act is amended by changing Section 10  
16 as follows:

17 (405 ILCS 95/10)

18 Sec. 10. Definitions. In this Act:

19 "Hospital" has the meaning given to that term in the  
20 Hospital Licensing Act.

21 "Licensed health care professional" means a physician  
22 licensed to practice medicine in all its branches, a licensed  
23 advanced practice registered nurse, or a licensed physician  
24 assistant.

1 "Postnatal care" means an office visit to a licensed health  
2 care professional occurring after birth, with reference to the  
3 infant or mother.

4 "Prenatal care" means an office visit to a licensed health  
5 care professional for pregnancy-related care occurring before  
6 birth.

7 "Questionnaire" means an assessment tool administered by a  
8 licensed health care professional to detect perinatal mental  
9 health disorders, such as the Edinburgh Postnatal Depression  
10 Scale, the Postpartum Depression Screening Scale, the Beck  
11 Depression Inventory, the Patient Health Questionnaire, or  
12 other validated assessment methods.

13 (Source: P.A. 99-173, eff. 7-29-15.)

14 Section 240. The Epinephrine Auto-Injector Act is amended  
15 by changing Section 5 as follows:

16 (410 ILCS 27/5)

17 Sec. 5. Definitions. As used in this Act:

18 "Administer" means to directly apply an epinephrine  
19 auto-injector to the body of an individual.

20 "Authorized entity" means any entity or organization,  
21 other than a school covered under Section 22-30 of the School  
22 Code, in connection with or at which allergens capable of  
23 causing anaphylaxis may be present, including, but not limited  
24 to, independent contractors who provide student transportation

1 to schools, recreation camps, colleges and universities, day  
2 care facilities, youth sports leagues, amusement parks,  
3 restaurants, sports arenas, and places of employment. The  
4 Department shall, by rule, determine what constitutes a day  
5 care facility under this definition.

6 "Department" means the Department of Public Health.

7 "Epinephrine auto-injector" means a single-use device used  
8 for the automatic injection of a pre-measured dose of  
9 epinephrine into the human body.

10 "Health care practitioner" means a physician licensed to  
11 practice medicine in all its branches under the Medical  
12 Practice Act of 1987, a physician assistant under the Physician  
13 Assistant Practice Act of 1987 with prescriptive authority, or  
14 an advanced practice registered nurse with prescribing  
15 authority under Article 65 of the Nurse Practice Act.

16 "Pharmacist" has the meaning given to that term under  
17 subsection (k-5) of Section 3 of the Pharmacy Practice Act.

18 "Undesignated epinephrine auto-injector" means an  
19 epinephrine auto-injector prescribed in the name of an  
20 authorized entity.

21 (Source: P.A. 99-711, eff. 1-1-17.)

22 Section 245. The Lead Poisoning Prevention Act is amended  
23 by changing Section 6.2 as follows:

24 (410 ILCS 45/6.2) (from Ch. 111 1/2, par. 1306.2)

1           Sec. 6.2. Testing children and pregnant persons.

2           (a) Any physician licensed to practice medicine in all its  
3 branches or health care provider who sees or treats children 6  
4 years of age or younger shall test those children for lead  
5 poisoning when those children reside in an area defined as high  
6 risk by the Department. Children residing in areas defined as  
7 low risk by the Department shall be evaluated for risk by the  
8 Childhood Lead Risk Questionnaire developed by the Department  
9 and tested if indicated. Children shall be evaluated in  
10 accordance with rules adopted by the Department.

11           (b) Each licensed, registered, or approved health care  
12 facility serving children 6 years of age or younger, including,  
13 but not limited to, health departments, hospitals, clinics, and  
14 health maintenance organizations approved, registered, or  
15 licensed by the Department, shall take the appropriate steps to  
16 ensure that children 6 years of age or younger be evaluated for  
17 risk or tested for lead poisoning or both.

18           (c) Children 7 years and older and pregnant persons may  
19 also be tested by physicians or health care providers, in  
20 accordance with rules adopted by the Department. Physicians and  
21 health care providers shall also evaluate children for lead  
22 poisoning in conjunction with the school health examination, as  
23 required under the School Code, when, in the medical judgment  
24 of the physician, advanced practice registered nurse, or  
25 physician assistant, the child is potentially at high risk of  
26 lead poisoning.

1 (d) (Blank).

2 (Source: P.A. 98-690, eff. 1-1-15; 99-78, eff. 7-20-15; 99-173,  
3 eff. 7-29-15.)

4 Section 250. The Medical Patient Rights Act is amended by  
5 changing Section 7 as follows:

6 (410 ILCS 50/7)

7 Sec. 7. Patient examination. Any physician, medical  
8 student, resident, advanced practice registered nurse,  
9 registered nurse, or physician assistant who provides  
10 treatment or care to a patient shall inform the patient of his  
11 or her profession upon providing the treatment or care, which  
12 includes but is not limited to any physical examination, such  
13 as a pelvic examination. In the case of an unconscious patient,  
14 any care or treatment must be related to the patient's illness,  
15 condition, or disease.

16 (Source: P.A. 93-771, eff. 7-21-04.)

17 Section 255. The Sexual Assault Survivors Emergency  
18 Treatment Act is amended by changing Sections 1a, 2.2, 5, 5.5,  
19 and 6.5 as follows:

20 (410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a)

21 Sec. 1a. Definitions. In this Act:

22 "Ambulance provider" means an individual or entity that



1 owns and operates a business or service using ambulances or  
2 emergency medical services vehicles to transport emergency  
3 patients.

4 "Areawide sexual assault treatment plan" means a plan,  
5 developed by the hospitals in the community or area to be  
6 served, which provides for hospital emergency services to  
7 sexual assault survivors that shall be made available by each  
8 of the participating hospitals.

9 "Department" means the Department of Public Health.

10 "Emergency contraception" means medication as approved by  
11 the federal Food and Drug Administration (FDA) that can  
12 significantly reduce the risk of pregnancy if taken within 72  
13 hours after sexual assault.

14 "Follow-up healthcare" means healthcare services related  
15 to a sexual assault, including laboratory services and pharmacy  
16 services, rendered within 90 days of the initial visit for  
17 hospital emergency services.

18 "Forensic services" means the collection of evidence  
19 pursuant to a statewide sexual assault evidence collection  
20 program administered by the Department of State Police, using  
21 the Illinois State Police Sexual Assault Evidence Collection  
22 Kit.

23 "Health care professional" means a physician, a physician  
24 assistant, or an advanced practice registered nurse.

25 "Hospital" has the meaning given to that term in the  
26 Hospital Licensing Act.

1 "Hospital emergency services" means healthcare delivered  
2 to outpatients within or under the care and supervision of  
3 personnel working in a designated emergency department of a  
4 hospital, including, but not limited to, care ordered by such  
5 personnel for a sexual assault survivor in the emergency  
6 department.

7 "Illinois State Police Sexual Assault Evidence Collection  
8 Kit" means a prepackaged set of materials and forms to be used  
9 for the collection of evidence relating to sexual assault. The  
10 standardized evidence collection kit for the State of Illinois  
11 shall be the Illinois State Police Sexual Assault Evidence  
12 Collection Kit.

13 "Law enforcement agency having jurisdiction" means the law  
14 enforcement agency in the jurisdiction where an alleged sexual  
15 assault or sexual abuse occurred.

16 "Nurse" means a nurse licensed under the Nurse Practice  
17 Act.

18 "Physician" means a person licensed to practice medicine in  
19 all its branches.

20 "Sexual assault" means an act of nonconsensual sexual  
21 conduct or sexual penetration, as defined in Section 11-0.1 of  
22 the Criminal Code of 2012, including, without limitation, acts  
23 prohibited under Sections 11-1.20 through 11-1.60 of the  
24 Criminal Code of 2012.

25 "Sexual assault survivor" means a person who presents for  
26 hospital emergency services in relation to injuries or trauma

1 resulting from a sexual assault.

2 "Sexual assault transfer plan" means a written plan  
3 developed by a hospital and approved by the Department, which  
4 describes the hospital's procedures for transferring sexual  
5 assault survivors to another hospital in order to receive  
6 emergency treatment.

7 "Sexual assault treatment plan" means a written plan  
8 developed by a hospital that describes the hospital's  
9 procedures and protocols for providing hospital emergency  
10 services and forensic services to sexual assault survivors who  
11 present themselves for such services, either directly or  
12 through transfer from another hospital.

13 "Transfer services" means the appropriate medical  
14 screening examination and necessary stabilizing treatment  
15 prior to the transfer of a sexual assault survivor to a  
16 hospital that provides hospital emergency services and  
17 forensic services to sexual assault survivors pursuant to a  
18 sexual assault treatment plan or areawide sexual assault  
19 treatment plan.

20 "Voucher" means a document generated by a hospital at the  
21 time the sexual assault survivor receives hospital emergency  
22 and forensic services that a sexual assault survivor may  
23 present to providers for follow-up healthcare.

24 (Source: P.A. 99-454, eff. 1-1-16; 99-801, eff. 1-1-17.)

25 (410 ILCS 70/2.2)

1           Sec. 2.2. Emergency contraception.

2           (a) The General Assembly finds:

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

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

11                (3) As approved for use by the Federal Food and Drug  
12                Administration (FDA), emergency contraception can  
13                significantly reduce the risk of pregnancy if taken within  
14                72 hours after the sexual assault.

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

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

1 victims may be provided emergency contraception upon the  
2 written order of a physician licensed to practice medicine in  
3 all its branches, a licensed advanced practice registered  
4 nurse, or a licensed physician assistant. The Department shall  
5 approve the protocol if it finds that the implementation of the  
6 protocol would provide sufficient protection for survivors of  
7 sexual assault.

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

15 (Source: P.A. 99-173, eff. 7-29-15.)

16 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

17 Sec. 5. Minimum requirements for hospitals providing  
18 hospital emergency services and forensic services to sexual  
19 assault survivors.

20 (a) Every hospital providing hospital emergency services  
21 and forensic services to sexual assault survivors under this  
22 Act shall, as minimum requirements for such services, provide,  
23 with the consent of the sexual assault survivor, and as ordered  
24 by the attending physician, an advanced practice registered  
25 nurse, or a physician assistant, the following:

1           (1) appropriate medical examinations and laboratory  
2 tests required to ensure the health, safety, and welfare of  
3 a sexual assault survivor or which may be used as evidence  
4 in a criminal proceeding against a person accused of the  
5 sexual assault, or both; and records of the results of such  
6 examinations and tests shall be maintained by the hospital  
7 and made available to law enforcement officials upon the  
8 request of the sexual assault survivor;

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

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

18           (4) an amount of medication for treatment at the  
19 hospital and after discharge as is deemed appropriate by  
20 the attending physician, an advanced practice registered  
21 nurse, or a physician assistant and consistent with the  
22 hospital's current approved protocol for sexual assault  
23 survivors;

24           (5) an evaluation of the sexual assault survivor's risk  
25 of contracting human immunodeficiency virus (HIV) from the  
26 sexual assault;

1           (6) written and oral instructions indicating the need  
2           for follow-up examinations and laboratory tests after the  
3           sexual assault to determine the presence or absence of  
4           sexually transmitted disease;

5           (7) referral by hospital personnel for appropriate  
6           counseling; and

7           (8) when HIV prophylaxis is deemed appropriate, an  
8           initial dose or doses of HIV prophylaxis, along with  
9           written and oral instructions indicating the importance of  
10          timely follow-up healthcare.

11          (b) Any person who is a sexual assault survivor who seeks  
12          emergency hospital services and forensic services or follow-up  
13          healthcare under this Act shall be provided such services  
14          without the consent of any parent, guardian, custodian,  
15          surrogate, or agent.

16          (b-5) Every treating hospital providing hospital emergency  
17          and forensic services to sexual assault survivors shall issue a  
18          voucher to any sexual assault survivor who is eligible to  
19          receive one. The hospital shall make a copy of the voucher and  
20          place it in the medical record of the sexual assault survivor.  
21          The hospital shall provide a copy of the voucher to the sexual  
22          assault survivor after discharge upon request.

23          (c) Nothing in this Section creates a physician-patient  
24          relationship that extends beyond discharge from the hospital  
25          emergency department.

26          (Source: P.A. 99-173, eff. 7-29-15; 99-454, eff. 1-1-16;

1 99-642, eff. 7-28-16.)

2 (410 ILCS 70/5.5)

3 Sec. 5.5. Minimum reimbursement requirements for follow-up  
4 healthcare.

5 (a) Every hospital, health care professional, laboratory,  
6 or pharmacy that provides follow-up healthcare to a sexual  
7 assault survivor, with the consent of the sexual assault  
8 survivor and as ordered by the attending physician, an advanced  
9 practice registered nurse, or physician assistant shall be  
10 reimbursed for the follow-up healthcare services provided.  
11 Follow-up healthcare services include, but are not limited to,  
12 the following:

13 (1) a physical examination;

14 (2) laboratory tests to determine the presence or  
15 absence of sexually transmitted disease; and

16 (3) appropriate medications, including HIV  
17 prophylaxis.

18 (b) Reimbursable follow-up healthcare is limited to office  
19 visits with a physician, advanced practice registered nurse, or  
20 physician assistant within 90 days after an initial visit for  
21 hospital emergency services.

22 (c) Nothing in this Section requires a hospital, health  
23 care professional, laboratory, or pharmacy to provide  
24 follow-up healthcare to a sexual assault survivor.

25 (Source: P.A. 99-173, eff. 7-29-15.)



1 (410 ILCS 70/6.5)

2 Sec. 6.5. Written consent to the release of sexual assault  
3 evidence for testing.

4 (a) Upon the completion of hospital emergency services and  
5 forensic services, the health care professional providing the  
6 forensic services shall provide the patient the opportunity to  
7 sign a written consent to allow law enforcement to submit the  
8 sexual assault evidence for testing. The written consent shall  
9 be on a form included in the sexual assault evidence collection  
10 kit and shall include whether the survivor consents to the  
11 release of information about the sexual assault to law  
12 enforcement.

13 (1) A survivor 13 years of age or older may sign the  
14 written consent to release the evidence for testing.

15 (2) If the survivor is a minor who is under 13 years of  
16 age, the written consent to release the sexual assault  
17 evidence for testing may be signed by the parent, guardian,  
18 investigating law enforcement officer, or Department of  
19 Children and Family Services.

20 (3) If the survivor is an adult who has a guardian of  
21 the person, a health care surrogate, or an agent acting  
22 under a health care power of attorney, the consent of the  
23 guardian, surrogate, or agent is not required to release  
24 evidence and information concerning the sexual assault or  
25 sexual abuse. If the adult is unable to provide consent for

1 the release of evidence and information and a guardian,  
2 surrogate, or agent under a health care power of attorney  
3 is unavailable or unwilling to release the information,  
4 then an investigating law enforcement officer may  
5 authorize the release.

6 (4) Any health care professional, including any  
7 physician, advanced practice registered nurse, physician  
8 assistant, or nurse, sexual assault nurse examiner, and any  
9 health care institution, including any hospital, who  
10 provides evidence or information to a law enforcement  
11 officer under a written consent as specified in this  
12 Section is immune from any civil or professional liability  
13 that might arise from those actions, with the exception of  
14 willful or wanton misconduct. The immunity provision  
15 applies only if all of the requirements of this Section are  
16 met.

17 (b) The hospital shall keep a copy of a signed or unsigned  
18 written consent form in the patient's medical record.

19 (c) If a written consent to allow law enforcement to test  
20 the sexual assault evidence is not signed at the completion of  
21 hospital emergency services and forensic services, the  
22 hospital shall include the following information in its  
23 discharge instructions:

24 (1) the sexual assault evidence will be stored for 5  
25 years from the completion of an Illinois State Police  
26 Sexual Assault Evidence Collection Kit, or 5 years from the

1 age of 18 years, whichever is longer;

2 (2) a person authorized to consent to the testing of  
3 the sexual assault evidence may sign a written consent to  
4 allow law enforcement to test the sexual assault evidence  
5 at any time during that 5-year period for an adult victim,  
6 or until a minor victim turns 23 years of age by (A)  
7 contacting the law enforcement agency having jurisdiction,  
8 or if unknown, the law enforcement agency contacted by the  
9 hospital under Section 3.2 of the Criminal Identification  
10 Act; or (B) by working with an advocate at a rape crisis  
11 center;

12 (3) the name, address, and phone number of the law  
13 enforcement agency having jurisdiction, or if unknown the  
14 name, address, and phone number of the law enforcement  
15 agency contacted by the hospital under Section 3.2 of the  
16 Criminal Identification Act; and

17 (4) the name and phone number of a local rape crisis  
18 center.

19 (Source: P.A. 99-801, eff. 1-1-17.)

20 Section 260. The Consent by Minors to Medical Procedures  
21 Act is amended by changing Sections 1, 1.5, 2, 3, and 5 as  
22 follows:

23 (410 ILCS 210/1) (from Ch. 111, par. 4501)

24 Sec. 1. Consent by minor. The consent to the performance of

1 a medical or surgical procedure by a physician licensed to  
2 practice medicine and surgery, a licensed advanced practice  
3 registered nurse, or a licensed physician assistant executed by  
4 a married person who is a minor, by a parent who is a minor, by  
5 a pregnant woman who is a minor, or by any person 18 years of  
6 age or older, is not voidable because of such minority, and,  
7 for such purpose, a married person who is a minor, a parent who  
8 is a minor, a pregnant woman who is a minor, or any person 18  
9 years of age or older, is deemed to have the same legal  
10 capacity to act and has the same powers and obligations as has  
11 a person of legal age.

12 (Source: P.A. 99-173, eff. 7-29-15.)

13 (410 ILCS 210/1.5)

14 Sec. 1.5. Consent by minor seeking care for primary care  
15 services.

16 (a) The consent to the performance of primary care services  
17 by a physician licensed to practice medicine in all its  
18 branches, a licensed advanced practice registered nurse, or a  
19 licensed physician assistant executed by a minor seeking care  
20 is not voidable because of such minority, and for such purpose,  
21 a minor seeking care is deemed to have the same legal capacity  
22 to act and has the same powers and obligations as has a person  
23 of legal age under the following circumstances:

24 (1) the health care professional reasonably believes  
25 that the minor seeking care understands the benefits and

1 risks of any proposed primary care or services; and  
2 (2) the minor seeking care is identified in writing as  
3 a minor seeking care by:

- 4 (A) an adult relative;
- 5 (B) a representative of a homeless service agency  
6 that receives federal, State, county, or municipal  
7 funding to provide those services or that is otherwise  
8 sanctioned by a local continuum of care;
- 9 (C) an attorney licensed to practice law in this  
10 State;
- 11 (D) a public school homeless liaison or school  
12 social worker;
- 13 (E) a social service agency providing services to  
14 at risk, homeless, or runaway youth; or
- 15 (F) a representative of a religious organization.

16 (b) A health care professional rendering primary care  
17 services under this Section shall not incur civil or criminal  
18 liability for failure to obtain valid consent or professional  
19 discipline for failure to obtain valid consent if he or she  
20 relied in good faith on the representations made by the minor  
21 or the information provided under paragraph (2) of subsection  
22 (a) of this Section. Under such circumstances, good faith shall  
23 be presumed.

24 (c) The confidential nature of any communication between a  
25 health care professional described in Section 1 of this Act and  
26 a minor seeking care is not waived (1) by the presence, at the

1 time of communication, of any additional persons present at the  
2 request of the minor seeking care, (2) by the health care  
3 professional's disclosure of confidential information to the  
4 additional person with the consent of the minor seeking care,  
5 when reasonably necessary to accomplish the purpose for which  
6 the additional person is consulted, or (3) by the health care  
7 professional billing a health benefit insurance or plan under  
8 which the minor seeking care is insured, is enrolled, or has  
9 coverage for the services provided.

10 (d) Nothing in this Section shall be construed to limit or  
11 expand a minor's existing powers and obligations under any  
12 federal, State, or local law. Nothing in this Section shall be  
13 construed to affect the Parental Notice of Abortion Act of  
14 1995. Nothing in this Section affects the right or authority of  
15 a parent or legal guardian to verbally, in writing, or  
16 otherwise authorize health care services to be provided for a  
17 minor in their absence.

18 (e) For the purposes of this Section:

19 "Minor seeking care" means a person at least 14 years  
20 of age but less than 18 years of age who is living separate  
21 and apart from his or her parents or legal guardian,  
22 whether with or without the consent of a parent or legal  
23 guardian who is unable or unwilling to return to the  
24 residence of a parent, and managing his or her own personal  
25 affairs. "Minor seeking care" does not include minors who  
26 are under the protective custody, temporary custody, or

1 guardianship of the Department of Children and Family  
2 Services.

3 "Primary care services" means health care services  
4 that include screening, counseling, immunizations,  
5 medication, and treatment of illness and conditions  
6 customarily provided by licensed health care professionals  
7 in an out-patient setting. "Primary care services" does not  
8 include invasive care, beyond standard injections,  
9 laceration care, or non-surgical fracture care.

10 (Source: P.A. 98-671, eff. 10-1-14; 99-173, eff. 7-29-15.)

11 (410 ILCS 210/2) (from Ch. 111, par. 4502)

12 Sec. 2. Any parent, including a parent who is a minor, may  
13 consent to the performance upon his or her child of a medical  
14 or surgical procedure by a physician licensed to practice  
15 medicine and surgery, a licensed advanced practice registered  
16 nurse, or a licensed physician assistant or a dental procedure  
17 by a licensed dentist. The consent of a parent who is a minor  
18 shall not be voidable because of such minority, but, for such  
19 purpose, a parent who is a minor shall be deemed to have the  
20 same legal capacity to act and shall have the same powers and  
21 obligations as has a person of legal age.

22 (Source: P.A. 99-173, eff. 7-29-15.)

23 (410 ILCS 210/3) (from Ch. 111, par. 4503)

24 Sec. 3. (a) Where a hospital, a physician licensed to

1 practice medicine or surgery, a licensed advanced practice  
2 registered nurse, or a licensed physician assistant renders  
3 emergency treatment or first aid or a licensed dentist renders  
4 emergency dental treatment to a minor, consent of the minor's  
5 parent or legal guardian need not be obtained if, in the sole  
6 opinion of the physician, advanced practice registered nurse,  
7 physician assistant, dentist, or hospital, the obtaining of  
8 consent is not reasonably feasible under the circumstances  
9 without adversely affecting the condition of such minor's  
10 health.

11 (b) Where a minor is the victim of a predatory criminal  
12 sexual assault of a child, aggravated criminal sexual assault,  
13 criminal sexual assault, aggravated criminal sexual abuse or  
14 criminal sexual abuse, as provided in Sections 11-1.20 through  
15 11-1.60 of the Criminal Code of 2012, the consent of the  
16 minor's parent or legal guardian need not be obtained to  
17 authorize a hospital, physician, advanced practice registered  
18 nurse, physician assistant, or other medical personnel to  
19 furnish medical care or counseling related to the diagnosis or  
20 treatment of any disease or injury arising from such offense.  
21 The minor may consent to such counseling, diagnosis or  
22 treatment as if the minor had reached his or her age of  
23 majority. Such consent shall not be voidable, nor subject to  
24 later disaffirmance, because of minority.

25 (Source: P.A. 99-173, eff. 7-29-15.)



1 (410 ILCS 210/5) (from Ch. 111, par. 4505)

2 Sec. 5. Counseling; informing parent or guardian. Any  
3 physician, advanced practice registered nurse, or physician  
4 assistant, who provides diagnosis or treatment or any licensed  
5 clinical psychologist or professionally trained social worker  
6 with a master's degree or any qualified person employed (i) by  
7 an organization licensed or funded by the Department of Human  
8 Services, (ii) by units of local government, or (iii) by  
9 agencies or organizations operating drug abuse programs funded  
10 or licensed by the Federal Government or the State of Illinois  
11 or any qualified person employed by or associated with any  
12 public or private alcoholism or drug abuse program licensed by  
13 the State of Illinois who provides counseling to a minor  
14 patient who has come into contact with any sexually transmitted  
15 disease referred to in Section 4 of this Act may, but shall not  
16 be obligated to, inform the parent, parents, or guardian of the  
17 minor as to the treatment given or needed. Any person described  
18 in this Section who provides counseling to a minor who abuses  
19 drugs or alcohol or has a family member who abuses drugs or  
20 alcohol shall not inform the parent, parents, guardian, or  
21 other responsible adult of the minor's condition or treatment  
22 without the minor's consent unless that action is, in the  
23 person's judgment, necessary to protect the safety of the  
24 minor, a family member, or another individual.

25 Any such person shall, upon the minor's consent, make  
26 reasonable efforts to involve the family of the minor in his or

1 her treatment, if the person furnishing the treatment believes  
2 that the involvement of the family will not be detrimental to  
3 the progress and care of the minor. Reasonable effort shall be  
4 extended to assist the minor in accepting the involvement of  
5 his or her family in the care and treatment being given.

6 (Source: P.A. 93-962, eff. 8-20-04.)

7 Section 265. The Early Hearing Detection and Intervention  
8 Act is amended by changing Section 10 as follows:

9 (410 ILCS 213/10)

10 Sec. 10. Reports to Department of Public Health.  
11 Physicians, advanced practice registered nurses, physician  
12 assistants, otolaryngologists, audiologists, ancillary health  
13 care providers, early intervention programs and providers,  
14 parent-to-parent support programs, the Department of Human  
15 Services, and the University of Illinois at Chicago Division of  
16 Specialized Care for Children shall report all hearing testing,  
17 medical treatment, and intervention outcomes related to  
18 newborn hearing screening or newly identified hearing loss for  
19 children birth through 6 years of age to the Department.  
20 Reporting shall be done within 7 days after the date of service  
21 or after an inquiry from the Department. Reports shall be in a  
22 format determined by the Department.

23 (Source: P.A. 99-834, eff. 8-19-16.)

1 Section 270. The Prenatal and Newborn Care Act is amended  
2 by changing Sections 2 and 6 as follows:

3 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

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

6 "Advanced practice registered nurse" or "APRN" ~~"APN"~~ means  
7 an advanced practice registered nurse licensed under the Nurse  
8 Practice Act.

9 "Department" means the Illinois Department of Human  
10 Services.

11 "Early and Periodic Screening, Diagnosis and Treatment  
12 (EPSDT)" means the provision of preventative health care under  
13 42 C.F.R. 441.50 et seq., including medical and dental  
14 services, needed to assess growth and development and detect  
15 and treat health problems.

16 "Hospital" means a hospital as defined under the Hospital  
17 Licensing Act.

18 "Local health authority" means the full-time official  
19 health department or board of health, as recognized by the  
20 Illinois Department of Public Health, having jurisdiction over  
21 a particular area.

22 "Nurse" means a nurse licensed under the Nurse Practice  
23 Act.

24 "Physician" means a physician licensed to practice  
25 medicine in all of its branches.

1 "Physician assistant" means a physician assistant licensed  
2 under the Physician Assistant Practice Act of 1987.

3 "Postnatal visit" means a visit occurring after birth, with  
4 reference to the newborn.

5 "Prenatal visit" means a visit occurring before birth.

6 "Program" means the Prenatal and Newborn Care Program  
7 established pursuant to this Act.

8 (Source: P.A. 99-173, eff. 7-29-15.)

9 (410 ILCS 225/6) (from Ch. 111 1/2, par. 7026)

10 Sec. 6. Covered services.

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

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

16 (2) Screening and treatment for sexually transmitted  
17 disease.

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

24 (4) Radiology services which are directly related to  
25 the pregnancy, are determined to be medically necessary and

1 are ordered by a physician, an advanced practice registered  
2 nurse, or a physician assistant.

3 (5) Pharmacy services related to the pregnancy.

4 (6) Other medical consultations related to the  
5 pregnancy.

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

9 (8) One postnatal office visit within 60 days after  
10 delivery.

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

13 (10) Social and support services.

14 (11) Nutrition services.

15 (12) Case management services.

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

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

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

22 (3) Hospital inpatient services.

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

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

1           (6)       Services       considered       investigational       or  
2           experimental.

3       (Source: P.A. 93-962, eff. 8-20-04.)

4           Section 275. The AIDS Confidentiality Act is amended by  
5       changing Section 3 as follows:

6           (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

7           Sec. 3. Definitions. When used in this Act:

8           (a) "AIDS" means acquired immunodeficiency syndrome.

9           (b) "Authority" means the Illinois Health Information  
10       Exchange Authority established pursuant to the Illinois Health  
11       Information Exchange and Technology Act.

12          (c) "Business associate" has the meaning ascribed to it  
13       under HIPAA, as specified in 45 CFR 160.103.

14          (d) "Covered entity" has the meaning ascribed to it under  
15       HIPAA, as specified in 45 CFR 160.103.

16          (e) "De-identified information" means health information  
17       that is not individually identifiable as described under HIPAA,  
18       as specified in 45 CFR 164.514(b).

19          (f) "Department" means the Illinois Department of Public  
20       Health or its designated agents.

21          (g) "Disclosure" has the meaning ascribed to it under  
22       HIPAA, as specified in 45 CFR 160.103.

23          (h) "Health care operations" has the meaning ascribed to it  
24       under HIPAA, as specified in 45 CFR 164.501.

1 (i) "Health care professional" means (i) a licensed  
2 physician, (ii) a licensed physician assistant, (iii) a  
3 licensed advanced practice registered nurse, (iv) an advanced  
4 practice registered nurse or physician assistant who practices  
5 in a hospital or ambulatory surgical treatment center and  
6 possesses appropriate clinical privileges, (v) a licensed  
7 dentist, (vi) a licensed podiatric physician, or (vii) an  
8 individual certified to provide HIV testing and counseling by a  
9 state or local public health department.

10 (j) "Health care provider" has the meaning ascribed to it  
11 under HIPAA, as specified in 45 CFR 160.103.

12 (k) "Health facility" means a hospital, nursing home, blood  
13 bank, blood center, sperm bank, or other health care  
14 institution, including any "health facility" as that term is  
15 defined in the Illinois Finance Authority Act.

16 (l) "Health information exchange" or "HIE" means a health  
17 information exchange or health information organization that  
18 oversees and governs the electronic exchange of health  
19 information that (i) is established pursuant to the Illinois  
20 Health Information Exchange and Technology Act, or any  
21 subsequent amendments thereto, and any administrative rules  
22 adopted thereunder; (ii) has established a data sharing  
23 arrangement with the Authority; or (iii) as of August 16, 2013,  
24 was designated by the Authority Board as a member of, or was  
25 represented on, the Authority Board's Regional Health  
26 Information Exchange Workgroup; provided that such designation

1 shall not require the establishment of a data sharing  
2 arrangement or other participation with the Illinois Health  
3 Information Exchange or the payment of any fee. In certain  
4 circumstances, in accordance with HIPAA, an HIE will be a  
5 business associate.

6 (m) "Health oversight agency" has the meaning ascribed to  
7 it under HIPAA, as specified in 45 CFR 164.501.

8 (n) "HIPAA" means the Health Insurance Portability and  
9 Accountability Act of 1996, Public Law 104-191, as amended by  
10 the Health Information Technology for Economic and Clinical  
11 Health Act of 2009, Public Law 111-05, and any subsequent  
12 amendments thereto and any regulations promulgated thereunder.

13 (o) "HIV" means the human immunodeficiency virus.

14 (p) "HIV-related information" means the identity of a  
15 person upon whom an HIV test is performed, the results of an  
16 HIV test, as well as diagnosis, treatment, and prescription  
17 information that reveals a patient is HIV-positive, including  
18 such information contained in a limited data set. "HIV-related  
19 information" does not include information that has been  
20 de-identified in accordance with HIPAA.

21 (q) "Informed consent" means:

22 (1) where a health care provider, health care  
23 professional, or health facility has implemented opt-in  
24 testing, a process by which an individual or their legal  
25 representative receives pre-test information, has an  
26 opportunity to ask questions, and consents verbally or in



1 writing to the test without undue inducement or any element  
2 of force, fraud, deceit, duress, or other form of  
3 constraint or coercion; or

4 (2) where a health care provider, health care  
5 professional, or health facility has implemented opt-out  
6 testing, the individual or their legal representative has  
7 been notified verbally or in writing that the test is  
8 planned, has received pre-test information, has been given  
9 the opportunity to ask questions and the opportunity to  
10 decline testing, and has not declined testing; where such  
11 notice is provided, consent for opt-out HIV testing may be  
12 incorporated into the patient's general consent for  
13 medical care on the same basis as are other screening or  
14 diagnostic tests; a separate consent for opt-out HIV  
15 testing is not required.

16 In addition, where the person providing informed consent is  
17 a participant in an HIE, informed consent requires a fair  
18 explanation that the results of the patient's HIV test will be  
19 accessible through an HIE and meaningful disclosure of the  
20 patient's opt-out right under Section 9.6 of this Act.

21 A health care provider, health care professional, or health  
22 facility undertaking an informed consent process for HIV  
23 testing under this subsection may combine a form used to obtain  
24 informed consent for HIV testing with forms used to obtain  
25 written consent for general medical care or any other medical  
26 test or procedure, provided that the forms make it clear that

1 the subject may consent to general medical care, tests, or  
2 procedures without being required to consent to HIV testing,  
3 and clearly explain how the subject may decline HIV testing.  
4 Health facility clerical staff or other staff responsible for  
5 the consent form for general medical care may obtain consent  
6 for HIV testing through a general consent form.

7 (r) "Limited data set" has the meaning ascribed to it under  
8 HIPAA, as described in 45 CFR 164.514(e) (2).

9 (s) "Minimum necessary" means the HIPAA standard for using,  
10 disclosing, and requesting protected health information found  
11 in 45 CFR 164.502(b) and 164.514(d).

12 (s-1) "Opt-in testing" means an approach where an HIV test  
13 is presented by offering the test and the patient accepts or  
14 declines testing.

15 (s-3) "Opt-out testing" means an approach where an HIV test  
16 is presented such that a patient is notified that HIV testing  
17 may occur unless the patient declines.

18 (t) "Organized health care arrangement" has the meaning  
19 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

20 (u) "Patient safety activities" has the meaning ascribed to  
21 it under 42 CFR 3.20.

22 (v) "Payment" has the meaning ascribed to it under HIPAA,  
23 as specified in 45 CFR 164.501.

24 (w) "Person" includes any natural person, partnership,  
25 association, joint venture, trust, governmental entity, public  
26 or private corporation, health facility, or other legal entity.

1 (w-5) "Pre-test information" means:

2 (1) a reasonable explanation of the test, including its  
3 purpose, potential uses, limitations, and the meaning of  
4 its results; and

5 (2) a reasonable explanation of the procedures to be  
6 followed, including the voluntary nature of the test, the  
7 availability of a qualified person to answer questions, the  
8 right to withdraw consent to the testing process at any  
9 time, the right to anonymity to the extent provided by law  
10 with respect to participation in the test and disclosure of  
11 test results, and the right to confidential treatment of  
12 information identifying the subject of the test and the  
13 results of the test, to the extent provided by law.

14 Pre-test information may be provided in writing, verbally,  
15 or by video, electronic, or other means and may be provided as  
16 designated by the supervising health care professional or the  
17 health facility.

18 For the purposes of this definition, a qualified person to  
19 answer questions is a health care professional or, when acting  
20 under the supervision of a health care professional, a  
21 registered nurse, medical assistant, or other person  
22 determined to be sufficiently knowledgeable about HIV testing,  
23 its purpose, potential uses, limitations, the meaning of the  
24 test results, and the testing procedures in the professional  
25 judgment of a supervising health care professional or as  
26 designated by a health care facility.

1 (x) "Protected health information" has the meaning  
2 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

3 (y) "Research" has the meaning ascribed to it under HIPAA,  
4 as specified in 45 CFR 164.501.

5 (z) "State agency" means an instrumentality of the State of  
6 Illinois and any instrumentality of another state that,  
7 pursuant to applicable law or a written undertaking with an  
8 instrumentality of the State of Illinois, is bound to protect  
9 the privacy of HIV-related information of Illinois persons.

10 (aa) "Test" or "HIV test" means a test to determine the  
11 presence of the antibody or antigen to HIV, or of HIV  
12 infection.

13 (bb) "Treatment" has the meaning ascribed to it under  
14 HIPAA, as specified in 45 CFR 164.501.

15 (cc) "Use" has the meaning ascribed to it under HIPAA, as  
16 specified in 45 CFR 160.103, where context dictates.

17 (Source: P.A. 98-214, eff. 8-9-13; 98-1046, eff. 1-1-15; 99-54,  
18 eff. 1-1-16; 99-173, eff. 7-29-15; 99-642, eff. 7-28-16.)

19 Section 280. The Illinois Sexually Transmissible Disease  
20 Control Act is amended by changing Sections 3, 4, and 5.5 as  
21 follows:

22 (410 ILCS 325/3) (from Ch. 111 1/2, par. 7403)

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

1 (1) "Department" means the Department of Public Health.

2 (2) "Local health authority" means the full-time official  
3 health department or board of health, as recognized by the  
4 Department, having jurisdiction over a particular area.

5 (3) "Sexually transmissible disease" means a bacterial,  
6 viral, fungal or parasitic disease, determined by rule of the  
7 Department to be sexually transmissible, to be a threat to the  
8 public health and welfare, and to be a disease for which a  
9 legitimate public interest will be served by providing for  
10 regulation and treatment. In considering which diseases are to  
11 be designated sexually transmissible diseases, the Department  
12 shall consider such diseases as chancroid, gonorrhea,  
13 granuloma inguinale, lymphogranuloma venereum, genital herpes  
14 simplex, chlamydia, nongonococcal urethritis (NGU), pelvic  
15 inflammatory disease (PID)/Acute Salpingitis, syphilis,  
16 Acquired Immunodeficiency Syndrome (AIDS), and Human  
17 Immunodeficiency Virus (HIV) for designation, and shall  
18 consider the recommendations and classifications of the  
19 Centers for Disease Control and other nationally recognized  
20 medical authorities. Not all diseases that are sexually  
21 transmissible need be designated for purposes of this Act.

22 (4) "Health care professional" means a physician licensed  
23 to practice medicine in all its branches, a licensed physician  
24 assistant, or a licensed advanced practice registered nurse.

25 (5) "Expedited partner therapy" means to prescribe,  
26 dispense, furnish, or otherwise provide prescription

1 antibiotic drugs to the partner or partners of persons  
2 clinically diagnosed as infected with a sexually transmissible  
3 disease, without physical examination of the partner or  
4 partners.

5 (Source: P.A. 99-173, eff. 7-29-15.)

6 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

7 Sec. 4. Reporting required.

8 (a) A physician licensed under the provisions of the  
9 Medical Practice Act of 1987, an advanced practice registered  
10 nurse licensed under the provisions of the Nurse Practice Act,  
11 or a physician assistant licensed under the provisions of the  
12 Physician Assistant Practice Act of 1987 who makes a diagnosis  
13 of or treats a person with a sexually transmissible disease and  
14 each laboratory that performs a test for a sexually  
15 transmissible disease which concludes with a positive result  
16 shall report such facts as may be required by the Department by  
17 rule, within such time period as the Department may require by  
18 rule, but in no case to exceed 2 weeks.

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

1 fashion.

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

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

12 (Source: P.A. 99-173, eff. 7-29-15.)

13 (410 ILCS 325/5.5) (from Ch. 111 1/2, par. 7405.5)

14 Sec. 5.5. Risk assessment.

15 (a) Whenever the Department receives a report of HIV  
16 infection or AIDS pursuant to this Act and the Department  
17 determines that the subject of the report may present or may  
18 have presented a possible risk of HIV transmission, the  
19 Department shall, when medically appropriate, investigate the  
20 subject of the report and that person's contacts as defined in  
21 subsection (c), to assess the potential risks of transmission.  
22 Any investigation and action shall be conducted in a timely  
23 fashion. All contacts other than those defined in subsection  
24 (c) shall be investigated in accordance with Section 5 of this  
25 Act.

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

19           (c) Contacts investigated under this Section shall in the  
20 case of HIV infection include (i) individuals who have  
21 undergone invasive procedures performed by an HIV infected  
22 health care provider and (ii) health care providers who have  
23 performed invasive procedures for persons infected with HIV,  
24 provided the Department has determined that there is or may  
25 have been potential risk of HIV transmission from the health  
26 care provider to those individuals or from infected persons to



1 health care providers. The Department shall have access to the  
2 subject's records to review for the identity of contacts. The  
3 subject's records shall not be copied or seized by the  
4 Department.

5 For purposes of this subsection, the term "invasive  
6 procedures" means those procedures termed invasive by the  
7 Centers for Disease Control in current guidelines or  
8 recommendations for the prevention of HIV transmission in  
9 health care settings, and the term "health care provider" means  
10 any physician, dentist, podiatric physician, advanced practice  
11 registered nurse, physician assistant, nurse, or other person  
12 providing health care services of any kind.

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

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

1           (2) When authorized under Section 8 to be released  
2           under court order or subpoena pursuant to Section 12-5.01  
3           or 12-16.2 of the Criminal Code of 1961 or the Criminal  
4           Code of 2012; or

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

9           (e) Any person who knowingly or maliciously disseminates  
10          any information or report concerning the existence of any  
11          disease under this Section is guilty of a Class A misdemeanor.  
12          (Source: P.A. 98-214, eff. 8-9-13; 98-756, eff. 7-16-14;  
13          99-642, eff. 7-28-16.)

14          Section 285. The Perinatal HIV Prevention Act is amended by  
15          changing Section 5 as follows:

16               (410 ILCS 335/5)

17               Sec. 5. Definitions. In this Act:

18               "Department" means the Department of Public Health.

19               "Health care professional" means a physician licensed to  
20          practice medicine in all its branches, a licensed physician  
21          assistant, or a licensed advanced practice registered nurse.

22               "Health care facility" or "facility" means any hospital or  
23          other institution that is licensed or otherwise authorized to  
24          deliver health care services.

1 "Health care services" means any prenatal medical care or  
2 labor or delivery services to a pregnant woman and her newborn  
3 infant, including hospitalization.

4 (Source: P.A. 99-173, eff. 7-29-15.)

5 Section 290. The Genetic Information Privacy Act is amended  
6 by changing Section 10 as follows:

7 (410 ILCS 513/10)

8 Sec. 10. Definitions. As used in this Act:

9 "Authority" means the Illinois Health Information Exchange  
10 Authority established pursuant to the Illinois Health  
11 Information Exchange and Technology Act.

12 "Business associate" has the meaning ascribed to it under  
13 HIPAA, as specified in 45 CFR 160.103.

14 "Covered entity" has the meaning ascribed to it under  
15 HIPAA, as specified in 45 CFR 160.103.

16 "De-identified information" means health information that  
17 is not individually identifiable as described under HIPAA, as  
18 specified in 45 CFR 164.514(b).

19 "Disclosure" has the meaning ascribed to it under HIPAA, as  
20 specified in 45 CFR 160.103.

21 "Employer" means the State of Illinois, any unit of local  
22 government, and any board, commission, department,  
23 institution, or school district, any party to a public  
24 contract, any joint apprenticeship or training committee

1 within the State, and every other person employing employees  
2 within the State.

3 "Employment agency" means both public and private  
4 employment agencies and any person, labor organization, or  
5 labor union having a hiring hall or hiring office regularly  
6 undertaking, with or without compensation, to procure  
7 opportunities to work, or to procure, recruit, refer, or place  
8 employees.

9 "Family member" means, with respect to an individual, (i)  
10 the spouse of the individual; (ii) a dependent child of the  
11 individual, including a child who is born to or placed for  
12 adoption with the individual; (iii) any other person qualifying  
13 as a covered dependent under a managed care plan; and (iv) all  
14 other individuals related by blood or law to the individual or  
15 the spouse or child described in subsections (i) through (iii)  
16 of this definition.

17 "Genetic information" has the meaning ascribed to it under  
18 HIPAA, as specified in 45 CFR 160.103.

19 "Genetic monitoring" means the periodic examination of  
20 employees to evaluate acquired modifications to their genetic  
21 material, such as chromosomal damage or evidence of increased  
22 occurrence of mutations that may have developed in the course  
23 of employment due to exposure to toxic substances in the  
24 workplace in order to identify, evaluate, and respond to  
25 effects of or control adverse environmental exposures in the  
26 workplace.

1 "Genetic services" has the meaning ascribed to it under  
2 HIPAA, as specified in 45 CFR 160.103.

3 "Genetic testing" and "genetic test" have the meaning  
4 ascribed to "genetic test" under HIPAA, as specified in 45 CFR  
5 160.103.

6 "Health care operations" has the meaning ascribed to it  
7 under HIPAA, as specified in 45 CFR 164.501.

8 "Health care professional" means (i) a licensed physician,  
9 (ii) a licensed physician assistant, (iii) a licensed advanced  
10 practice registered nurse, (iv) a licensed dentist, (v) a  
11 licensed podiatrist, (vi) a licensed genetic counselor, or  
12 (vii) an individual certified to provide genetic testing by a  
13 state or local public health department.

14 "Health care provider" has the meaning ascribed to it under  
15 HIPAA, as specified in 45 CFR 160.103.

16 "Health facility" means a hospital, blood bank, blood  
17 center, sperm bank, or other health care institution, including  
18 any "health facility" as that term is defined in the Illinois  
19 Finance Authority Act.

20 "Health information exchange" or "HIE" means a health  
21 information exchange or health information organization that  
22 exchanges health information electronically that (i) is  
23 established pursuant to the Illinois Health Information  
24 Exchange and Technology Act, or any subsequent amendments  
25 thereto, and any administrative rules promulgated thereunder;  
26 (ii) has established a data sharing arrangement with the

1 Authority; or (iii) as of August 16, 2013, was designated by  
2 the Authority Board as a member of, or was represented on, the  
3 Authority Board's Regional Health Information Exchange  
4 Workgroup; provided that such designation shall not require the  
5 establishment of a data sharing arrangement or other  
6 participation with the Illinois Health Information Exchange or  
7 the payment of any fee. In certain circumstances, in accordance  
8 with HIPAA, an HIE will be a business associate.

9 "Health oversight agency" has the meaning ascribed to it  
10 under HIPAA, as specified in 45 CFR 164.501.

11 "HIPAA" means the Health Insurance Portability and  
12 Accountability Act of 1996, Public Law 104-191, as amended by  
13 the Health Information Technology for Economic and Clinical  
14 Health Act of 2009, Public Law 111-05, and any subsequent  
15 amendments thereto and any regulations promulgated thereunder.

16 "Insurer" means (i) an entity that is subject to the  
17 jurisdiction of the Director of Insurance and (ii) a managed  
18 care plan.

19 "Labor organization" includes any organization, labor  
20 union, craft union, or any voluntary unincorporated  
21 association designed to further the cause of the rights of  
22 union labor that is constituted for the purpose, in whole or in  
23 part, of collective bargaining or of dealing with employers  
24 concerning grievances, terms or conditions of employment, or  
25 apprenticeships or applications for apprenticeships, or of  
26 other mutual aid or protection in connection with employment,

1 including apprenticeships or applications for apprenticeships.

2 "Licensing agency" means a board, commission, committee,  
3 council, department, or officers, except a judicial officer, in  
4 this State or any political subdivision authorized to grant,  
5 deny, renew, revoke, suspend, annul, withdraw, or amend a  
6 license or certificate of registration.

7 "Limited data set" has the meaning ascribed to it under  
8 HIPAA, as described in 45 CFR 164.514(e)(2).

9 "Managed care plan" means a plan that establishes,  
10 operates, or maintains a network of health care providers that  
11 have entered into agreements with the plan to provide health  
12 care services to enrollees where the plan has the ultimate and  
13 direct contractual obligation to the enrollee to arrange for  
14 the provision of or pay for services through:

15 (1) organizational arrangements for ongoing quality  
16 assurance, utilization review programs, or dispute  
17 resolution; or

18 (2) financial incentives for persons enrolled in the  
19 plan to use the participating providers and procedures  
20 covered by the plan.

21 A managed care plan may be established or operated by any  
22 entity including a licensed insurance company, hospital or  
23 medical service plan, health maintenance organization, limited  
24 health service organization, preferred provider organization,  
25 third party administrator, or an employer or employee  
26 organization.

1 "Minimum necessary" means HIPAA's standard for using,  
2 disclosing, and requesting protected health information found  
3 in 45 CFR 164.502(b) and 164.514(d).

4 "Nontherapeutic purpose" means a purpose that is not  
5 intended to improve or preserve the life or health of the  
6 individual whom the information concerns.

7 "Organized health care arrangement" has the meaning  
8 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

9 "Patient safety activities" has the meaning ascribed to it  
10 under 42 CFR 3.20.

11 "Payment" has the meaning ascribed to it under HIPAA, as  
12 specified in 45 CFR 164.501.

13 "Person" includes any natural person, partnership,  
14 association, joint venture, trust, governmental entity, public  
15 or private corporation, health facility, or other legal entity.

16 "Protected health information" has the meaning ascribed to  
17 it under HIPAA, as specified in 45 CFR 164.103.

18 "Research" has the meaning ascribed to it under HIPAA, as  
19 specified in 45 CFR 164.501.

20 "State agency" means an instrumentality of the State of  
21 Illinois and any instrumentality of another state which  
22 pursuant to applicable law or a written undertaking with an  
23 instrumentality of the State of Illinois is bound to protect  
24 the privacy of genetic information of Illinois persons.

25 "Treatment" has the meaning ascribed to it under HIPAA, as  
26 specified in 45 CFR 164.501.



1 "Use" has the meaning ascribed to it under HIPAA, as  
2 specified in 45 CFR 160.103, where context dictates.

3 (Source: P.A. 98-1046, eff. 1-1-15; 99-173, eff. 7-29-15.)

4 Section 295. The Home Health and Hospice Drug Dispensation  
5 and Administration Act is amended by changing Section 10 as  
6 follows:

7 (410 ILCS 642/10)

8 Sec. 10. Definitions. In this Act:

9 "Authorized nursing employee" means a registered nurse or  
10 advanced practice registered nurse, as defined in the Nurse  
11 Practice Act, who is employed by a home health agency or  
12 hospice licensed in this State.

13 "Health care professional" means a physician licensed to  
14 practice medicine in all its branches, a licensed advanced  
15 practice registered nurse, or a licensed physician assistant.

16 "Home health agency" has the meaning ascribed to it in  
17 Section 2.04 of the Home Health, Home Services, and Home  
18 Nursing Agency Licensing Act.

19 "Hospice" means a full hospice, as defined in Section 3 of  
20 the Hospice Program Licensing Act.

21 "Physician" means a physician licensed under the Medical  
22 Practice Act of 1987 to practice medicine in all its branches.

23 (Source: P.A. 99-173, eff. 7-29-15.)

1           Section 300. The Radiation Protection Act of 1990 is  
2 amended by changing Sections 5 and 6 as follows:

3           (420 ILCS 40/5) (from Ch. 111 1/2, par. 210-5)

4           (Section scheduled to be repealed on January 1, 2021)

5           Sec. 5. Limitations on application of radiation to human  
6 beings and requirements for radiation installation operators  
7 providing mammography services.

8           (a) No person shall intentionally administer radiation to a  
9 human being unless such person is licensed to practice a  
10 treatment of human ailments by virtue of the Illinois Medical,  
11 Dental or Podiatric Medical Practice Acts, or, as physician  
12 assistant, advanced practice registered nurse, technician,  
13 nurse, or other assistant, is acting under the supervision,  
14 prescription or direction of such licensed person. However, no  
15 such physician assistant, advanced practice registered nurse,  
16 technician, nurse, or other assistant acting under the  
17 supervision of a person licensed under the Medical Practice Act  
18 of 1987, shall administer radiation to human beings unless  
19 accredited by the Agency, except that persons enrolled in a  
20 course of education approved by the Agency may apply ionizing  
21 radiation to human beings as required by their course of study  
22 when under the direct supervision of a person licensed under  
23 the Medical Practice Act of 1987. No person authorized by this  
24 Section to apply ionizing radiation shall apply such radiation  
25 except to those parts of the human body specified in the Act

1 under which such person or his supervisor is licensed. No  
2 person may operate a radiation installation where ionizing  
3 radiation is administered to human beings unless all persons  
4 who administer ionizing radiation in that radiation  
5 installation are licensed, accredited, or exempted in  
6 accordance with this Section. Nothing in this Section shall be  
7 deemed to relieve a person from complying with the provisions  
8 of Section 10.

9 (b) In addition, no person shall provide mammography  
10 services unless all of the following requirements are met:

11 (1) the mammography procedures are performed using a  
12 radiation machine that is specifically designed for  
13 mammography;

14 (2) the mammography procedures are performed using a  
15 radiation machine that is used solely for performing  
16 mammography procedures;

17 (3) the mammography procedures are performed using  
18 equipment that has been subjected to a quality assurance  
19 program that satisfies quality assurance requirements  
20 which the Agency shall establish by rule;

21 (4) beginning one year after the effective date of this  
22 amendatory Act of 1991, if the mammography procedure is  
23 performed by a radiologic technologist, that technologist,  
24 in addition to being accredited by the Agency to perform  
25 radiography, has satisfied training requirements specific  
26 to mammography, which the Agency shall establish by rule.

1 (c) Every operator of a radiation installation at which  
2 mammography services are provided shall ensure and have  
3 confirmed by each mammography patient that the patient is  
4 provided with a pamphlet which is orally reviewed with the  
5 patient and which contains the following:

6 (1) how to perform breast self-examination;

7 (2) that early detection of breast cancer is maximized  
8 through a combined approach, using monthly breast  
9 self-examination, a thorough physical examination  
10 performed by a physician, and mammography performed at  
11 recommended intervals;

12 (3) that mammography is the most accurate method for  
13 making an early detection of breast cancer, however, no  
14 diagnostic tool is 100% effective;

15 (4) that if the patient is self-referred and does not  
16 have a primary care physician, or if the patient is  
17 unfamiliar with the breast examination procedures, that  
18 the patient has received information regarding public  
19 health services where she can obtain a breast examination  
20 and instructions.

21 (Source: P.A. 93-149, eff. 7-10-03; 94-104, eff. 7-1-05.)

22 (420 ILCS 40/6) (from Ch. 111 1/2, par. 210-6)

23 (Section scheduled to be repealed on January 1, 2021)

24 Sec. 6. Accreditation of administrators of radiation;  
25 Limited scope accreditation; Rules and regulations; Education.

1           (a) The Agency shall promulgate such rules and regulations  
2 as are necessary to establish accreditation standards and  
3 procedures, including a minimum course of education and  
4 continuing education requirements in the administration of  
5 radiation to human beings, which are appropriate to the  
6 classification of accreditation and which are to be met by all  
7 physician assistants, advanced practice registered nurses,  
8 nurses, technicians, or other assistants who administer  
9 radiation to human beings under the supervision of a person  
10 licensed under the Medical Practice Act of 1987. Such rules and  
11 regulations may provide for different classes of accreditation  
12 based on evidence of national certification, clinical  
13 experience or community hardship as conditions of initial and  
14 continuing accreditation. The rules and regulations of the  
15 Agency shall be consistent with national standards in regard to  
16 the protection of the health and safety of the general public.

17           (b) The rules and regulations shall also provide that  
18 persons who have been accredited by the Agency, in accordance  
19 with the Radiation Protection Act, without passing an  
20 examination, will remain accredited as provided in Section 43  
21 of this Act and that those persons may be accredited, without  
22 passing an examination, to use other equipment, procedures, or  
23 supervision within the original category of accreditation if  
24 the Agency receives written assurances from a person licensed  
25 under the Medical Practice Act of 1987, that the person  
26 accredited has the necessary skill and qualifications for such

1 additional equipment procedures or supervision. The Agency  
2 shall, in accordance with subsection (c) of this Section,  
3 provide for the accreditation of nurses, technicians, or other  
4 assistants, unless exempted elsewhere in this Act, to perform a  
5 limited scope of diagnostic radiography procedures of the  
6 chest, the extremities, skull and sinuses, or the spine, while  
7 under the supervision of a person licensed under the Medical  
8 Practice Act of 1987.

9 (c) The rules or regulations promulgated by the Agency  
10 pursuant to subsection (a) shall establish standards and  
11 procedures for accrediting persons to perform a limited scope  
12 of diagnostic radiography procedures. The rules or regulations  
13 shall require persons seeking limited scope accreditation to  
14 register with the Agency as a "student-in-training," and  
15 declare those procedures in which the student will be receiving  
16 training. The student-in-training registration shall be valid  
17 for a period of 16 months, during which the time the student  
18 may, under the supervision of a person licensed under the  
19 Medical Practice Act of 1987, perform the diagnostic  
20 radiography procedures listed on the student's registration.  
21 The student-in-training registration shall be nonrenewable.

22 Upon expiration of the 16 month training period, the  
23 student shall be prohibited from performing diagnostic  
24 radiography procedures unless accredited by the Agency to  
25 perform such procedures. In order to be accredited to perform a  
26 limited scope of diagnostic radiography procedures, an

1 individual must pass an examination offered by the Agency. The  
2 examination shall be consistent with national standards in  
3 regard to protection of public health and safety. The  
4 examination shall consist of a standardized component covering  
5 general principles applicable to diagnostic radiography  
6 procedures and a clinical component specific to the types of  
7 procedures for which accreditation is being sought. The Agency  
8 may assess a reasonable fee for such examinations to cover the  
9 costs incurred by the Agency in conjunction with offering the  
10 examinations.

11 (d) The Agency shall by rule or regulation exempt from  
12 accreditation physician assistants, advanced practice  
13 registered nurses, nurses, technicians, or other assistants  
14 who administer radiation to human beings under supervision of a  
15 person licensed to practice under the Medical Practice Act of  
16 1987 when the services are performed on employees of a business  
17 at a medical facility owned and operated by the business. Such  
18 exemption shall only apply to the equipment, procedures and  
19 supervision specific to the medical facility owned and operated  
20 by the business.

21 (Source: P.A. 94-104, eff. 7-1-05; 95-777, eff. 8-4-08.)

22 Section 305. The Illinois Vehicle Code is amended by  
23 changing Sections 1-159.1, 3-609, 3-616, 6-103, 6-106.1,  
24 6-106.1a, 6-901, 11-501.01, 11-501.2, 11-501.6, 11-501.8,  
25 11-1301.2, and 11-1301.5 as follows:

1 (625 ILCS 5/1-159.1) (from Ch. 95 1/2, par. 1-159.1)

2 Sec. 1-159.1. Person with disabilities. A natural person  
3 who, as determined by a licensed physician, by a licensed  
4 physician assistant, or by a licensed advanced practice  
5 registered nurse: (1) cannot walk without the use of, or  
6 assistance from, a brace, cane, crutch, another person,  
7 prosthetic device, wheelchair, or other assistive device; (2)  
8 is restricted by lung disease to such an extent that his or her  
9 forced (respiratory) expiratory volume for one second, when  
10 measured by spirometry, is less than one liter, or the arterial  
11 oxygen tension is less than 60 mm/hg on room air at rest; (3)  
12 uses portable oxygen; (4) has a cardiac condition to the extent  
13 that the person's functional limitations are classified in  
14 severity as Class III or Class IV, according to standards set  
15 by the American Heart Association; (5) is severely limited in  
16 the person's ability to walk due to an arthritic, neurological,  
17 oncological, or orthopedic condition; (6) cannot walk 200 feet  
18 without stopping to rest because of one of the above 5  
19 conditions; or (7) is missing a hand or arm or has permanently  
20 lost the use of a hand or arm.

21 (Source: P.A. 98-405, eff. 1-1-14; 99-173, eff. 7-29-15.)

22 (625 ILCS 5/3-609) (from Ch. 95 1/2, par. 3-609)

23 Sec. 3-609. Plates for Veterans with Disabilities.

24 (a) Any veteran who holds proof of a service-connected



1 disability from the United States Department of Veterans  
2 Affairs, and who has obtained certification from a licensed  
3 physician, physician assistant, or advanced practice  
4 registered nurse that the service-connected disability  
5 qualifies the veteran for issuance of registration plates or  
6 decals to a person with disabilities in accordance with Section  
7 3-616, may, without the payment of any registration fee, make  
8 application to the Secretary of State for license plates for  
9 veterans with disabilities displaying the international symbol  
10 of access, for the registration of one motor vehicle of the  
11 first division or one motor vehicle of the second division  
12 weighing not more than 8,000 pounds.

13 (b) Any veteran who holds proof of a service-connected  
14 disability from the United States Department of Veterans  
15 Affairs, and whose degree of disability has been declared to be  
16 50% or more, but whose disability does not qualify the veteran  
17 for a plate or decal for persons with disabilities under  
18 Section 3-616, may, without the payment of any registration  
19 fee, make application to the Secretary for a special  
20 registration plate without the international symbol of access  
21 for the registration of one motor vehicle of the first division  
22 or one motor vehicle of the second division weighing not more  
23 than 8,000 pounds.

24 (c) Renewal of such registration must be accompanied with  
25 documentation for eligibility of registration without fee  
26 unless the applicant has a permanent qualifying disability, and

1 such registration plates may not be issued to any person not  
2 eligible therefor. The Illinois Department of Veterans'  
3 Affairs may assist in providing the documentation of  
4 disability.

5 (d) The design and color of the plates shall be within the  
6 discretion of the Secretary, except that the plates issued  
7 under subsection (b) of this Section shall not contain the  
8 international symbol of access. The Secretary may, in his or  
9 her discretion, allow the plates to be issued as vanity or  
10 personalized plates in accordance with Section 3-405.1 of this  
11 Code. Registration shall be for a multi-year period and may be  
12 issued staggered registration.

13 (e) Any person eligible to receive license plates under  
14 this Section who has been approved for benefits under the  
15 Senior Citizens and Persons with Disabilities Property Tax  
16 Relief Act, or who has claimed and received a grant under that  
17 Act, shall pay a fee of \$24 instead of the fee otherwise  
18 provided in this Code for passenger cars displaying standard  
19 multi-year registration plates issued under Section 3-414.1,  
20 for motor vehicles registered at 8,000 pounds or less under  
21 Section 3-815(a), or for recreational vehicles registered at  
22 8,000 pounds or less under Section 3-815(b), for a second set  
23 of plates under this Section.

24 (Source: P.A. 98-463, eff. 8-16-13; 99-143, eff. 7-27-15.)

25 (625 ILCS 5/3-616) (from Ch. 95 1/2, par. 3-616)

1           Sec. 3-616. Disability license plates.

2           (a) Upon receiving an application for a certificate of  
3 registration for a motor vehicle of the first division or for a  
4 motor vehicle of the second division weighing no more than  
5 8,000 pounds, accompanied with payment of the registration fees  
6 required under this Code from a person with disabilities or a  
7 person who is deaf or hard of hearing, the Secretary of State,  
8 if so requested, shall issue to such person registration plates  
9 as provided for in Section 3-611, provided that the person with  
10 disabilities or person who is deaf or hard of hearing must not  
11 be disqualified from obtaining a driver's license under  
12 subsection 8 of Section 6-103 of this Code, and further  
13 provided that any person making such a request must submit a  
14 statement, certified by a licensed physician, by a licensed  
15 physician assistant, or by a licensed advanced practice  
16 registered nurse, to the effect that such person is a person  
17 with disabilities as defined by Section 1-159.1 of this Code,  
18 or alternatively provide adequate documentation that such  
19 person has a Class 1A, Class 2A or Type Four disability under  
20 the provisions of Section 4A of the Illinois Identification  
21 Card Act. For purposes of this Section, an Illinois Person with  
22 a Disability Identification Card issued pursuant to the  
23 Illinois Identification Card Act indicating that the person  
24 thereon named has a disability shall be adequate documentation  
25 of such a disability.

26           (b) The Secretary shall issue plates under this Section to

1 a parent or legal guardian of a person with disabilities if the  
2 person with disabilities has a Class 1A or Class 2A disability  
3 as defined in Section 4A of the Illinois Identification Card  
4 Act or is a person with disabilities as defined by Section  
5 1-159.1 of this Code, and does not possess a vehicle registered  
6 in his or her name, provided that the person with disabilities  
7 relies frequently on the parent or legal guardian for  
8 transportation. Only one vehicle per family may be registered  
9 under this subsection, unless the applicant can justify in  
10 writing the need for one additional set of plates. Any person  
11 requesting special plates under this subsection shall submit  
12 such documentation or such physician's, physician assistant's,  
13 or advanced practice registered nurse's statement as is  
14 required in subsection (a) and a statement describing the  
15 circumstances qualifying for issuance of special plates under  
16 this subsection. An optometrist may certify a Class 2A Visual  
17 Disability, as defined in Section 4A of the Illinois  
18 Identification Card Act, for the purpose of qualifying a person  
19 with disabilities for special plates under this subsection.

20 (c) The Secretary may issue a parking decal or device to a  
21 person with disabilities as defined by Section 1-159.1 without  
22 regard to qualification of such person with disabilities for a  
23 driver's license or registration of a vehicle by such person  
24 with disabilities or such person's immediate family, provided  
25 such person with disabilities making such a request has been  
26 issued an Illinois Person with a Disability Identification Card

1 indicating that the person named thereon has a Class 1A or  
2 Class 2A disability, or alternatively, submits a statement  
3 certified by a licensed physician, or by a licensed physician  
4 assistant or a licensed advanced practice registered nurse as  
5 provided in subsection (a), to the effect that such person is a  
6 person with disabilities as defined by Section 1-159.1. An  
7 optometrist may certify a Class 2A Visual Disability as defined  
8 in Section 4A of the Illinois Identification Card Act for the  
9 purpose of qualifying a person with disabilities for a parking  
10 decal or device under this subsection.

11 (d) The Secretary shall prescribe by rules and regulations  
12 procedures to certify or re-certify as necessary the  
13 eligibility of persons whose disabilities are other than  
14 permanent for special plates or parking decals or devices  
15 issued under subsections (a), (b) and (c). Except as provided  
16 under subsection (f) of this Section, no such special plates,  
17 decals or devices shall be issued by the Secretary of State to  
18 or on behalf of any person with disabilities unless such person  
19 is certified as meeting the definition of a person with  
20 disabilities pursuant to Section 1-159.1 or meeting the  
21 requirement of a Type Four disability as provided under Section  
22 4A of the Illinois Identification Card Act for the period of  
23 time that the physician, or the physician assistant or advanced  
24 practice registered nurse as provided in subsection (a),  
25 determines the applicant will have the disability, but not to  
26 exceed 6 months from the date of certification or

1 recertification.

2 (e) Any person requesting special plates under this Section  
3 may also apply to have the special plates personalized, as  
4 provided under Section 3-405.1.

5 (f) The Secretary of State, upon application, shall issue  
6 disability registration plates or a parking decal to  
7 corporations, school districts, State or municipal agencies,  
8 limited liability companies, nursing homes, convalescent  
9 homes, or special education cooperatives which will transport  
10 persons with disabilities. The Secretary shall prescribe by  
11 rule a means to certify or re-certify the eligibility of  
12 organizations to receive disability plates or decals and to  
13 designate which of the 2 person with disabilities emblems shall  
14 be placed on qualifying vehicles.

15 (g) The Secretary of State, or his designee, may enter into  
16 agreements with other jurisdictions, including foreign  
17 jurisdictions, on behalf of this State relating to the  
18 extension of parking privileges by such jurisdictions to  
19 residents of this State with disabilities who display a special  
20 license plate or parking device that contains the International  
21 symbol of access on his or her motor vehicle, and to recognize  
22 such plates or devices issued by such other jurisdictions. This  
23 State shall grant the same parking privileges which are granted  
24 to residents of this State with disabilities to any  
25 non-resident whose motor vehicle is licensed in another state,  
26 district, territory or foreign country if such vehicle displays

1 the international symbol of access or a distinguishing insignia  
2 on license plates or parking device issued in accordance with  
3 the laws of the non-resident's state, district, territory or  
4 foreign country.

5 (Source: P.A. 99-143, eff. 7-27-15; 99-173, eff. 7-29-15;  
6 99-642, eff. 7-28-16.)

7 (625 ILCS 5/6-103) (from Ch. 95 1/2, par. 6-103)

8 Sec. 6-103. What persons shall not be licensed as drivers  
9 or granted permits. The Secretary of State shall not issue,  
10 renew, or allow the retention of any driver's license nor issue  
11 any permit under this Code:

12 1. To any person, as a driver, who is under the age of  
13 18 years except as provided in Section 6-107, and except  
14 that an instruction permit may be issued under Section  
15 6-107.1 to a child who is not less than 15 years of age if  
16 the child is enrolled in an approved driver education  
17 course as defined in Section 1-103 of this Code and  
18 requires an instruction permit to participate therein,  
19 except that an instruction permit may be issued under the  
20 provisions of Section 6-107.1 to a child who is 17 years  
21 and 3 months of age without the child having enrolled in an  
22 approved driver education course and except that an  
23 instruction permit may be issued to a child who is at least  
24 15 years and 3 months of age, is enrolled in school, meets  
25 the educational requirements of the Driver Education Act,

1 and has passed examinations the Secretary of State in his  
2 or her discretion may prescribe;

3 1.5. To any person at least 18 years of age but less  
4 than 21 years of age unless the person has, in addition to  
5 any other requirements of this Code, successfully  
6 completed an adult driver education course as provided in  
7 Section 6-107.5 of this Code;

8 2. To any person who is under the age of 18 as an  
9 operator of a motorcycle other than a motor driven cycle  
10 unless the person has, in addition to meeting the  
11 provisions of Section 6-107 of this Code, successfully  
12 completed a motorcycle training course approved by the  
13 Illinois Department of Transportation and successfully  
14 completes the required Secretary of State's motorcycle  
15 driver's examination;

16 3. To any person, as a driver, whose driver's license  
17 or permit has been suspended, during the suspension, nor to  
18 any person whose driver's license or permit has been  
19 revoked, except as provided in Sections 6-205, 6-206, and  
20 6-208;

21 4. To any person, as a driver, who is a user of alcohol  
22 or any other drug to a degree that renders the person  
23 incapable of safely driving a motor vehicle;

24 5. To any person, as a driver, who has previously been  
25 adjudged to be afflicted with or suffering from any mental  
26 or physical disability or disease and who has not at the



1 time of application been restored to competency by the  
2 methods provided by law;

3 6. To any person, as a driver, who is required by the  
4 Secretary of State to submit an alcohol and drug evaluation  
5 or take an examination provided for in this Code unless the  
6 person has successfully passed the examination and  
7 submitted any required evaluation;

8 7. To any person who is required under the provisions  
9 of the laws of this State to deposit security or proof of  
10 financial responsibility and who has not deposited the  
11 security or proof;

12 8. To any person when the Secretary of State has good  
13 cause to believe that the person by reason of physical or  
14 mental disability would not be able to safely operate a  
15 motor vehicle upon the highways, unless the person shall  
16 furnish to the Secretary of State a verified written  
17 statement, acceptable to the Secretary of State, from a  
18 competent medical specialist, a licensed physician  
19 assistant, or a licensed advanced practice registered  
20 nurse, to the effect that the operation of a motor vehicle  
21 by the person would not be inimical to the public safety;

22 9. To any person, as a driver, who is 69 years of age  
23 or older, unless the person has successfully complied with  
24 the provisions of Section 6-109;

25 10. To any person convicted, within 12 months of  
26 application for a license, of any of the sexual offenses

1 enumerated in paragraph 2 of subsection (b) of Section  
2 6-205;

3 11. To any person who is under the age of 21 years with  
4 a classification prohibited in paragraph (b) of Section  
5 6-104 and to any person who is under the age of 18 years  
6 with a classification prohibited in paragraph (c) of  
7 Section 6-104;

8 12. To any person who has been either convicted of or  
9 adjudicated under the Juvenile Court Act of 1987 based upon  
10 a violation of the Cannabis Control Act, the Illinois  
11 Controlled Substances Act, or the Methamphetamine Control  
12 and Community Protection Act while that person was in  
13 actual physical control of a motor vehicle. For purposes of  
14 this Section, any person placed on probation under Section  
15 10 of the Cannabis Control Act, Section 410 of the Illinois  
16 Controlled Substances Act, or Section 70 of the  
17 Methamphetamine Control and Community Protection Act shall  
18 not be considered convicted. Any person found guilty of  
19 this offense, while in actual physical control of a motor  
20 vehicle, shall have an entry made in the court record by  
21 the judge that this offense did occur while the person was  
22 in actual physical control of a motor vehicle and order the  
23 clerk of the court to report the violation to the Secretary  
24 of State as such. The Secretary of State shall not issue a  
25 new license or permit for a period of one year;

26 13. To any person who is under the age of 18 years and

1 who has committed the offense of operating a motor vehicle  
2 without a valid license or permit in violation of Section  
3 6-101 or a similar out of state offense;

4 14. To any person who is 90 days or more delinquent in  
5 court ordered child support payments or has been  
6 adjudicated in arrears in an amount equal to 90 days'  
7 obligation or more and who has been found in contempt of  
8 court for failure to pay the support, subject to the  
9 requirements and procedures of Article VII of Chapter 7 of  
10 the Illinois Vehicle Code;

11 14.5. To any person certified by the Illinois  
12 Department of Healthcare and Family Services as being 90  
13 days or more delinquent in payment of support under an  
14 order of support entered by a court or administrative body  
15 of this or any other State, subject to the requirements and  
16 procedures of Article VII of Chapter 7 of this Code  
17 regarding those certifications;

18 15. To any person released from a term of imprisonment  
19 for violating Section 9-3 of the Criminal Code of 1961 or  
20 the Criminal Code of 2012, or a similar provision of a law  
21 of another state relating to reckless homicide or for  
22 violating subparagraph (F) of paragraph (1) of subsection  
23 (d) of Section 11-501 of this Code relating to aggravated  
24 driving under the influence of alcohol, other drug or  
25 drugs, intoxicating compound or compounds, or any  
26 combination thereof, if the violation was the proximate

1 cause of a death, within 24 months of release from a term  
2 of imprisonment;

3 16. To any person who, with intent to influence any act  
4 related to the issuance of any driver's license or permit,  
5 by an employee of the Secretary of State's Office, or the  
6 owner or employee of any commercial driver training school  
7 licensed by the Secretary of State, or any other individual  
8 authorized by the laws of this State to give driving  
9 instructions or administer all or part of a driver's  
10 license examination, promises or tenders to that person any  
11 property or personal advantage which that person is not  
12 authorized by law to accept. Any persons promising or  
13 tendering such property or personal advantage shall be  
14 disqualified from holding any class of driver's license or  
15 permit for 120 consecutive days. The Secretary of State  
16 shall establish by rule the procedures for implementing  
17 this period of disqualification and the procedures by which  
18 persons so disqualified may obtain administrative review  
19 of the decision to disqualify;

20 17. To any person for whom the Secretary of State  
21 cannot verify the accuracy of any information or  
22 documentation submitted in application for a driver's  
23 license;

24 18. To any person who has been adjudicated under the  
25 Juvenile Court Act of 1987 based upon an offense that is  
26 determined by the court to have been committed in

1 furtherance of the criminal activities of an organized  
2 gang, as provided in Section 5-710 of that Act, and that  
3 involved the operation or use of a motor vehicle or the use  
4 of a driver's license or permit. The person shall be denied  
5 a license or permit for the period determined by the court;  
6 or

7 19. Beginning July 1, 2017, to any person who has been  
8 issued an identification card under the Illinois  
9 Identification Card Act. Any such person may, at his or her  
10 discretion, surrender the identification card in order to  
11 become eligible to obtain a driver's license.

12 The Secretary of State shall retain all conviction  
13 information, if the information is required to be held  
14 confidential under the Juvenile Court Act of 1987.

15 (Source: P.A. 98-167, eff. 7-1-14; 98-756, eff. 7-16-14;  
16 99-173, eff. 7-29-15; 99-511, eff. 1-1-17.)

17 (625 ILCS 5/6-106.1) (from Ch. 95 1/2, par. 6-106.1)

18 Sec. 6-106.1. School bus driver permit.

19 (a) The Secretary of State shall issue a school bus driver  
20 permit to those applicants who have met all the requirements of  
21 the application and screening process under this Section to  
22 insure the welfare and safety of children who are transported  
23 on school buses throughout the State of Illinois. Applicants  
24 shall obtain the proper application required by the Secretary  
25 of State from their prospective or current employer and submit

1 the completed application to the prospective or current  
2 employer along with the necessary fingerprint submission as  
3 required by the Department of State Police to conduct  
4 fingerprint based criminal background checks on current and  
5 future information available in the state system and current  
6 information available through the Federal Bureau of  
7 Investigation's system. Applicants who have completed the  
8 fingerprinting requirements shall not be subjected to the  
9 fingerprinting process when applying for subsequent permits or  
10 submitting proof of successful completion of the annual  
11 refresher course. Individuals who on July 1, 1995 (the  
12 effective date of Public Act 88-612) possess a valid school bus  
13 driver permit that has been previously issued by the  
14 appropriate Regional School Superintendent are not subject to  
15 the fingerprinting provisions of this Section as long as the  
16 permit remains valid and does not lapse. The applicant shall be  
17 required to pay all related application and fingerprinting fees  
18 as established by rule including, but not limited to, the  
19 amounts established by the Department of State Police and the  
20 Federal Bureau of Investigation to process fingerprint based  
21 criminal background investigations. All fees paid for  
22 fingerprint processing services under this Section shall be  
23 deposited into the State Police Services Fund for the cost  
24 incurred in processing the fingerprint based criminal  
25 background investigations. All other fees paid under this  
26 Section shall be deposited into the Road Fund for the purpose

1 of defraying the costs of the Secretary of State in  
2 administering this Section. All applicants must:

3 1. be 21 years of age or older;

4 2. possess a valid and properly classified driver's  
5 license issued by the Secretary of State;

6 3. possess a valid driver's license, which has not been  
7 revoked, suspended, or canceled for 3 years immediately  
8 prior to the date of application, or have not had his or  
9 her commercial motor vehicle driving privileges  
10 disqualified within the 3 years immediately prior to the  
11 date of application;

12 4. successfully pass a written test, administered by  
13 the Secretary of State, on school bus operation, school bus  
14 safety, and special traffic laws relating to school buses  
15 and submit to a review of the applicant's driving habits by  
16 the Secretary of State at the time the written test is  
17 given;

18 5. demonstrate ability to exercise reasonable care in  
19 the operation of school buses in accordance with rules  
20 promulgated by the Secretary of State;

21 6. demonstrate physical fitness to operate school  
22 buses by submitting the results of a medical examination,  
23 including tests for drug use for each applicant not subject  
24 to such testing pursuant to federal law, conducted by a  
25 licensed physician, a licensed advanced practice  
26 registered nurse, or a licensed physician assistant within

1 90 days of the date of application according to standards  
2 promulgated by the Secretary of State;

3 7. affirm under penalties of perjury that he or she has  
4 not made a false statement or knowingly concealed a  
5 material fact in any application for permit;

6 8. have completed an initial classroom course,  
7 including first aid procedures, in school bus driver safety  
8 as promulgated by the Secretary of State; and after  
9 satisfactory completion of said initial course an annual  
10 refresher course; such courses and the agency or  
11 organization conducting such courses shall be approved by  
12 the Secretary of State; failure to complete the annual  
13 refresher course, shall result in cancellation of the  
14 permit until such course is completed;

15 9. not have been under an order of court supervision  
16 for or convicted of 2 or more serious traffic offenses, as  
17 defined by rule, within one year prior to the date of  
18 application that may endanger the life or safety of any of  
19 the driver's passengers within the duration of the permit  
20 period;

21 10. not have been under an order of court supervision  
22 for or convicted of reckless driving, aggravated reckless  
23 driving, driving while under the influence of alcohol,  
24 other drug or drugs, intoxicating compound or compounds or  
25 any combination thereof, or reckless homicide resulting  
26 from the operation of a motor vehicle within 3 years of the



1 date of application;

2 11. not have been convicted of committing or attempting  
3 to commit any one or more of the following offenses: (i)  
4 those offenses defined in Sections 8-1.2, 9-1, 9-1.2, 9-2,  
5 9-2.1, 9-3, 9-3.2, 9-3.3, 10-1, 10-2, 10-3.1, 10-4, 10-5,  
6 10-5.1, 10-6, 10-7, 10-9, 11-1.20, 11-1.30, 11-1.40,  
7 11-1.50, 11-1.60, 11-6, 11-6.5, 11-6.6, 11-9, 11-9.1,  
8 11-9.3, 11-9.4, 11-14, 11-14.1, 11-14.3, 11-14.4, 11-15,  
9 11-15.1, 11-16, 11-17, 11-17.1, 11-18, 11-18.1, 11-19,  
10 11-19.1, 11-19.2, 11-20, 11-20.1, 11-20.1B, 11-20.3,  
11 11-21, 11-22, 11-23, 11-24, 11-25, 11-26, 11-30, 12-2.6,  
12 12-3.1, 12-4, 12-4.1, 12-4.2, 12-4.2-5, 12-4.3, 12-4.4,  
13 12-4.5, 12-4.6, 12-4.7, 12-4.9, 12-5.01, 12-6, 12-6.2,  
14 12-7.1, 12-7.3, 12-7.4, 12-7.5, 12-11, 12-13, 12-14,  
15 12-14.1, 12-15, 12-16, 12-16.2, 12-21.5, 12-21.6, 12-33,  
16 12C-5, 12C-10, 12C-20, 12C-30, 12C-45, 16-16, 16-16.1,  
17 18-1, 18-2, 18-3, 18-4, 18-5, 19-6, 20-1, 20-1.1, 20-1.2,  
18 20-1.3, 20-2, 24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.6,  
19 24-1.7, 24-2.1, 24-3.3, 24-3.5, 24-3.8, 24-3.9, 31A-1,  
20 31A-1.1, 33A-2, and 33D-1, and in subsection (b) of Section  
21 8-1, and in subdivisions (a)(1), (a)(2), (b)(1), (e)(1),  
22 (e)(2), (e)(3), (e)(4), and (f)(1) of Section 12-3.05, and  
23 in subsection (a) and subsection (b), clause (1), of  
24 Section 12-4, and in subsection (A), clauses (a) and (b),  
25 of Section 24-3, and those offenses contained in Article  
26 29D of the Criminal Code of 1961 or the Criminal Code of

1           2012; (ii) those offenses defined in the Cannabis Control  
2           Act except those offenses defined in subsections (a) and  
3           (b) of Section 4, and subsection (a) of Section 5 of the  
4           Cannabis Control Act; (iii) those offenses defined in the  
5           Illinois Controlled Substances Act; (iv) those offenses  
6           defined in the Methamphetamine Control and Community  
7           Protection Act; (v) any offense committed or attempted in  
8           any other state or against the laws of the United States,  
9           which if committed or attempted in this State would be  
10          punishable as one or more of the foregoing offenses; (vi)  
11          the offenses defined in Section 4.1 and 5.1 of the Wrongs  
12          to Children Act or Section 11-9.1A of the Criminal Code of  
13          1961 or the Criminal Code of 2012; (vii) those offenses  
14          defined in Section 6-16 of the Liquor Control Act of 1934;  
15          and (viii) those offenses defined in the Methamphetamine  
16          Precursor Control Act;

17                12. not have been repeatedly involved as a driver in  
18                motor vehicle collisions or been repeatedly convicted of  
19                offenses against laws and ordinances regulating the  
20                movement of traffic, to a degree which indicates lack of  
21                ability to exercise ordinary and reasonable care in the  
22                safe operation of a motor vehicle or disrespect for the  
23                traffic laws and the safety of other persons upon the  
24                highway;

25                13. not have, through the unlawful operation of a motor  
26                vehicle, caused an accident resulting in the death of any

1 person;

2 14. not have, within the last 5 years, been adjudged to  
3 be afflicted with or suffering from any mental disability  
4 or disease; and

5 15. consent, in writing, to the release of results of  
6 reasonable suspicion drug and alcohol testing under  
7 Section 6-106.1c of this Code by the employer of the  
8 applicant to the Secretary of State.

9 (b) A school bus driver permit shall be valid for a period  
10 specified by the Secretary of State as set forth by rule. It  
11 shall be renewable upon compliance with subsection (a) of this  
12 Section.

13 (c) A school bus driver permit shall contain the holder's  
14 driver's license number, legal name, residence address, zip  
15 code, and date of birth, a brief description of the holder and  
16 a space for signature. The Secretary of State may require a  
17 suitable photograph of the holder.

18 (d) The employer shall be responsible for conducting a  
19 pre-employment interview with prospective school bus driver  
20 candidates, distributing school bus driver applications and  
21 medical forms to be completed by the applicant, and submitting  
22 the applicant's fingerprint cards to the Department of State  
23 Police that are required for the criminal background  
24 investigations. The employer shall certify in writing to the  
25 Secretary of State that all pre-employment conditions have been  
26 successfully completed including the successful completion of

1 an Illinois specific criminal background investigation through  
2 the Department of State Police and the submission of necessary  
3 fingerprints to the Federal Bureau of Investigation for  
4 criminal history information available through the Federal  
5 Bureau of Investigation system. The applicant shall present the  
6 certification to the Secretary of State at the time of  
7 submitting the school bus driver permit application.

8 (e) Permits shall initially be provisional upon receiving  
9 certification from the employer that all pre-employment  
10 conditions have been successfully completed, and upon  
11 successful completion of all training and examination  
12 requirements for the classification of the vehicle to be  
13 operated, the Secretary of State shall provisionally issue a  
14 School Bus Driver Permit. The permit shall remain in a  
15 provisional status pending the completion of the Federal Bureau  
16 of Investigation's criminal background investigation based  
17 upon fingerprinting specimens submitted to the Federal Bureau  
18 of Investigation by the Department of State Police. The Federal  
19 Bureau of Investigation shall report the findings directly to  
20 the Secretary of State. The Secretary of State shall remove the  
21 bus driver permit from provisional status upon the applicant's  
22 successful completion of the Federal Bureau of Investigation's  
23 criminal background investigation.

24 (f) A school bus driver permit holder shall notify the  
25 employer and the Secretary of State if he or she is issued an  
26 order of court supervision for or convicted in another state of

1 an offense that would make him or her ineligible for a permit  
2 under subsection (a) of this Section. The written notification  
3 shall be made within 5 days of the entry of the order of court  
4 supervision or conviction. Failure of the permit holder to  
5 provide the notification is punishable as a petty offense for a  
6 first violation and a Class B misdemeanor for a second or  
7 subsequent violation.

8 (g) Cancellation; suspension; notice and procedure.

9 (1) The Secretary of State shall cancel a school bus  
10 driver permit of an applicant whose criminal background  
11 investigation discloses that he or she is not in compliance  
12 with the provisions of subsection (a) of this Section.

13 (2) The Secretary of State shall cancel a school bus  
14 driver permit when he or she receives notice that the  
15 permit holder fails to comply with any provision of this  
16 Section or any rule promulgated for the administration of  
17 this Section.

18 (3) The Secretary of State shall cancel a school bus  
19 driver permit if the permit holder's restricted commercial  
20 or commercial driving privileges are withdrawn or  
21 otherwise invalidated.

22 (4) The Secretary of State may not issue a school bus  
23 driver permit for a period of 3 years to an applicant who  
24 fails to obtain a negative result on a drug test as  
25 required in item 6 of subsection (a) of this Section or  
26 under federal law.

1           (5) The Secretary of State shall forthwith suspend a  
2 school bus driver permit for a period of 3 years upon  
3 receiving notice that the holder has failed to obtain a  
4 negative result on a drug test as required in item 6 of  
5 subsection (a) of this Section or under federal law.

6           (6) The Secretary of State shall suspend a school bus  
7 driver permit for a period of 3 years upon receiving notice  
8 from the employer that the holder failed to perform the  
9 inspection procedure set forth in subsection (a) or (b) of  
10 Section 12-816 of this Code.

11           (7) The Secretary of State shall suspend a school bus  
12 driver permit for a period of 3 years upon receiving notice  
13 from the employer that the holder refused to submit to an  
14 alcohol or drug test as required by Section 6-106.1c or has  
15 submitted to a test required by that Section which  
16 disclosed an alcohol concentration of more than 0.00 or  
17 disclosed a positive result on a National Institute on Drug  
18 Abuse five-drug panel, utilizing federal standards set  
19 forth in 49 CFR 40.87.

20           The Secretary of State shall notify the State  
21 Superintendent of Education and the permit holder's  
22 prospective or current employer that the applicant has (1) has  
23 failed a criminal background investigation or (2) is no longer  
24 eligible for a school bus driver permit; and of the related  
25 cancellation of the applicant's provisional school bus driver  
26 permit. The cancellation shall remain in effect pending the

1 outcome of a hearing pursuant to Section 2-118 of this Code.  
2 The scope of the hearing shall be limited to the issuance  
3 criteria contained in subsection (a) of this Section. A  
4 petition requesting a hearing shall be submitted to the  
5 Secretary of State and shall contain the reason the individual  
6 feels he or she is entitled to a school bus driver permit. The  
7 permit holder's employer shall notify in writing to the  
8 Secretary of State that the employer has certified the removal  
9 of the offending school bus driver from service prior to the  
10 start of that school bus driver's next workshift. An employing  
11 school board that fails to remove the offending school bus  
12 driver from service is subject to the penalties defined in  
13 Section 3-14.23 of the School Code. A school bus contractor who  
14 violates a provision of this Section is subject to the  
15 penalties defined in Section 6-106.11.

16 All valid school bus driver permits issued under this  
17 Section prior to January 1, 1995, shall remain effective until  
18 their expiration date unless otherwise invalidated.

19 (h) When a school bus driver permit holder who is a service  
20 member is called to active duty, the employer of the permit  
21 holder shall notify the Secretary of State, within 30 days of  
22 notification from the permit holder, that the permit holder has  
23 been called to active duty. Upon notification pursuant to this  
24 subsection, (i) the Secretary of State shall characterize the  
25 permit as inactive until a permit holder renews the permit as  
26 provided in subsection (i) of this Section, and (ii) if a

1 permit holder fails to comply with the requirements of this  
2 Section while called to active duty, the Secretary of State  
3 shall not characterize the permit as invalid.

4 (i) A school bus driver permit holder who is a service  
5 member returning from active duty must, within 90 days, renew a  
6 permit characterized as inactive pursuant to subsection (h) of  
7 this Section by complying with the renewal requirements of  
8 subsection (b) of this Section.

9 (j) For purposes of subsections (h) and (i) of this  
10 Section:

11 "Active duty" means active duty pursuant to an executive  
12 order of the President of the United States, an act of the  
13 Congress of the United States, or an order of the Governor.

14 "Service member" means a member of the Armed Services or  
15 reserve forces of the United States or a member of the Illinois  
16 National Guard.

17 (k) A private carrier employer of a school bus driver  
18 permit holder, having satisfied the employer requirements of  
19 this Section, shall be held to a standard of ordinary care for  
20 intentional acts committed in the course of employment by the  
21 bus driver permit holder. This subsection (k) shall in no way  
22 limit the liability of the private carrier employer for  
23 violation of any provision of this Section or for the negligent  
24 hiring or retention of a school bus driver permit holder.

25 (Source: P.A. 99-148, eff. 1-1-16; 99-173, eff. 7-29-15;  
26 99-642, eff. 7-28-16.)



1 (625 ILCS 5/6-106.1a)

2 Sec. 6-106.1a. Cancellation of school bus driver permit;  
3 trace of alcohol.

4 (a) A person who has been issued a school bus driver permit  
5 by the Secretary of State in accordance with Section 6-106.1 of  
6 this Code and who drives or is in actual physical control of a  
7 school bus or any other vehicle owned or operated by or for a  
8 public or private school, or a school operated by a religious  
9 institution, when the vehicle is being used over a regularly  
10 scheduled route for the transportation of persons enrolled as  
11 students in grade 12 or below, in connection with any activity  
12 of the entities listed, upon the public highways of this State  
13 shall be deemed to have given consent to a chemical test or  
14 tests of blood, breath, other bodily substance, or urine for  
15 the purpose of determining the alcohol content of the person's  
16 blood if arrested, as evidenced by the issuance of a Uniform  
17 Traffic Ticket for any violation of this Code or a similar  
18 provision of a local ordinance, if a police officer has  
19 probable cause to believe that the driver has consumed any  
20 amount of an alcoholic beverage based upon evidence of the  
21 driver's physical condition or other first hand knowledge of  
22 the police officer. The test or tests shall be administered at  
23 the direction of the arresting officer. The law enforcement  
24 agency employing the officer shall designate which of the  
25 aforesaid tests shall be administered. A urine or other bodily

1 substance test may be administered even after a blood or breath  
2 test or both has been administered.

3 (b) A person who is dead, unconscious, or who is otherwise  
4 in a condition rendering that person incapable of refusal,  
5 shall be deemed not to have withdrawn the consent provided by  
6 paragraph (a) of this Section and the test or tests may be  
7 administered subject to the following provisions:

8 (1) Chemical analysis of the person's blood, urine,  
9 breath, or other bodily substance, to be considered valid  
10 under the provisions of this Section, shall have been  
11 performed according to standards promulgated by the  
12 Department of State Police by an individual possessing a  
13 valid permit issued by the Department of State Police for  
14 this purpose. The Director of State Police is authorized to  
15 approve satisfactory techniques or methods, to ascertain  
16 the qualifications and competence of individuals to  
17 conduct analyses, to issue permits that shall be subject to  
18 termination or revocation at the direction of the  
19 Department of State Police, and to certify the accuracy of  
20 breath testing equipment. The Department of State Police  
21 shall prescribe rules as necessary.

22 (2) When a person submits to a blood test at the  
23 request of a law enforcement officer under the provisions  
24 of this Section, only a physician authorized to practice  
25 medicine, a licensed physician assistant, a licensed  
26 advanced practice registered nurse, a registered nurse, or

1 other qualified person trained in venipuncture and acting  
2 under the direction of a licensed physician may withdraw  
3 blood for the purpose of determining the alcohol content.  
4 This limitation does not apply to the taking of breath,  
5 other bodily substance, or urine specimens.

6 (3) The person tested may have a physician, qualified  
7 technician, chemist, registered nurse, or other qualified  
8 person of his or her own choosing administer a chemical  
9 test or tests in addition to any test or tests administered  
10 at the direction of a law enforcement officer. The test  
11 administered at the request of the person may be admissible  
12 into evidence at a hearing conducted in accordance with  
13 Section 2-118 of this Code. The failure or inability to  
14 obtain an additional test by a person shall not preclude  
15 the consideration of the previously performed chemical  
16 test.

17 (4) Upon a request of the person who submits to a  
18 chemical test or tests at the request of a law enforcement  
19 officer, full information concerning the test or tests  
20 shall be made available to the person or that person's  
21 attorney by the requesting law enforcement agency within 72  
22 hours of receipt of the test result.

23 (5) Alcohol concentration means either grams of  
24 alcohol per 100 milliliters of blood or grams of alcohol  
25 per 210 liters of breath.

26 (6) If a driver is receiving medical treatment as a

1 result of a motor vehicle accident, a physician licensed to  
2 practice medicine, licensed physician assistant, licensed  
3 advanced practice registered nurse, registered nurse, or  
4 other qualified person trained in venipuncture and acting  
5 under the direction of a licensed physician shall withdraw  
6 blood for testing purposes to ascertain the presence of  
7 alcohol upon the specific request of a law enforcement  
8 officer. However, that testing shall not be performed  
9 until, in the opinion of the medical personnel on scene,  
10 the withdrawal can be made without interfering with or  
11 endangering the well-being of the patient.

12 (c) A person requested to submit to a test as provided in  
13 this Section shall be warned by the law enforcement officer  
14 requesting the test that a refusal to submit to the test, or  
15 submission to the test resulting in an alcohol concentration of  
16 more than 0.00, may result in the loss of that person's  
17 privilege to possess a school bus driver permit. The loss of  
18 the individual's privilege to possess a school bus driver  
19 permit shall be imposed in accordance with Section 6-106.1b of  
20 this Code. A person requested to submit to a test under this  
21 Section shall also acknowledge, in writing, receipt of the  
22 warning required under this subsection (c). If the person  
23 refuses to acknowledge receipt of the warning, the law  
24 enforcement officer shall make a written notation on the  
25 warning that the person refused to sign the warning. A person's  
26 refusal to sign the warning shall not be evidence that the

1 person was not read the warning.

2 (d) If the person refuses testing or submits to a test that  
3 discloses an alcohol concentration of more than 0.00, the law  
4 enforcement officer shall immediately submit a sworn report to  
5 the Secretary of State on a form prescribed by the Secretary of  
6 State certifying that the test or tests were requested under  
7 subsection (a) and the person refused to submit to a test or  
8 tests or submitted to testing which disclosed an alcohol  
9 concentration of more than 0.00. The law enforcement officer  
10 shall submit the same sworn report when a person who has been  
11 issued a school bus driver permit and who was operating a  
12 school bus or any other vehicle owned or operated by or for a  
13 public or private school, or a school operated by a religious  
14 institution, when the vehicle is being used over a regularly  
15 scheduled route for the transportation of persons enrolled as  
16 students in grade 12 or below, in connection with any activity  
17 of the entities listed, submits to testing under Section  
18 11-501.1 of this Code and the testing discloses an alcohol  
19 concentration of more than 0.00 and less than the alcohol  
20 concentration at which driving or being in actual physical  
21 control of a motor vehicle is prohibited under paragraph (1) of  
22 subsection (a) of Section 11-501.

23 Upon receipt of the sworn report of a law enforcement  
24 officer, the Secretary of State shall enter the school bus  
25 driver permit sanction on the individual's driving record and  
26 the sanction shall be effective on the 46th day following the

1 date notice of the sanction was given to the person.

2 The law enforcement officer submitting the sworn report  
3 shall serve immediate notice of this school bus driver permit  
4 sanction on the person and the sanction shall be effective on  
5 the 46th day following the date notice was given.

6 In cases where the blood alcohol concentration of more than  
7 0.00 is established by a subsequent analysis of blood, other  
8 bodily substance, or urine, the police officer or arresting  
9 agency shall give notice as provided in this Section or by  
10 deposit in the United States mail of that notice in an envelope  
11 with postage prepaid and addressed to that person at his or her  
12 last known address and the loss of the school bus driver permit  
13 shall be effective on the 46th day following the date notice  
14 was given.

15 Upon receipt of the sworn report of a law enforcement  
16 officer, the Secretary of State shall also give notice of the  
17 school bus driver permit sanction to the driver and the  
18 driver's current employer by mailing a notice of the effective  
19 date of the sanction to the individual. However, shall the  
20 sworn report be defective by not containing sufficient  
21 information or be completed in error, the notice of the school  
22 bus driver permit sanction may not be mailed to the person or  
23 his current employer or entered to the driving record, but  
24 rather the sworn report shall be returned to the issuing law  
25 enforcement agency.

26 (e) A driver may contest this school bus driver permit

1 sanction by requesting an administrative hearing with the  
2 Secretary of State in accordance with Section 2-118 of this  
3 Code. An individual whose blood alcohol concentration is shown  
4 to be more than 0.00 is not subject to this Section if he or she  
5 consumed alcohol in the performance of a religious service or  
6 ceremony. An individual whose blood alcohol concentration is  
7 shown to be more than 0.00 shall not be subject to this Section  
8 if the individual's blood alcohol concentration resulted only  
9 from ingestion of the prescribed or recommended dosage of  
10 medicine that contained alcohol. The petition for that hearing  
11 shall not stay or delay the effective date of the impending  
12 suspension. The scope of this hearing shall be limited to the  
13 issues of:

14 (1) whether the police officer had probable cause to  
15 believe that the person was driving or in actual physical  
16 control of a school bus or any other vehicle owned or  
17 operated by or for a public or private school, or a school  
18 operated by a religious institution, when the vehicle is  
19 being used over a regularly scheduled route for the  
20 transportation of persons enrolled as students in grade 12  
21 or below, in connection with any activity of the entities  
22 listed, upon the public highways of the State and the  
23 police officer had reason to believe that the person was in  
24 violation of any provision of this Code or a similar  
25 provision of a local ordinance; and

26 (2) whether the person was issued a Uniform Traffic

1 Ticket for any violation of this Code or a similar  
2 provision of a local ordinance; and

3 (3) whether the police officer had probable cause to  
4 believe that the driver had consumed any amount of an  
5 alcoholic beverage based upon the driver's physical  
6 actions or other first-hand knowledge of the police  
7 officer; and

8 (4) whether the person, after being advised by the  
9 officer that the privilege to possess a school bus driver  
10 permit would be canceled if the person refused to submit to  
11 and complete the test or tests, did refuse to submit to or  
12 complete the test or tests to determine the person's  
13 alcohol concentration; and

14 (5) whether the person, after being advised by the  
15 officer that the privileges to possess a school bus driver  
16 permit would be canceled if the person submits to a  
17 chemical test or tests and the test or tests disclose an  
18 alcohol concentration of more than 0.00 and the person did  
19 submit to and complete the test or tests that determined an  
20 alcohol concentration of more than 0.00; and

21 (6) whether the test result of an alcohol concentration  
22 of more than 0.00 was based upon the person's consumption  
23 of alcohol in the performance of a religious service or  
24 ceremony; and

25 (7) whether the test result of an alcohol concentration  
26 of more than 0.00 was based upon the person's consumption



1 of alcohol through ingestion of the prescribed or  
2 recommended dosage of medicine.

3 The Secretary of State may adopt administrative rules  
4 setting forth circumstances under which the holder of a school  
5 bus driver permit is not required to appear in person at the  
6 hearing.

7 Provided that the petitioner may subpoena the officer, the  
8 hearing may be conducted upon a review of the law enforcement  
9 officer's own official reports. Failure of the officer to  
10 answer the subpoena shall be grounds for a continuance if, in  
11 the hearing officer's discretion, the continuance is  
12 appropriate. At the conclusion of the hearing held under  
13 Section 2-118 of this Code, the Secretary of State may rescind,  
14 continue, or modify the school bus driver permit sanction.

15 (f) The results of any chemical testing performed in  
16 accordance with subsection (a) of this Section are not  
17 admissible in any civil or criminal proceeding, except that the  
18 results of the testing may be considered at a hearing held  
19 under Section 2-118 of this Code. However, the results of the  
20 testing may not be used to impose driver's license sanctions  
21 under Section 11-501.1 of this Code. A law enforcement officer  
22 may, however, pursue a statutory summary suspension or  
23 revocation of driving privileges under Section 11-501.1 of this  
24 Code if other physical evidence or first hand knowledge forms  
25 the basis of that suspension or revocation.

26 (g) This Section applies only to drivers who have been

1 issued a school bus driver permit in accordance with Section  
2 6-106.1 of this Code at the time of the issuance of the Uniform  
3 Traffic Ticket for a violation of this Code or a similar  
4 provision of a local ordinance, and a chemical test request is  
5 made under this Section.

6 (h) The action of the Secretary of State in suspending,  
7 revoking, canceling, or denying any license, permit,  
8 registration, or certificate of title shall be subject to  
9 judicial review in the Circuit Court of Sangamon County or in  
10 the Circuit Court of Cook County, and the provisions of the  
11 Administrative Review Law and its rules are hereby adopted and  
12 shall apply to and govern every action for the judicial review  
13 of final acts or decisions of the Secretary of State under this  
14 Section.

15 (Source: P.A. 99-467, eff. 1-1-16; 99-697, eff. 7-29-16.)

16 (625 ILCS 5/6-901) (from Ch. 95 1/2, par. 6-901)

17 Sec. 6-901. Definitions. For the purposes of this Article:

18 "Board" means the Driver's License Medical Advisory Board.

19 "Medical examiner" or "medical practitioner" means:

20 (i) any person licensed to practice medicine in all its  
21 branches in the State of Illinois or any other state;

22 (ii) a licensed physician assistant; or

23 (iii) a licensed advanced practice registered nurse.

24 (Source: P.A. 99-173, eff. 7-29-15.)

1 (625 ILCS 5/11-501.01)

2 Sec. 11-501.01. Additional administrative sanctions.

3 (a) After a finding of guilt and prior to any final  
4 sentencing or an order for supervision, for an offense based  
5 upon an arrest for a violation of Section 11-501 or a similar  
6 provision of a local ordinance, individuals shall be required  
7 to undergo a professional evaluation to determine if an  
8 alcohol, drug, or intoxicating compound abuse problem exists  
9 and the extent of the problem, and undergo the imposition of  
10 treatment as appropriate. Programs conducting these  
11 evaluations shall be licensed by the Department of Human  
12 Services. The cost of any professional evaluation shall be paid  
13 for by the individual required to undergo the professional  
14 evaluation.

15 (b) Any person who is found guilty of or pleads guilty to  
16 violating Section 11-501, including any person receiving a  
17 disposition of court supervision for violating that Section,  
18 may be required by the Court to attend a victim impact panel  
19 offered by, or under contract with, a county State's Attorney's  
20 office, a probation and court services department, Mothers  
21 Against Drunk Driving, or the Alliance Against Intoxicated  
22 Motorists. All costs generated by the victim impact panel shall  
23 be paid from fees collected from the offender or as may be  
24 determined by the court.

25 (c) Every person found guilty of violating Section 11-501,  
26 whose operation of a motor vehicle while in violation of that

1 Section proximately caused any incident resulting in an  
2 appropriate emergency response, shall be liable for the expense  
3 of an emergency response as provided in subsection (i) of this  
4 Section.

5 (d) The Secretary of State shall revoke the driving  
6 privileges of any person convicted under Section 11-501 or a  
7 similar provision of a local ordinance.

8 (e) The Secretary of State shall require the use of  
9 ignition interlock devices for a period not less than 5 years  
10 on all vehicles owned by a person who has been convicted of a  
11 second or subsequent offense of Section 11-501 or a similar  
12 provision of a local ordinance. The person must pay to the  
13 Secretary of State DUI Administration Fund an amount not to  
14 exceed \$30 for each month that he or she uses the device. The  
15 Secretary shall establish by rule and regulation the procedures  
16 for certification and use of the interlock system, the amount  
17 of the fee, and the procedures, terms, and conditions relating  
18 to these fees. During the time period in which a person is  
19 required to install an ignition interlock device under this  
20 subsection (e), that person shall only operate vehicles in  
21 which ignition interlock devices have been installed, except as  
22 allowed by subdivision (c) (5) or (d) (5) of Section 6-205 of  
23 this Code.

24 (f) In addition to any other penalties and liabilities, a  
25 person who is found guilty of or pleads guilty to violating  
26 Section 11-501, including any person placed on court

1 supervision for violating Section 11-501, shall be assessed  
2 \$750, payable to the circuit clerk, who shall distribute the  
3 money as follows: \$350 to the law enforcement agency that made  
4 the arrest, and \$400 shall be forwarded to the State Treasurer  
5 for deposit into the General Revenue Fund. If the person has  
6 been previously convicted of violating Section 11-501 or a  
7 similar provision of a local ordinance, the fine shall be  
8 \$1,000, and the circuit clerk shall distribute \$200 to the law  
9 enforcement agency that made the arrest and \$800 to the State  
10 Treasurer for deposit into the General Revenue Fund. In the  
11 event that more than one agency is responsible for the arrest,  
12 the amount payable to law enforcement agencies shall be shared  
13 equally. Any moneys received by a law enforcement agency under  
14 this subsection (f) shall be used for enforcement and  
15 prevention of driving while under the influence of alcohol,  
16 other drug or drugs, intoxicating compound or compounds or any  
17 combination thereof, as defined by Section 11-501 of this Code,  
18 including but not limited to the purchase of law enforcement  
19 equipment and commodities that will assist in the prevention of  
20 alcohol related criminal violence throughout the State; police  
21 officer training and education in areas related to alcohol  
22 related crime, including but not limited to DUI training; and  
23 police officer salaries, including but not limited to salaries  
24 for hire back funding for safety checkpoints, saturation  
25 patrols, and liquor store sting operations. Any moneys received  
26 by the Department of State Police under this subsection (f)

1 shall be deposited into the State Police DUI Fund and shall be  
2 used to purchase law enforcement equipment that will assist in  
3 the prevention of alcohol related criminal violence throughout  
4 the State.

5 (g) The Secretary of State Police DUI Fund is created as a  
6 special fund in the State treasury. All moneys received by the  
7 Secretary of State Police under subsection (f) of this Section  
8 shall be deposited into the Secretary of State Police DUI Fund  
9 and, subject to appropriation, shall be used for enforcement  
10 and prevention of driving while under the influence of alcohol,  
11 other drug or drugs, intoxicating compound or compounds or any  
12 combination thereof, as defined by Section 11-501 of this Code,  
13 including but not limited to the purchase of law enforcement  
14 equipment and commodities to assist in the prevention of  
15 alcohol related criminal violence throughout the State; police  
16 officer training and education in areas related to alcohol  
17 related crime, including but not limited to DUI training; and  
18 police officer salaries, including but not limited to salaries  
19 for hire back funding for safety checkpoints, saturation  
20 patrols, and liquor store sting operations.

21 (h) Whenever an individual is sentenced for an offense  
22 based upon an arrest for a violation of Section 11-501 or a  
23 similar provision of a local ordinance, and the professional  
24 evaluation recommends remedial or rehabilitative treatment or  
25 education, neither the treatment nor the education shall be the  
26 sole disposition and either or both may be imposed only in

1 conjunction with another disposition. The court shall monitor  
2 compliance with any remedial education or treatment  
3 recommendations contained in the professional evaluation.  
4 Programs conducting alcohol or other drug evaluation or  
5 remedial education must be licensed by the Department of Human  
6 Services. If the individual is not a resident of Illinois,  
7 however, the court may accept an alcohol or other drug  
8 evaluation or remedial education program in the individual's  
9 state of residence. Programs providing treatment must be  
10 licensed under existing applicable alcoholism and drug  
11 treatment licensure standards.

12 (i) In addition to any other fine or penalty required by  
13 law, an individual convicted of a violation of Section 11-501,  
14 Section 5-7 of the Snowmobile Registration and Safety Act,  
15 Section 5-16 of the Boat Registration and Safety Act, or a  
16 similar provision, whose operation of a motor vehicle,  
17 snowmobile, or watercraft while in violation of Section 11-501,  
18 Section 5-7 of the Snowmobile Registration and Safety Act,  
19 Section 5-16 of the Boat Registration and Safety Act, or a  
20 similar provision proximately caused an incident resulting in  
21 an appropriate emergency response, shall be required to make  
22 restitution to a public agency for the costs of that emergency  
23 response. The restitution may not exceed \$1,000 per public  
24 agency for each emergency response. As used in this subsection  
25 (i), "emergency response" means any incident requiring a  
26 response by a police officer, a firefighter carried on the

1 rolls of a regularly constituted fire department, or an  
2 ambulance. With respect to funds designated for the Department  
3 of State Police, the moneys shall be remitted by the circuit  
4 court clerk to the State Police within one month after receipt  
5 for deposit into the State Police DUI Fund. With respect to  
6 funds designated for the Department of Natural Resources, the  
7 Department of Natural Resources shall deposit the moneys into  
8 the Conservation Police Operations Assistance Fund.

9 (j) A person that is subject to a chemical test or tests of  
10 blood under subsection (a) of Section 11-501.1 or subdivision  
11 (c)(2) of Section 11-501.2 of this Code, whether or not that  
12 person consents to testing, shall be liable for the expense up  
13 to \$500 for blood withdrawal by a physician authorized to  
14 practice medicine, a licensed physician assistant, a licensed  
15 advanced practice registered nurse, a registered nurse, a  
16 trained phlebotomist, a licensed paramedic, or a qualified  
17 person other than a police officer approved by the Department  
18 of State Police to withdraw blood, who responds, whether at a  
19 law enforcement facility or a health care facility, to a police  
20 department request for the drawing of blood based upon refusal  
21 of the person to submit to a lawfully requested breath test or  
22 probable cause exists to believe the test would disclose the  
23 ingestion, consumption, or use of drugs or intoxicating  
24 compounds if:

25 (1) the person is found guilty of violating Section  
26 11-501 of this Code or a similar provision of a local



1 ordinance; or

2 (2) the person pleads guilty to or stipulates to facts  
3 supporting a violation of Section 11-503 of this Code or a  
4 similar provision of a local ordinance when the plea or  
5 stipulation was the result of a plea agreement in which the  
6 person was originally charged with violating Section  
7 11-501 of this Code or a similar local ordinance.

8 (Source: P.A. 98-292, eff. 1-1-14; 98-463, eff. 8-16-13;  
9 98-973, eff. 8-15-14; 99-289, eff. 8-6-15; 99-296, eff. 1-1-16;  
10 99-642, eff. 7-28-16.)

11 (625 ILCS 5/11-501.2) (from Ch. 95 1/2, par. 11-501.2)

12 Sec. 11-501.2. Chemical and other tests.

13 (a) Upon the trial of any civil or criminal action or  
14 proceeding arising out of an arrest for an offense as defined  
15 in Section 11-501 or a similar local ordinance or proceedings  
16 pursuant to Section 2-118.1, evidence of the concentration of  
17 alcohol, other drug or drugs, or intoxicating compound or  
18 compounds, or any combination thereof in a person's blood or  
19 breath at the time alleged, as determined by analysis of the  
20 person's blood, urine, breath, or other bodily substance, shall  
21 be admissible. Where such test is made the following provisions  
22 shall apply:

23 1. Chemical analyses of the person's blood, urine,  
24 breath, or other bodily substance to be considered valid  
25 under the provisions of this Section shall have been

1 performed according to standards promulgated by the  
2 Department of State Police by a licensed physician,  
3 registered nurse, trained phlebotomist, licensed  
4 paramedic, or other individual possessing a valid permit  
5 issued by that Department for this purpose. The Director of  
6 State Police is authorized to approve satisfactory  
7 techniques or methods, to ascertain the qualifications and  
8 competence of individuals to conduct such analyses, to  
9 issue permits which shall be subject to termination or  
10 revocation at the discretion of that Department and to  
11 certify the accuracy of breath testing equipment. The  
12 Department of State Police shall prescribe regulations as  
13 necessary to implement this Section.

14 2. When a person in this State shall submit to a blood  
15 test at the request of a law enforcement officer under the  
16 provisions of Section 11-501.1, only a physician  
17 authorized to practice medicine, a licensed physician  
18 assistant, a licensed advanced practice registered nurse,  
19 a registered nurse, trained phlebotomist, or licensed  
20 paramedic, or other qualified person approved by the  
21 Department of State Police may withdraw blood for the  
22 purpose of determining the alcohol, drug, or alcohol and  
23 drug content therein. This limitation shall not apply to  
24 the taking of breath, other bodily substance, or urine  
25 specimens.

26 When a blood test of a person who has been taken to an

1 adjoining state for medical treatment is requested by an  
2 Illinois law enforcement officer, the blood may be  
3 withdrawn only by a physician authorized to practice  
4 medicine in the adjoining state, a licensed physician  
5 assistant, a licensed advanced practice registered nurse,  
6 a registered nurse, a trained phlebotomist acting under the  
7 direction of the physician, or licensed paramedic. The law  
8 enforcement officer requesting the test shall take custody  
9 of the blood sample, and the blood sample shall be analyzed  
10 by a laboratory certified by the Department of State Police  
11 for that purpose.

12 3. The person tested may have a physician, or a  
13 qualified technician, chemist, registered nurse, or other  
14 qualified person of their own choosing administer a  
15 chemical test or tests in addition to any administered at  
16 the direction of a law enforcement officer. The failure or  
17 inability to obtain an additional test by a person shall  
18 not preclude the admission of evidence relating to the test  
19 or tests taken at the direction of a law enforcement  
20 officer.

21 4. Upon the request of the person who shall submit to a  
22 chemical test or tests at the request of a law enforcement  
23 officer, full information concerning the test or tests  
24 shall be made available to the person or such person's  
25 attorney.

26 5. Alcohol concentration shall mean either grams of

1 alcohol per 100 milliliters of blood or grams of alcohol  
2 per 210 liters of breath.

3 6. Tetrahydrocannabinol concentration means either 5  
4 nanograms or more of delta-9-tetrahydrocannabinol per  
5 milliliter of whole blood or 10 nanograms or more of  
6 delta-9-tetrahydrocannabinol per milliliter of other  
7 bodily substance.

8 (a-5) Law enforcement officials may use standardized field  
9 sobriety tests approved by the National Highway Traffic Safety  
10 Administration when conducting investigations of a violation  
11 of Section 11-501 or similar local ordinance by drivers  
12 suspected of driving under the influence of cannabis. The  
13 General Assembly finds that standardized field sobriety tests  
14 approved by the National Highway Traffic Safety Administration  
15 are divided attention tasks that are intended to determine if a  
16 person is under the influence of cannabis. The purpose of these  
17 tests is to determine the effect of the use of cannabis on a  
18 person's capacity to think and act with ordinary care and  
19 therefore operate a motor vehicle safely. Therefore, the  
20 results of these standardized field sobriety tests,  
21 appropriately administered, shall be admissible in the trial of  
22 any civil or criminal action or proceeding arising out of an  
23 arrest for a cannabis-related offense as defined in Section  
24 11-501 or a similar local ordinance or proceedings under  
25 Section 2-118.1 or 2-118.2. Where a test is made the following  
26 provisions shall apply:

1           1. The person tested may have a physician, or a  
2 qualified technician, chemist, registered nurse, or other  
3 qualified person of their own choosing administer a  
4 chemical test or tests in addition to the standardized  
5 field sobriety test or tests administered at the direction  
6 of a law enforcement officer. The failure or inability to  
7 obtain an additional test by a person does not preclude the  
8 admission of evidence relating to the test or tests taken  
9 at the direction of a law enforcement officer.

10           2. Upon the request of the person who shall submit to a  
11 standardized field sobriety test or tests at the request of  
12 a law enforcement officer, full information concerning the  
13 test or tests shall be made available to the person or the  
14 person's attorney.

15           3. At the trial of any civil or criminal action or  
16 proceeding arising out of an arrest for an offense as  
17 defined in Section 11-501 or a similar local ordinance or  
18 proceedings under Section 2-118.1 or 2-118.2 in which the  
19 results of these standardized field sobriety tests are  
20 admitted, the cardholder may present and the trier of fact  
21 may consider evidence that the card holder lacked the  
22 physical capacity to perform the standardized field  
23 sobriety tests.

24           (b) Upon the trial of any civil or criminal action or  
25 proceeding arising out of acts alleged to have been committed  
26 by any person while driving or in actual physical control of a

1 vehicle while under the influence of alcohol, the concentration  
2 of alcohol in the person's blood or breath at the time alleged  
3 as shown by analysis of the person's blood, urine, breath, or  
4 other bodily substance shall give rise to the following  
5 presumptions:

6 1. If there was at that time an alcohol concentration  
7 of 0.05 or less, it shall be presumed that the person was  
8 not under the influence of alcohol.

9 2. If there was at that time an alcohol concentration  
10 in excess of 0.05 but less than 0.08, such facts shall not  
11 give rise to any presumption that the person was or was not  
12 under the influence of alcohol, but such fact may be  
13 considered with other competent evidence in determining  
14 whether the person was under the influence of alcohol.

15 3. If there was at that time an alcohol concentration  
16 of 0.08 or more, it shall be presumed that the person was  
17 under the influence of alcohol.

18 4. The foregoing provisions of this Section shall not  
19 be construed as limiting the introduction of any other  
20 relevant evidence bearing upon the question whether the  
21 person was under the influence of alcohol.

22 (b-5) Upon the trial of any civil or criminal action or  
23 proceeding arising out of acts alleged to have been committed  
24 by any person while driving or in actual physical control of a  
25 vehicle while under the influence of alcohol, other drug or  
26 drugs, intoxicating compound or compounds or any combination

1       thereof, the concentration of cannabis in the person's whole  
2       blood or other bodily substance at the time alleged as shown by  
3       analysis of the person's blood or other bodily substance shall  
4       give rise to the following presumptions:

5               1. If there was a tetrahydrocannabinol concentration  
6               of 5 nanograms or more in whole blood or 10 nanograms or  
7               more in an other bodily substance as defined in this  
8               Section, it shall be presumed that the person was under the  
9               influence of cannabis.

10              2. If there was at that time a tetrahydrocannabinol  
11              concentration of less than 5 nanograms in whole blood or  
12              less than 10 nanograms in an other bodily substance, such  
13              facts shall not give rise to any presumption that the  
14              person was or was not under the influence of cannabis, but  
15              such fact may be considered with other competent evidence  
16              in determining whether the person was under the influence  
17              of cannabis.

18              (c) 1. If a person under arrest refuses to submit to a  
19              chemical test under the provisions of Section 11-501.1,  
20              evidence of refusal shall be admissible in any civil or  
21              criminal action or proceeding arising out of acts alleged to  
22              have been committed while the person under the influence of  
23              alcohol, other drug or drugs, or intoxicating compound or  
24              compounds, or any combination thereof was driving or in actual  
25              physical control of a motor vehicle.

26              2. Notwithstanding any ability to refuse under this Code to

1 submit to these tests or any ability to revoke the implied  
2 consent to these tests, if a law enforcement officer has  
3 probable cause to believe that a motor vehicle driven by or in  
4 actual physical control of a person under the influence of  
5 alcohol, other drug or drugs, or intoxicating compound or  
6 compounds, or any combination thereof has caused the death or  
7 personal injury to another, the law enforcement officer shall  
8 request, and that person shall submit, upon the request of a  
9 law enforcement officer, to a chemical test or tests of his or  
10 her blood, breath, other bodily substance, or urine for the  
11 purpose of determining the alcohol content thereof or the  
12 presence of any other drug or combination of both.

13 This provision does not affect the applicability of or  
14 imposition of driver's license sanctions under Section  
15 11-501.1 of this Code.

16 3. For purposes of this Section, a personal injury includes  
17 any Type A injury as indicated on the traffic accident report  
18 completed by a law enforcement officer that requires immediate  
19 professional attention in either a doctor's office or a medical  
20 facility. A Type A injury includes severe bleeding wounds,  
21 distorted extremities, and injuries that require the injured  
22 party to be carried from the scene.

23 (d) If a person refuses standardized field sobriety tests  
24 under Section 11-501.9 of this Code, evidence of refusal shall  
25 be admissible in any civil or criminal action or proceeding  
26 arising out of acts committed while the person was driving or



1 in actual physical control of a vehicle and alleged to have  
2 been impaired by the use of cannabis.

3 (e) Department of State Police compliance with the changes  
4 in this amendatory Act of the 99th General Assembly concerning  
5 testing of other bodily substances and tetrahydrocannabinol  
6 concentration by Department of State Police laboratories is  
7 subject to appropriation and until the Department of State  
8 Police adopt standards and completion validation. Any  
9 laboratories that test for the presence of cannabis or other  
10 drugs under this Article, the Snowmobile Registration and  
11 Safety Act, or the Boat Registration and Safety Act must comply  
12 with ISO/IEC 17025:2005.

13 (Source: P.A. 98-122, eff. 1-1-14; 98-973, eff. 8-15-14;  
14 98-1172, eff. 1-12-15; 99-697, eff. 7-29-16.)

15 (625 ILCS 5/11-501.6) (from Ch. 95 1/2, par. 11-501.6)

16 Sec. 11-501.6. Driver involvement in personal injury or  
17 fatal motor vehicle accident; chemical test.

18 (a) Any person who drives or is in actual control of a  
19 motor vehicle upon the public highways of this State and who  
20 has been involved in a personal injury or fatal motor vehicle  
21 accident, shall be deemed to have given consent to a breath  
22 test using a portable device as approved by the Department of  
23 State Police or to a chemical test or tests of blood, breath,  
24 other bodily substance, or urine for the purpose of determining  
25 the content of alcohol, other drug or drugs, or intoxicating

1 compound or compounds of such person's blood if arrested as  
2 evidenced by the issuance of a Uniform Traffic Ticket for any  
3 violation of the Illinois Vehicle Code or a similar provision  
4 of a local ordinance, with the exception of equipment  
5 violations contained in Chapter 12 of this Code, or similar  
6 provisions of local ordinances. The test or tests shall be  
7 administered at the direction of the arresting officer. The law  
8 enforcement agency employing the officer shall designate which  
9 of the aforesaid tests shall be administered. Up to 2  
10 additional tests of urine or other bodily substance may be  
11 administered even after a blood or breath test or both has been  
12 administered. Compliance with this Section does not relieve  
13 such person from the requirements of Section 11-501.1 of this  
14 Code.

15 (b) Any person who is dead, unconscious or who is otherwise  
16 in a condition rendering such person incapable of refusal shall  
17 be deemed not to have withdrawn the consent provided by  
18 subsection (a) of this Section. In addition, if a driver of a  
19 vehicle is receiving medical treatment as a result of a motor  
20 vehicle accident, any physician licensed to practice medicine,  
21 licensed physician assistant, licensed advanced practice  
22 registered nurse, registered nurse or a phlebotomist acting  
23 under the direction of a licensed physician shall withdraw  
24 blood for testing purposes to ascertain the presence of  
25 alcohol, other drug or drugs, or intoxicating compound or  
26 compounds, upon the specific request of a law enforcement

1 officer. However, no such testing shall be performed until, in  
2 the opinion of the medical personnel on scene, the withdrawal  
3 can be made without interfering with or endangering the  
4 well-being of the patient.

5 (c) A person requested to submit to a test as provided  
6 above shall be warned by the law enforcement officer requesting  
7 the test that a refusal to submit to the test, or submission to  
8 the test resulting in an alcohol concentration of 0.08 or more,  
9 or testing discloses the presence of cannabis as listed in the  
10 Cannabis Control Act with a tetrahydrocannabinol concentration  
11 as defined in paragraph 6 of subsection (a) of Section 11-501.2  
12 of this Code, or any amount of a drug, substance, or  
13 intoxicating compound resulting from the unlawful use or  
14 consumption of a controlled substance listed in the Illinois  
15 Controlled Substances Act, an intoxicating compound listed in  
16 the Use of Intoxicating Compounds Act, or methamphetamine as  
17 listed in the Methamphetamine Control and Community Protection  
18 Act as detected in such person's blood, other bodily substance,  
19 or urine, may result in the suspension of such person's  
20 privilege to operate a motor vehicle. If the person is also a  
21 CDL holder, he or she shall be warned by the law enforcement  
22 officer requesting the test that a refusal to submit to the  
23 test, or submission to the test resulting in an alcohol  
24 concentration of 0.08 or more, or any amount of a drug,  
25 substance, or intoxicating compound resulting from the  
26 unlawful use or consumption of cannabis, as covered by the

1 Cannabis Control Act, a controlled substance listed in the  
2 Illinois Controlled Substances Act, an intoxicating compound  
3 listed in the Use of Intoxicating Compounds Act, or  
4 methamphetamine as listed in the Methamphetamine Control and  
5 Community Protection Act as detected in the person's blood,  
6 other bodily substance, or urine, may result in the  
7 disqualification of the person's privilege to operate a  
8 commercial motor vehicle, as provided in Section 6-514 of this  
9 Code. The length of the suspension shall be the same as  
10 outlined in Section 6-208.1 of this Code regarding statutory  
11 summary suspensions.

12 A person requested to submit to a test shall also  
13 acknowledge, in writing, receipt of the warning required under  
14 this Section. If the person refuses to acknowledge receipt of  
15 the warning, the law enforcement officer shall make a written  
16 notation on the warning that the person refused to sign the  
17 warning. A person's refusal to sign the warning shall not be  
18 evidence that the person was not read the warning.

19 (d) If the person refuses testing or submits to a test  
20 which discloses an alcohol concentration of 0.08 or more, the  
21 presence of cannabis as listed in the Cannabis Control Act with  
22 a tetrahydrocannabinol concentration as defined in paragraph 6  
23 of subsection (a) of Section 11-501.2 of this Code, or any  
24 amount of a drug, substance, or intoxicating compound in such  
25 person's blood or urine resulting from the unlawful use or  
26 consumption of a controlled substance listed in the Illinois

1 Controlled Substances Act, an intoxicating compound listed in  
2 the Use of Intoxicating Compounds Act, or methamphetamine as  
3 listed in the Methamphetamine Control and Community Protection  
4 Act, the law enforcement officer shall immediately submit a  
5 sworn report to the Secretary of State on a form prescribed by  
6 the Secretary, certifying that the test or tests were requested  
7 under subsection (a) and the person refused to submit to a test  
8 or tests or submitted to testing which disclosed an alcohol  
9 concentration of 0.08 or more, the presence of cannabis as  
10 listed in the Cannabis Control Act with a tetrahydrocannabinol  
11 concentration as defined in paragraph 6 of subsection (a) of  
12 Section 11-501.2 of this Code, or any amount of a drug,  
13 substance, or intoxicating compound in such person's blood,  
14 other bodily substance, or urine, resulting from the unlawful  
15 use or consumption of a controlled substance listed in the  
16 Illinois Controlled Substances Act, an intoxicating compound  
17 listed in the Use of Intoxicating Compounds Act, or  
18 methamphetamine as listed in the Methamphetamine Control and  
19 Community Protection Act. If the person is also a CDL holder  
20 and refuses testing or submits to a test which discloses an  
21 alcohol concentration of 0.08 or more, or any amount of a drug,  
22 substance, or intoxicating compound in the person's blood,  
23 other bodily substance, or urine resulting from the unlawful  
24 use or consumption of cannabis listed in the Cannabis Control  
25 Act, a controlled substance listed in the Illinois Controlled  
26 Substances Act, an intoxicating compound listed in the Use of

1 Intoxicating Compounds Act, or methamphetamine as listed in the  
2 Methamphetamine Control and Community Protection Act, the law  
3 enforcement officer shall immediately submit a sworn report to  
4 the Secretary of State on a form prescribed by the Secretary,  
5 certifying that the test or tests were requested under  
6 subsection (a) and the person refused to submit to a test or  
7 tests or submitted to testing which disclosed an alcohol  
8 concentration of 0.08 or more, or any amount of a drug,  
9 substance, or intoxicating compound in such person's blood,  
10 other bodily substance, or urine, resulting from the unlawful  
11 use or consumption of cannabis listed in the Cannabis Control  
12 Act, a controlled substance listed in the Illinois Controlled  
13 Substances Act, an intoxicating compound listed in the Use of  
14 Intoxicating Compounds Act, or methamphetamine as listed in the  
15 Methamphetamine Control and Community Protection Act.

16 Upon receipt of the sworn report of a law enforcement  
17 officer, the Secretary shall enter the suspension and  
18 disqualification to the individual's driving record and the  
19 suspension and disqualification shall be effective on the 46th  
20 day following the date notice of the suspension was given to  
21 the person.

22 The law enforcement officer submitting the sworn report  
23 shall serve immediate notice of this suspension on the person  
24 and such suspension and disqualification shall be effective on  
25 the 46th day following the date notice was given.

26 In cases involving a person who is not a CDL holder where

1 the blood alcohol concentration of 0.08 or more, or blood  
2 testing discloses the presence of cannabis as listed in the  
3 Cannabis Control Act with a tetrahydrocannabinol concentration  
4 as defined in paragraph 6 of subsection (a) of Section 11-501.2  
5 of this Code, or any amount of a drug, substance, or  
6 intoxicating compound resulting from the unlawful use or  
7 consumption of a controlled substance listed in the Illinois  
8 Controlled Substances Act, an intoxicating compound listed in  
9 the Use of Intoxicating Compounds Act, or methamphetamine as  
10 listed in the Methamphetamine Control and Community Protection  
11 Act, is established by a subsequent analysis of blood, other  
12 bodily substance, or urine collected at the time of arrest, the  
13 arresting officer shall give notice as provided in this Section  
14 or by deposit in the United States mail of such notice in an  
15 envelope with postage prepaid and addressed to such person at  
16 his or her address as shown on the Uniform Traffic Ticket and  
17 the suspension shall be effective on the 46th day following the  
18 date notice was given.

19 In cases involving a person who is a CDL holder where the  
20 blood alcohol concentration of 0.08 or more, or any amount of a  
21 drug, substance, or intoxicating compound resulting from the  
22 unlawful use or consumption of cannabis as listed in the  
23 Cannabis Control Act, a controlled substance listed in the  
24 Illinois Controlled Substances Act, an intoxicating compound  
25 listed in the Use of Intoxicating Compounds Act, or  
26 methamphetamine as listed in the Methamphetamine Control and

1 Community Protection Act, is established by a subsequent  
2 analysis of blood, other bodily substance, or urine collected  
3 at the time of arrest, the arresting officer shall give notice  
4 as provided in this Section or by deposit in the United States  
5 mail of such notice in an envelope with postage prepaid and  
6 addressed to the person at his or her address as shown on the  
7 Uniform Traffic Ticket and the suspension and disqualification  
8 shall be effective on the 46th day following the date notice  
9 was given.

10 Upon receipt of the sworn report of a law enforcement  
11 officer, the Secretary shall also give notice of the suspension  
12 and disqualification to the driver by mailing a notice of the  
13 effective date of the suspension and disqualification to the  
14 individual. However, should the sworn report be defective by  
15 not containing sufficient information or be completed in error,  
16 the notice of the suspension and disqualification shall not be  
17 mailed to the person or entered to the driving record, but  
18 rather the sworn report shall be returned to the issuing law  
19 enforcement agency.

20 (e) A driver may contest this suspension of his or her  
21 driving privileges and disqualification of his or her CDL  
22 privileges by requesting an administrative hearing with the  
23 Secretary in accordance with Section 2-118 of this Code. At the  
24 conclusion of a hearing held under Section 2-118 of this Code,  
25 the Secretary may rescind, continue, or modify the orders of  
26 suspension and disqualification. If the Secretary does not



1 rescind the orders of suspension and disqualification, a  
2 restricted driving permit may be granted by the Secretary upon  
3 application being made and good cause shown. A restricted  
4 driving permit may be granted to relieve undue hardship to  
5 allow driving for employment, educational, and medical  
6 purposes as outlined in Section 6-206 of this Code. The  
7 provisions of Section 6-206 of this Code shall apply. In  
8 accordance with 49 C.F.R. 384, the Secretary of State may not  
9 issue a restricted driving permit for the operation of a  
10 commercial motor vehicle to a person holding a CDL whose  
11 driving privileges have been suspended, revoked, cancelled, or  
12 disqualified.

13 (f) (Blank).

14 (g) For the purposes of this Section, a personal injury  
15 shall include any type A injury as indicated on the traffic  
16 accident report completed by a law enforcement officer that  
17 requires immediate professional attention in either a doctor's  
18 office or a medical facility. A type A injury shall include  
19 severely bleeding wounds, distorted extremities, and injuries  
20 that require the injured party to be carried from the scene.

21 (Source: P.A. 99-467, eff. 1-1-16; 99-697, eff. 7-29-16.)

22 (625 ILCS 5/11-501.8)

23 Sec. 11-501.8. Suspension of driver's license; persons  
24 under age 21.

25 (a) A person who is less than 21 years of age and who

1 drives or is in actual physical control of a motor vehicle upon  
2 the public highways of this State shall be deemed to have given  
3 consent to a chemical test or tests of blood, breath, other  
4 bodily substance, or urine for the purpose of determining the  
5 alcohol content of the person's blood if arrested, as evidenced  
6 by the issuance of a Uniform Traffic Ticket for any violation  
7 of the Illinois Vehicle Code or a similar provision of a local  
8 ordinance, if a police officer has probable cause to believe  
9 that the driver has consumed any amount of an alcoholic  
10 beverage based upon evidence of the driver's physical condition  
11 or other first hand knowledge of the police officer. The test  
12 or tests shall be administered at the direction of the  
13 arresting officer. The law enforcement agency employing the  
14 officer shall designate which of the aforesaid tests shall be  
15 administered. Up to 2 additional tests of urine or other bodily  
16 substance may be administered even after a blood or breath test  
17 or both has been administered.

18 (b) A person who is dead, unconscious, or who is otherwise  
19 in a condition rendering that person incapable of refusal,  
20 shall be deemed not to have withdrawn the consent provided by  
21 paragraph (a) of this Section and the test or tests may be  
22 administered subject to the following provisions:

23 (i) Chemical analysis of the person's blood, urine,  
24 breath, or other bodily substance, to be considered valid  
25 under the provisions of this Section, shall have been  
26 performed according to standards promulgated by the

1 Department of State Police by an individual possessing a  
2 valid permit issued by that Department for this purpose.  
3 The Director of State Police is authorized to approve  
4 satisfactory techniques or methods, to ascertain the  
5 qualifications and competence of individuals to conduct  
6 analyses, to issue permits that shall be subject to  
7 termination or revocation at the direction of that  
8 Department, and to certify the accuracy of breath testing  
9 equipment. The Department of State Police shall prescribe  
10 regulations as necessary.

11 (ii) When a person submits to a blood test at the  
12 request of a law enforcement officer under the provisions  
13 of this Section, only a physician authorized to practice  
14 medicine, a licensed physician assistant, a licensed  
15 advanced practice registered nurse, a registered nurse, or  
16 other qualified person trained in venipuncture and acting  
17 under the direction of a licensed physician may withdraw  
18 blood for the purpose of determining the alcohol content  
19 therein. This limitation does not apply to the taking of  
20 breath, other bodily substance, or urine specimens.

21 (iii) The person tested may have a physician, qualified  
22 technician, chemist, registered nurse, or other qualified  
23 person of his or her own choosing administer a chemical  
24 test or tests in addition to any test or tests administered  
25 at the direction of a law enforcement officer. The failure  
26 or inability to obtain an additional test by a person shall

1 not preclude the consideration of the previously performed  
2 chemical test.

3 (iv) Upon a request of the person who submits to a  
4 chemical test or tests at the request of a law enforcement  
5 officer, full information concerning the test or tests  
6 shall be made available to the person or that person's  
7 attorney.

8 (v) Alcohol concentration means either grams of  
9 alcohol per 100 milliliters of blood or grams of alcohol  
10 per 210 liters of breath.

11 (vi) If a driver is receiving medical treatment as a  
12 result of a motor vehicle accident, a physician licensed to  
13 practice medicine, licensed physician assistant, licensed  
14 advanced practice registered nurse, registered nurse, or  
15 other qualified person trained in venipuncture and acting  
16 under the direction of a licensed physician shall withdraw  
17 blood for testing purposes to ascertain the presence of  
18 alcohol upon the specific request of a law enforcement  
19 officer. However, that testing shall not be performed  
20 until, in the opinion of the medical personnel on scene,  
21 the withdrawal can be made without interfering with or  
22 endangering the well-being of the patient.

23 (c) A person requested to submit to a test as provided  
24 above shall be warned by the law enforcement officer requesting  
25 the test that a refusal to submit to the test, or submission to  
26 the test resulting in an alcohol concentration of more than

1 0.00, may result in the loss of that person's privilege to  
2 operate a motor vehicle and may result in the disqualification  
3 of the person's privilege to operate a commercial motor  
4 vehicle, as provided in Section 6-514 of this Code, if the  
5 person is a CDL holder. The loss of driving privileges shall be  
6 imposed in accordance with Section 6-208.2 of this Code.

7 A person requested to submit to a test shall also  
8 acknowledge, in writing, receipt of the warning required under  
9 this Section. If the person refuses to acknowledge receipt of  
10 the warning, the law enforcement officer shall make a written  
11 notation on the warning that the person refused to sign the  
12 warning. A person's refusal to sign the warning shall not be  
13 evidence that the person was not read the warning.

14 (d) If the person refuses testing or submits to a test that  
15 discloses an alcohol concentration of more than 0.00, the law  
16 enforcement officer shall immediately submit a sworn report to  
17 the Secretary of State on a form prescribed by the Secretary of  
18 State, certifying that the test or tests were requested under  
19 subsection (a) and the person refused to submit to a test or  
20 tests or submitted to testing which disclosed an alcohol  
21 concentration of more than 0.00. The law enforcement officer  
22 shall submit the same sworn report when a person under the age  
23 of 21 submits to testing under Section 11-501.1 of this Code  
24 and the testing discloses an alcohol concentration of more than  
25 0.00 and less than 0.08.

26 Upon receipt of the sworn report of a law enforcement

1 officer, the Secretary of State shall enter the suspension and  
2 disqualification on the individual's driving record and the  
3 suspension and disqualification shall be effective on the 46th  
4 day following the date notice of the suspension was given to  
5 the person. If this suspension is the individual's first  
6 driver's license suspension under this Section, reports  
7 received by the Secretary of State under this Section shall,  
8 except during the time the suspension is in effect, be  
9 privileged information and for use only by the courts, police  
10 officers, prosecuting authorities, the Secretary of State, or  
11 the individual personally, unless the person is a CDL holder,  
12 is operating a commercial motor vehicle or vehicle required to  
13 be placarded for hazardous materials, in which case the  
14 suspension shall not be privileged. Reports received by the  
15 Secretary of State under this Section shall also be made  
16 available to the parent or guardian of a person under the age  
17 of 18 years that holds an instruction permit or a graduated  
18 driver's license, regardless of whether the suspension is in  
19 effect.

20 The law enforcement officer submitting the sworn report  
21 shall serve immediate notice of this suspension on the person  
22 and the suspension and disqualification shall be effective on  
23 the 46th day following the date notice was given.

24 In cases where the blood alcohol concentration of more than  
25 0.00 is established by a subsequent analysis of blood, other  
26 bodily substance, or urine, the police officer or arresting

1 agency shall give notice as provided in this Section or by  
2 deposit in the United States mail of that notice in an envelope  
3 with postage prepaid and addressed to that person at his last  
4 known address and the loss of driving privileges shall be  
5 effective on the 46th day following the date notice was given.

6 Upon receipt of the sworn report of a law enforcement  
7 officer, the Secretary of State shall also give notice of the  
8 suspension and disqualification to the driver by mailing a  
9 notice of the effective date of the suspension and  
10 disqualification to the individual. However, should the sworn  
11 report be defective by not containing sufficient information or  
12 be completed in error, the notice of the suspension and  
13 disqualification shall not be mailed to the person or entered  
14 to the driving record, but rather the sworn report shall be  
15 returned to the issuing law enforcement agency.

16 (e) A driver may contest this suspension and  
17 disqualification by requesting an administrative hearing with  
18 the Secretary of State in accordance with Section 2-118 of this  
19 Code. An individual whose blood alcohol concentration is shown  
20 to be more than 0.00 is not subject to this Section if he or she  
21 consumed alcohol in the performance of a religious service or  
22 ceremony. An individual whose blood alcohol concentration is  
23 shown to be more than 0.00 shall not be subject to this Section  
24 if the individual's blood alcohol concentration resulted only  
25 from ingestion of the prescribed or recommended dosage of  
26 medicine that contained alcohol. The petition for that hearing

1 shall not stay or delay the effective date of the impending  
2 suspension. The scope of this hearing shall be limited to the  
3 issues of:

4 (1) whether the police officer had probable cause to  
5 believe that the person was driving or in actual physical  
6 control of a motor vehicle upon the public highways of the  
7 State and the police officer had reason to believe that the  
8 person was in violation of any provision of the Illinois  
9 Vehicle Code or a similar provision of a local ordinance;  
10 and

11 (2) whether the person was issued a Uniform Traffic  
12 Ticket for any violation of the Illinois Vehicle Code or a  
13 similar provision of a local ordinance; and

14 (3) whether the police officer had probable cause to  
15 believe that the driver had consumed any amount of an  
16 alcoholic beverage based upon the driver's physical  
17 actions or other first-hand knowledge of the police  
18 officer; and

19 (4) whether the person, after being advised by the  
20 officer that the privilege to operate a motor vehicle would  
21 be suspended if the person refused to submit to and  
22 complete the test or tests, did refuse to submit to or  
23 complete the test or tests to determine the person's  
24 alcohol concentration; and

25 (5) whether the person, after being advised by the  
26 officer that the privileges to operate a motor vehicle



1 would be suspended if the person submits to a chemical test  
2 or tests and the test or tests disclose an alcohol  
3 concentration of more than 0.00, did submit to and complete  
4 the test or tests that determined an alcohol concentration  
5 of more than 0.00; and

6 (6) whether the test result of an alcohol concentration  
7 of more than 0.00 was based upon the person's consumption  
8 of alcohol in the performance of a religious service or  
9 ceremony; and

10 (7) whether the test result of an alcohol concentration  
11 of more than 0.00 was based upon the person's consumption  
12 of alcohol through ingestion of the prescribed or  
13 recommended dosage of medicine.

14 At the conclusion of the hearing held under Section 2-118  
15 of this Code, the Secretary of State may rescind, continue, or  
16 modify the suspension and disqualification. If the Secretary of  
17 State does not rescind the suspension and disqualification, a  
18 restricted driving permit may be granted by the Secretary of  
19 State upon application being made and good cause shown. A  
20 restricted driving permit may be granted to relieve undue  
21 hardship by allowing driving for employment, educational, and  
22 medical purposes as outlined in item (3) of part (c) of Section  
23 6-206 of this Code. The provisions of item (3) of part (c) of  
24 Section 6-206 of this Code and of subsection (f) of that  
25 Section shall apply. The Secretary of State shall promulgate  
26 rules providing for participation in an alcohol education and

1 awareness program or activity, a drug education and awareness  
2 program or activity, or both as a condition to the issuance of  
3 a restricted driving permit for suspensions imposed under this  
4 Section.

5 (f) The results of any chemical testing performed in  
6 accordance with subsection (a) of this Section are not  
7 admissible in any civil or criminal proceeding, except that the  
8 results of the testing may be considered at a hearing held  
9 under Section 2-118 of this Code. However, the results of the  
10 testing may not be used to impose driver's license sanctions  
11 under Section 11-501.1 of this Code. A law enforcement officer  
12 may, however, pursue a statutory summary suspension or  
13 revocation of driving privileges under Section 11-501.1 of this  
14 Code if other physical evidence or first hand knowledge forms  
15 the basis of that suspension or revocation.

16 (g) This Section applies only to drivers who are under age  
17 21 at the time of the issuance of a Uniform Traffic Ticket for  
18 a violation of the Illinois Vehicle Code or a similar provision  
19 of a local ordinance, and a chemical test request is made under  
20 this Section.

21 (h) The action of the Secretary of State in suspending,  
22 revoking, cancelling, or disqualifying any license or permit  
23 shall be subject to judicial review in the Circuit Court of  
24 Sangamon County or in the Circuit Court of Cook County, and the  
25 provisions of the Administrative Review Law and its rules are  
26 hereby adopted and shall apply to and govern every action for

1 the judicial review of final acts or decisions of the Secretary  
2 of State under this Section.

3 (Source: P.A. 99-467, eff. 1-1-16; 99-697, eff. 7-29-16.)

4 (625 ILCS 5/11-1301.2) (from Ch. 95 1/2, par. 11-1301.2)

5 Sec. 11-1301.2. Special decals for parking; persons with  
6 disabilities.

7 (a) The Secretary of State shall provide for, by  
8 administrative rules, the design, size, color, and placement of  
9 a person with disabilities motorist decal or device and shall  
10 provide for, by administrative rules, the content and form of  
11 an application for a person with disabilities motorist decal or  
12 device, which shall be used by local authorities in the  
13 issuance thereof to a person with temporary disabilities,  
14 provided that the decal or device is valid for no more than 90  
15 days, subject to renewal for like periods based upon continued  
16 disability, and further provided that the decal or device  
17 clearly sets forth the date that the decal or device expires.  
18 The application shall include the requirement of an Illinois  
19 Identification Card number or a State of Illinois driver's  
20 license number. This decal or device may be used by the  
21 authorized holder to designate and identify a vehicle not owned  
22 or displaying a registration plate as provided in Sections  
23 3-609 and 3-616 of this Act to designate when the vehicle is  
24 being used to transport said person or persons with  
25 disabilities, and thus is entitled to enjoy all the privileges

1 that would be afforded a person with disabilities licensed  
2 vehicle. Person with disabilities decals or devices issued and  
3 displayed pursuant to this Section shall be recognized and  
4 honored by all local authorities regardless of which local  
5 authority issued such decal or device.

6 The decal or device shall be issued only upon a showing by  
7 adequate documentation that the person for whose benefit the  
8 decal or device is to be used has a disability as defined in  
9 Section 1-159.1 of this Code and the disability is temporary.

10 (b) The local governing authorities shall be responsible  
11 for the provision of such decal or device, its issuance and  
12 designated placement within the vehicle. The cost of such decal  
13 or device shall be at the discretion of such local governing  
14 authority.

15 (c) The Secretary of State may, pursuant to Section  
16 3-616(c), issue a person with disabilities parking decal or  
17 device to a person with disabilities as defined by Section  
18 1-159.1. Any person with disabilities parking decal or device  
19 issued by the Secretary of State shall be registered to that  
20 person with disabilities in the form to be prescribed by the  
21 Secretary of State. The person with disabilities parking decal  
22 or device shall not display that person's address. One  
23 additional decal or device may be issued to an applicant upon  
24 his or her written request and with the approval of the  
25 Secretary of State. The written request must include a  
26 justification of the need for the additional decal or device.

1 (c-5) Beginning January 1, 2014, the Secretary shall  
2 provide by administrative rule for the issuance of a separate  
3 and distinct parking decal or device for persons with  
4 disabilities as defined by Section 1-159.1 of this Code and who  
5 meet the qualifications under this subsection. The authorized  
6 holder of a decal or device issued under this subsection (c-5)  
7 shall be exempt from the payment of fees generated by parking  
8 in a metered space, a parking area subject to paragraph (10) of  
9 subsection (a) of Section 11-209 of this Code, or a publicly  
10 owned parking area.

11 The Secretary shall issue a meter-exempt decal or device to  
12 a person with disabilities who: (i) has been issued  
13 registration plates under subsection (a) of Section 3-609 or  
14 Section 3-616 of this Code or a special decal or device under  
15 this Section, (ii) holds a valid Illinois driver's license, and  
16 (iii) is unable to do one or more of the following:

17 (1) manage, manipulate, or insert coins, or obtain  
18 tickets or tokens in parking meters or ticket machines in  
19 parking lots, due to the lack of fine motor control of both  
20 hands;

21 (2) reach above his or her head to a height of 42  
22 inches from the ground, due to a lack of finger, hand, or  
23 upper extremity strength or mobility;

24 (3) approach a parking meter due to his or her use of a  
25 wheelchair or other device for mobility; or

26 (4) walk more than 20 feet due to an orthopedic,

1           neurological, cardiovascular, or lung condition in which  
2           the degree of debilitation is so severe that it almost  
3           completely impedes the ability to walk.

4           The application for a meter-exempt parking decal or device  
5           shall contain a statement certified by a licensed physician,  
6           physician assistant, or advanced practice registered nurse  
7           attesting to the permanent nature of the applicant's condition  
8           and verifying that the applicant meets the physical  
9           qualifications specified in this subsection (c-5).

10          Notwithstanding the requirements of this subsection (c-5),  
11          the Secretary shall issue a meter-exempt decal or device to a  
12          person who has been issued registration plates under Section  
13          3-616 of this Code or a special decal or device under this  
14          Section, if the applicant is the parent or guardian of a person  
15          with disabilities who is under 18 years of age and incapable of  
16          driving.

17          (d) Replacement decals or devices may be issued for lost,  
18          stolen, or destroyed decals upon application and payment of a  
19          \$10 fee. The replacement fee may be waived for individuals that  
20          have claimed and received a grant under the Senior Citizens and  
21          Persons with Disabilities Property Tax Relief Act.

22          (e) A person classified as a veteran under subsection (e)  
23          of Section 6-106 of this Code that has been issued a decal or  
24          device under this Section shall not be required to submit  
25          evidence of disability in order to renew that decal or device  
26          if, at the time of initial application, he or she submitted

1 evidence from his or her physician or the Department of  
2 Veterans' Affairs that the disability is of a permanent nature.  
3 However, the Secretary shall take reasonable steps to ensure  
4 the veteran still resides in this State at the time of the  
5 renewal. These steps may include requiring the veteran to  
6 provide additional documentation or to appear at a Secretary of  
7 State facility. To identify veterans who are eligible for this  
8 exemption, the Secretary shall compare the list of the persons  
9 who have been issued a decal or device to the list of persons  
10 who have been issued a vehicle registration plate for veterans  
11 with disabilities under Section 3-609 of this Code, or who are  
12 identified as a veteran on their driver's license under Section  
13 6-110 of this Code or on their identification card under  
14 Section 4 of the Illinois Identification Card Act.

15 (Source: P.A. 98-463, eff. 8-16-13; 98-577, eff. 1-1-14;  
16 98-879, eff. 1-1-15; 99-143, eff. 7-27-15.)

17 (625 ILCS 5/11-1301.5)

18 Sec. 11-1301.5. Fictitious or unlawfully altered  
19 disability license plate or parking decal or device.

20 (a) As used in this Section:

21 "Fictitious disability license plate or parking decal or  
22 device" means any issued disability license plate or parking  
23 decal or device, or any license plate issued to a veteran with  
24 a disability under Section 3-609 of this Code, that has been  
25 issued by the Secretary of State or an authorized unit of local

1 government that was issued based upon false information  
2 contained on the required application.

3 "False information" means any incorrect or inaccurate  
4 information concerning the name, date of birth, social security  
5 number, driver's license number, physician certification, or  
6 any other information required on the Persons with Disabilities  
7 Certification for Plate or Parking Placard, on the Application  
8 for Replacement Disability Parking Placard, or on the  
9 application for license plates issued to veterans with  
10 disabilities under Section 3-609 of this Code, that falsifies  
11 the content of the application.

12 "Unlawfully altered disability license plate or parking  
13 permit or device" means any disability license plate or parking  
14 permit or device, or any license plate issued to a veteran with  
15 a disability under Section 3-609 of this Code, issued by the  
16 Secretary of State or an authorized unit of local government  
17 that has been physically altered or changed in such manner that  
18 false information appears on the license plate or parking decal  
19 or device.

20 "Authorized holder" means an individual issued a  
21 disability license plate under Section 3-616 of this Code or an  
22 individual issued a parking decal or device under Section  
23 11-1301.2 of this Code, or an individual issued a license plate  
24 for veterans with disabilities under Section 3-609 of this  
25 Code.

26 (b) It is a violation of this Section for any person:



1           (1) to knowingly possess any fictitious or unlawfully  
2 altered disability license plate or parking decal or  
3 device;

4           (2) to knowingly issue or assist in the issuance of, by  
5 the Secretary of State or unit of local government, any  
6 fictitious disability license plate or parking decal or  
7 device;

8           (3) to knowingly alter any disability license plate or  
9 parking decal or device;

10           (4) to knowingly manufacture, possess, transfer, or  
11 provide any documentation used in the application process  
12 whether real or fictitious, for the purpose of obtaining a  
13 fictitious disability license plate or parking decal or  
14 device;

15           (5) to knowingly provide any false information to the  
16 Secretary of State or a unit of local government in order  
17 to obtain a disability license plate or parking decal or  
18 device;

19           (6) to knowingly transfer a disability license plate or  
20 parking decal or device for the purpose of exercising the  
21 privileges granted to an authorized holder of a disability  
22 license plate or parking decal or device under this Code in  
23 the absence of the authorized holder; or

24           (7) who is a physician, physician assistant, or  
25 advanced practice registered nurse to knowingly falsify a  
26 certification that a person is a person with disabilities

1 as defined by Section 1-159.1 of this Code.

2 (c) Sentence.

3 (1) Any person convicted of a violation of paragraph  
4 (1), (2), (3), (4), (5), or (7) of subsection (b) of this  
5 Section shall be guilty of a Class A misdemeanor and fined  
6 not less than \$1,000 for a first offense and shall be  
7 guilty of a Class 4 felony and fined not less than \$2,000  
8 for a second or subsequent offense. Any person convicted of  
9 a violation of subdivision (b) (6) of this Section is guilty  
10 of a Class A misdemeanor and shall be fined not less than  
11 \$1,000 for a first offense and not less than \$2,000 for a  
12 second or subsequent offense. The circuit clerk shall  
13 distribute one-half of any fine imposed on any person who  
14 is found guilty of or pleads guilty to violating this  
15 Section, including any person placed on court supervision  
16 for violating this Section, to the law enforcement agency  
17 that issued the citation or made the arrest. If more than  
18 one law enforcement agency is responsible for issuing the  
19 citation or making the arrest, one-half of the fine imposed  
20 shall be shared equally.

21 (2) Any person who commits a violation of this Section  
22 or a similar provision of a local ordinance may have his or  
23 her driving privileges suspended or revoked by the  
24 Secretary of State for a period of time determined by the  
25 Secretary of State. The Secretary of State may suspend or  
26 revoke the parking decal or device or the disability

1 license plate of any person who commits a violation of this  
2 Section.

3 (3) Any police officer may seize the parking decal or  
4 device from any person who commits a violation of this  
5 Section. Any police officer may seize the disability  
6 license plate upon authorization from the Secretary of  
7 State. Any police officer may request that the Secretary of  
8 State revoke the parking decal or device or the disability  
9 license plate of any person who commits a violation of this  
10 Section.

11 (Source: P.A. 98-463, eff. 8-16-13; 99-143, eff. 7-27-15.)

12 Section 310. The Boat Registration and Safety Act is  
13 amended by changing Section 5-16c as follows:

14 (625 ILCS 45/5-16c)

15 Sec. 5-16c. Operator involvement in personal injury or  
16 fatal boating accident; chemical tests.

17 (a) Any person who operates or is in actual physical  
18 control of a motorboat within this State and who has been  
19 involved in a personal injury or fatal boating accident shall  
20 be deemed to have given consent to a breath test using a  
21 portable device as approved by the Department of State Police  
22 or to a chemical test or tests of blood, breath, other bodily  
23 substance, or urine for the purpose of determining the content  
24 of alcohol, other drug or drugs, or intoxicating compound or

1 compounds of the person's blood if arrested as evidenced by the  
2 issuance of a uniform citation for a violation of the Boat  
3 Registration and Safety Act or a similar provision of a local  
4 ordinance, with the exception of equipment violations  
5 contained in Article IV of this Act or similar provisions of  
6 local ordinances. The test or tests shall be administered at  
7 the direction of the arresting officer. The law enforcement  
8 agency employing the officer shall designate which of the  
9 aforesaid tests shall be administered. Up to 2 additional tests  
10 of urine or other bodily substance may be administered even  
11 after a blood or breath test or both has been administered.  
12 Compliance with this Section does not relieve the person from  
13 the requirements of any other Section of this Act.

14 (b) Any person who is dead, unconscious, or who is  
15 otherwise in a condition rendering that person incapable of  
16 refusal shall be deemed not to have withdrawn the consent  
17 provided by subsection (a) of this Section. In addition, if an  
18 operator of a motorboat is receiving medical treatment as a  
19 result of a boating accident, any physician licensed to  
20 practice medicine, licensed physician assistant, licensed  
21 advanced practice registered nurse, registered nurse, or a  
22 phlebotomist acting under the direction of a licensed physician  
23 shall withdraw blood for testing purposes to ascertain the  
24 presence of alcohol, other drug or drugs, or intoxicating  
25 compound or compounds, upon the specific request of a law  
26 enforcement officer. However, this testing shall not be

1 performed until, in the opinion of the medical personnel on  
2 scene, the withdrawal can be made without interfering with or  
3 endangering the well-being of the patient.

4 (c) A person who is a CDL holder requested to submit to a  
5 test under subsection (a) of this Section shall be warned by  
6 the law enforcement officer requesting the test that a refusal  
7 to submit to the test, or submission to the test resulting in  
8 an alcohol concentration of 0.08 or more, or any amount of a  
9 drug, substance, or intoxicating compound resulting from the  
10 unlawful use or consumption of cannabis listed in the Cannabis  
11 Control Act, a controlled substance listed in the Illinois  
12 Controlled Substances Act, an intoxicating compound listed in  
13 the Use of Intoxicating Compounds Act, or methamphetamine as  
14 listed in the Methamphetamine Control and Community Protection  
15 Act as detected in the person's blood, other bodily substance,  
16 or urine, may result in the suspension of the person's  
17 privilege to operate a motor vehicle and may result in the  
18 disqualification of the person's privilege to operate a  
19 commercial motor vehicle, as provided in Section 6-514 of the  
20 Illinois Vehicle Code. A person who is not a CDL holder  
21 requested to submit to a test under subsection (a) of this  
22 Section shall be warned by the law enforcement officer  
23 requesting the test that a refusal to submit to the test, or  
24 submission to the test resulting in an alcohol concentration of  
25 0.08 or more, a tetrahydrocannabinol concentration in the  
26 person's whole blood or other bodily substance as defined in

1 paragraph 6 of subsection (a) of Section 11-501.2 of the  
2 Illinois Vehicle Code, or any amount of a drug, substance, or  
3 intoxicating compound resulting from the unlawful use or  
4 consumption of a controlled substance listed in the Illinois  
5 Controlled Substances Act, an intoxicating compound listed in  
6 the Use of Intoxicating Compounds Act, or methamphetamine as  
7 listed in the Methamphetamine Control and Community Protection  
8 Act as detected in the person's blood, other bodily substance,  
9 or urine, may result in the suspension of the person's  
10 privilege to operate a motor vehicle. The length of the  
11 suspension shall be the same as outlined in Section 6-208.1 of  
12 the Illinois Vehicle Code regarding statutory summary  
13 suspensions.

14 (d) If the person is a CDL holder and refuses testing or  
15 submits to a test which discloses an alcohol concentration of  
16 0.08 or more, or any amount of a drug, substance, or  
17 intoxicating compound in the person's blood, other bodily  
18 substance, or urine resulting from the unlawful use or  
19 consumption of cannabis listed in the Cannabis Control Act, a  
20 controlled substance listed in the Illinois Controlled  
21 Substances Act, an intoxicating compound listed in the Use of  
22 Intoxicating Compounds Act, or methamphetamine as listed in the  
23 Methamphetamine Control and Community Protection Act, the law  
24 enforcement officer shall immediately submit a sworn report to  
25 the Secretary of State on a form prescribed by the Secretary of  
26 State, certifying that the test or tests were requested under

1 subsection (a) of this Section and the person refused to submit  
2 to a test or tests or submitted to testing which disclosed an  
3 alcohol concentration of 0.08 or more, or any amount of a drug,  
4 substance, or intoxicating compound in the person's blood,  
5 other bodily substance, or urine, resulting from the unlawful  
6 use or consumption of cannabis listed in the Cannabis Control  
7 Act, a controlled substance listed in the Illinois Controlled  
8 Substances Act, an intoxicating compound listed in the Use of  
9 Intoxicating Compounds Act, or methamphetamine as listed in the  
10 Methamphetamine Control and Community Protection Act. If the  
11 person is not a CDL holder and refuses testing or submits to a  
12 test which discloses an alcohol concentration of 0.08 or more,  
13 a tetrahydrocannabinol concentration in the person's whole  
14 blood or other bodily substance as defined in paragraph 6 of  
15 subsection (a) of Section 11-501.2 of the Illinois Vehicle  
16 Code, or any amount of a drug, substance, or intoxicating  
17 compound in the person's blood, other bodily substance, or  
18 urine resulting from the unlawful use or consumption of a  
19 controlled substance listed in the Illinois Controlled  
20 Substances Act, an intoxicating compound listed in the Use of  
21 Intoxicating Compounds Act, or methamphetamine as listed in the  
22 Methamphetamine Control and Community Protection Act, the law  
23 enforcement officer shall immediately submit a sworn report to  
24 the Secretary of State on a form prescribed by the Secretary of  
25 State, certifying that the test or tests were requested under  
26 subsection (a) of this Section and the person refused to submit

1 to a test or tests or submitted to testing which disclosed an  
2 alcohol concentration of 0.08 or more, a tetrahydrocannabinol  
3 concentration in the person's whole blood or other bodily  
4 substance as defined in paragraph 6 of subsection (a) of  
5 Section 11-501.2 of the Illinois Vehicle Code, or any amount of  
6 a drug, substance, or intoxicating compound in the person's  
7 blood or urine, resulting from the unlawful use or consumption  
8 of a controlled substance listed in the Illinois Controlled  
9 Substances Act, an intoxicating compound listed in the Use of  
10 Intoxicating Compounds Act, or methamphetamine as listed in the  
11 Methamphetamine Control and Community Protection Act.

12 Upon receipt of the sworn report of a law enforcement  
13 officer, the Secretary of State shall enter the suspension and  
14 disqualification to the person's driving record and the  
15 suspension and disqualification shall be effective on the 46th  
16 day following the date notice of the suspension was given to  
17 the person.

18 The law enforcement officer submitting the sworn report  
19 shall serve immediate notice of this suspension on the person  
20 and this suspension and disqualification shall be effective on  
21 the 46th day following the date notice was given.

22 In cases involving a person who is a CDL holder where the  
23 blood alcohol concentration of 0.08 or more, or any amount of a  
24 drug, substance, or intoxicating compound resulting from the  
25 unlawful use or consumption of cannabis listed in the Cannabis  
26 Control Act, a controlled substance listed in the Illinois



1 Controlled Substances Act, an intoxicating compound listed in  
2 the Use of Intoxicating Compounds Act, or methamphetamine as  
3 listed in the Methamphetamine Control and Community Protection  
4 Act, is established by a subsequent analysis of blood, other  
5 bodily substance, or urine collected at the time of arrest, the  
6 arresting officer shall give notice as provided in this Section  
7 or by deposit in the United States mail of this notice in an  
8 envelope with postage prepaid and addressed to the person at  
9 his or her address as shown on the uniform citation and the  
10 suspension and disqualification shall be effective on the 46th  
11 day following the date notice was given. In cases involving a  
12 person who is not a CDL holder where the blood alcohol  
13 concentration of 0.08 or more, a tetrahydrocannabinol  
14 concentration in the person's whole blood or other bodily  
15 substance as defined in paragraph 6 of subsection (a) of  
16 Section 11-501.2 of the Illinois Vehicle Code, or any amount of  
17 a drug, substance, or intoxicating compound resulting from the  
18 unlawful use or consumption of a controlled substance listed in  
19 the Illinois Controlled Substances Act, an intoxicating  
20 compound listed in the Use of Intoxicating Compounds Act, or  
21 methamphetamine as listed in the Methamphetamine Control and  
22 Community Protection Act, is established by a subsequent  
23 analysis of blood, other bodily substance, or urine collected  
24 at the time of arrest, the arresting officer shall give notice  
25 as provided in this Section or by deposit in the United States  
26 mail of this notice in an envelope with postage prepaid and

1 addressed to the person at his or her address as shown on the  
2 uniform citation and the suspension shall be effective on the  
3 46th day following the date notice was given.

4 Upon receipt of the sworn report of a law enforcement  
5 officer, the Secretary of State shall also give notice of the  
6 suspension and disqualification to the person by mailing a  
7 notice of the effective date of the suspension and  
8 disqualification to the person. However, should the sworn  
9 report be defective by not containing sufficient information or  
10 be completed in error, the notice of the suspension and  
11 disqualification shall not be mailed to the person or entered  
12 to the driving record, but rather the sworn report shall be  
13 returned to the issuing law enforcement agency.

14 (e) A person may contest this suspension of his or her  
15 driving privileges and disqualification of his or her CDL  
16 privileges by requesting an administrative hearing with the  
17 Secretary of State in accordance with Section 2-118 of the  
18 Illinois Vehicle Code. At the conclusion of a hearing held  
19 under Section 2-118 of the Illinois Vehicle Code, the Secretary  
20 of State may rescind, continue, or modify the orders of  
21 suspension and disqualification. If the Secretary of State does  
22 not rescind the orders of suspension and disqualification, a  
23 restricted driving permit may be granted by the Secretary of  
24 State upon application being made and good cause shown. A  
25 restricted driving permit may be granted to relieve undue  
26 hardship to allow driving for employment, educational, and

1 medical purposes as outlined in Section 6-206 of the Illinois  
2 Vehicle Code. The provisions of Section 6-206 of the Illinois  
3 Vehicle Code shall apply. In accordance with 49 C.F.R. 384, the  
4 Secretary of State may not issue a restricted driving permit  
5 for the operation of a commercial motor vehicle to a person  
6 holding a CDL whose driving privileges have been suspended,  
7 revoked, cancelled, or disqualified.

8 (f) For the purposes of this Section, a personal injury  
9 shall include any type A injury as indicated on the accident  
10 report completed by a law enforcement officer that requires  
11 immediate professional attention in a doctor's office or a  
12 medical facility. A type A injury shall include severely  
13 bleeding wounds, distorted extremities, and injuries that  
14 require the injured party to be carried from the scene.

15 (Source: P.A. 98-103, eff. 1-1-14; 99-697, eff. 7-29-16.)

16 Section 315. The Criminal Code of 2012 is amended by  
17 changing Section 9-1 as follows:

18 (720 ILCS 5/9-1) (from Ch. 38, par. 9-1)

19 Sec. 9-1. First degree Murder - Death penalties -  
20 Exceptions - Separate Hearings - Proof - Findings - Appellate  
21 procedures - Reversals.

22 (a) A person who kills an individual without lawful  
23 justification commits first degree murder if, in performing the  
24 acts which cause the death:

1           (1) he either intends to kill or do great bodily harm  
2 to that individual or another, or knows that such acts will  
3 cause death to that individual or another; or

4           (2) he knows that such acts create a strong probability  
5 of death or great bodily harm to that individual or  
6 another; or

7           (3) he is attempting or committing a forcible felony  
8 other than second degree murder.

9           (b) Aggravating Factors. A defendant who at the time of the  
10 commission of the offense has attained the age of 18 or more  
11 and who has been found guilty of first degree murder may be  
12 sentenced to death if:

13           (1) the murdered individual was a peace officer or  
14 fireman killed in the course of performing his official  
15 duties, to prevent the performance of his official duties,  
16 or in retaliation for performing his official duties, and  
17 the defendant knew or should have known that the murdered  
18 individual was a peace officer or fireman; or

19           (2) the murdered individual was an employee of an  
20 institution or facility of the Department of Corrections,  
21 or any similar local correctional agency, killed in the  
22 course of performing his official duties, to prevent the  
23 performance of his official duties, or in retaliation for  
24 performing his official duties, or the murdered individual  
25 was an inmate at such institution or facility and was  
26 killed on the grounds thereof, or the murdered individual

1 was otherwise present in such institution or facility with  
2 the knowledge and approval of the chief administrative  
3 officer thereof; or

4 (3) the defendant has been convicted of murdering two  
5 or more individuals under subsection (a) of this Section or  
6 under any law of the United States or of any state which is  
7 substantially similar to subsection (a) of this Section  
8 regardless of whether the deaths occurred as the result of  
9 the same act or of several related or unrelated acts so  
10 long as the deaths were the result of either an intent to  
11 kill more than one person or of separate acts which the  
12 defendant knew would cause death or create a strong  
13 probability of death or great bodily harm to the murdered  
14 individual or another; or

15 (4) the murdered individual was killed as a result of  
16 the hijacking of an airplane, train, ship, bus or other  
17 public conveyance; or

18 (5) the defendant committed the murder pursuant to a  
19 contract, agreement or understanding by which he was to  
20 receive money or anything of value in return for committing  
21 the murder or procured another to commit the murder for  
22 money or anything of value; or

23 (6) the murdered individual was killed in the course of  
24 another felony if:

25 (a) the murdered individual:

26 (i) was actually killed by the defendant, or

1           (ii) received physical injuries personally  
2           inflicted by the defendant substantially  
3           contemporaneously with physical injuries caused by  
4           one or more persons for whose conduct the defendant  
5           is legally accountable under Section 5-2 of this  
6           Code, and the physical injuries inflicted by  
7           either the defendant or the other person or persons  
8           for whose conduct he is legally accountable caused  
9           the death of the murdered individual; and

10          (b) in performing the acts which caused the death  
11          of the murdered individual or which resulted in  
12          physical injuries personally inflicted by the  
13          defendant on the murdered individual under the  
14          circumstances of subdivision (ii) of subparagraph (a)  
15          of paragraph (6) of subsection (b) of this Section, the  
16          defendant acted with the intent to kill the murdered  
17          individual or with the knowledge that his acts created  
18          a strong probability of death or great bodily harm to  
19          the murdered individual or another; and

20          (c) the other felony was an inherently violent  
21          crime or the attempt to commit an inherently violent  
22          crime. In this subparagraph (c), "inherently violent  
23          crime" includes, but is not limited to, armed robbery,  
24          robbery, predatory criminal sexual assault of a child,  
25          aggravated criminal sexual assault, aggravated  
26          kidnapping, aggravated vehicular hijacking, aggravated

1 arson, aggravated stalking, residential burglary, and  
2 home invasion; or

3 (7) the murdered individual was under 12 years of age  
4 and the death resulted from exceptionally brutal or heinous  
5 behavior indicative of wanton cruelty; or

6 (8) the defendant committed the murder with intent to  
7 prevent the murdered individual from testifying or  
8 participating in any criminal investigation or prosecution  
9 or giving material assistance to the State in any  
10 investigation or prosecution, either against the defendant  
11 or another; or the defendant committed the murder because  
12 the murdered individual was a witness in any prosecution or  
13 gave material assistance to the State in any investigation  
14 or prosecution, either against the defendant or another;  
15 for purposes of this paragraph (8), "participating in any  
16 criminal investigation or prosecution" is intended to  
17 include those appearing in the proceedings in any capacity  
18 such as trial judges, prosecutors, defense attorneys,  
19 investigators, witnesses, or jurors; or

20 (9) the defendant, while committing an offense  
21 punishable under Sections 401, 401.1, 401.2, 405, 405.2,  
22 407 or 407.1 or subsection (b) of Section 404 of the  
23 Illinois Controlled Substances Act, or while engaged in a  
24 conspiracy or solicitation to commit such offense,  
25 intentionally killed an individual or counseled,  
26 commanded, induced, procured or caused the intentional

1 killing of the murdered individual; or

2 (10) the defendant was incarcerated in an institution  
3 or facility of the Department of Corrections at the time of  
4 the murder, and while committing an offense punishable as a  
5 felony under Illinois law, or while engaged in a conspiracy  
6 or solicitation to commit such offense, intentionally  
7 killed an individual or counseled, commanded, induced,  
8 procured or caused the intentional killing of the murdered  
9 individual; or

10 (11) the murder was committed in a cold, calculated and  
11 premeditated manner pursuant to a preconceived plan,  
12 scheme or design to take a human life by unlawful means,  
13 and the conduct of the defendant created a reasonable  
14 expectation that the death of a human being would result  
15 therefrom; or

16 (12) the murdered individual was an emergency medical  
17 technician - ambulance, emergency medical technician -  
18 intermediate, emergency medical technician - paramedic,  
19 ambulance driver, or other medical assistance or first aid  
20 personnel, employed by a municipality or other  
21 governmental unit, killed in the course of performing his  
22 official duties, to prevent the performance of his official  
23 duties, or in retaliation for performing his official  
24 duties, and the defendant knew or should have known that  
25 the murdered individual was an emergency medical  
26 technician - ambulance, emergency medical technician -



1 intermediate, emergency medical technician - paramedic,  
2 ambulance driver, or other medical assistance or first aid  
3 personnel; or

4 (13) the defendant was a principal administrator,  
5 organizer, or leader of a calculated criminal drug  
6 conspiracy consisting of a hierarchical position of  
7 authority superior to that of all other members of the  
8 conspiracy, and the defendant counseled, commanded,  
9 induced, procured, or caused the intentional killing of the  
10 murdered person; or

11 (14) the murder was intentional and involved the  
12 infliction of torture. For the purpose of this Section  
13 torture means the infliction of or subjection to extreme  
14 physical pain, motivated by an intent to increase or  
15 prolong the pain, suffering or agony of the victim; or

16 (15) the murder was committed as a result of the  
17 intentional discharge of a firearm by the defendant from a  
18 motor vehicle and the victim was not present within the  
19 motor vehicle; or

20 (16) the murdered individual was 60 years of age or  
21 older and the death resulted from exceptionally brutal or  
22 heinous behavior indicative of wanton cruelty; or

23 (17) the murdered individual was a person with a  
24 disability and the defendant knew or should have known that  
25 the murdered individual was a person with a disability. For  
26 purposes of this paragraph (17), "person with a disability"

1 means a person who suffers from a permanent physical or  
2 mental impairment resulting from disease, an injury, a  
3 functional disorder, or a congenital condition that  
4 renders the person incapable of adequately providing for  
5 his or her own health or personal care; or

6 (18) the murder was committed by reason of any person's  
7 activity as a community policing volunteer or to prevent  
8 any person from engaging in activity as a community  
9 policing volunteer; or

10 (19) the murdered individual was subject to an order of  
11 protection and the murder was committed by a person against  
12 whom the same order of protection was issued under the  
13 Illinois Domestic Violence Act of 1986; or

14 (20) the murdered individual was known by the defendant  
15 to be a teacher or other person employed in any school and  
16 the teacher or other employee is upon the grounds of a  
17 school or grounds adjacent to a school, or is in any part  
18 of a building used for school purposes; or

19 (21) the murder was committed by the defendant in  
20 connection with or as a result of the offense of terrorism  
21 as defined in Section 29D-14.9 of this Code.

22 (b-5) Aggravating Factor; Natural Life Imprisonment. A  
23 defendant who has been found guilty of first degree murder and  
24 who at the time of the commission of the offense had attained  
25 the age of 18 years or more may be sentenced to natural life  
26 imprisonment if (i) the murdered individual was a physician,

1 physician assistant, psychologist, nurse, or advanced practice  
2 registered nurse, (ii) the defendant knew or should have known  
3 that the murdered individual was a physician, physician  
4 assistant, psychologist, nurse, or advanced practice  
5 registered nurse, and (iii) the murdered individual was killed  
6 in the course of acting in his or her capacity as a physician,  
7 physician assistant, psychologist, nurse, or advanced practice  
8 registered nurse, or to prevent him or her from acting in that  
9 capacity, or in retaliation for his or her acting in that  
10 capacity.

11 (c) Consideration of factors in Aggravation and  
12 Mitigation.

13 The court shall consider, or shall instruct the jury to  
14 consider any aggravating and any mitigating factors which are  
15 relevant to the imposition of the death penalty. Aggravating  
16 factors may include but need not be limited to those factors  
17 set forth in subsection (b). Mitigating factors may include but  
18 need not be limited to the following:

19 (1) the defendant has no significant history of prior  
20 criminal activity;

21 (2) the murder was committed while the defendant was  
22 under the influence of extreme mental or emotional  
23 disturbance, although not such as to constitute a defense  
24 to prosecution;

25 (3) the murdered individual was a participant in the  
26 defendant's homicidal conduct or consented to the

1           homicidal act;

2           (4) the defendant acted under the compulsion of threat  
3           or menace of the imminent infliction of death or great  
4           bodily harm;

5           (5) the defendant was not personally present during  
6           commission of the act or acts causing death;

7           (6) the defendant's background includes a history of  
8           extreme emotional or physical abuse;

9           (7) the defendant suffers from a reduced mental  
10          capacity.

11          (d) Separate sentencing hearing.

12          Where requested by the State, the court shall conduct a  
13          separate sentencing proceeding to determine the existence of  
14          factors set forth in subsection (b) and to consider any  
15          aggravating or mitigating factors as indicated in subsection  
16          (c). The proceeding shall be conducted:

17                 (1) before the jury that determined the defendant's  
18                 guilt; or

19                 (2) before a jury impanelled for the purpose of the  
20                 proceeding if:

21                         A. the defendant was convicted upon a plea of  
22                         guilty; or

23                         B. the defendant was convicted after a trial before  
24                         the court sitting without a jury; or

25                         C. the court for good cause shown discharges the  
26                         jury that determined the defendant's guilt; or

1           (3) before the court alone if the defendant waives a  
2 jury for the separate proceeding.

3           (e) Evidence and Argument.

4           During the proceeding any information relevant to any of  
5 the factors set forth in subsection (b) may be presented by  
6 either the State or the defendant under the rules governing the  
7 admission of evidence at criminal trials. Any information  
8 relevant to any additional aggravating factors or any  
9 mitigating factors indicated in subsection (c) may be presented  
10 by the State or defendant regardless of its admissibility under  
11 the rules governing the admission of evidence at criminal  
12 trials. The State and the defendant shall be given fair  
13 opportunity to rebut any information received at the hearing.

14           (f) Proof.

15           The burden of proof of establishing the existence of any of  
16 the factors set forth in subsection (b) is on the State and  
17 shall not be satisfied unless established beyond a reasonable  
18 doubt.

19           (g) Procedure - Jury.

20           If at the separate sentencing proceeding the jury finds  
21 that none of the factors set forth in subsection (b) exists,  
22 the court shall sentence the defendant to a term of  
23 imprisonment under Chapter V of the Unified Code of  
24 Corrections. If there is a unanimous finding by the jury that  
25 one or more of the factors set forth in subsection (b) exist,  
26 the jury shall consider aggravating and mitigating factors as

1 instructed by the court and shall determine whether the  
2 sentence of death shall be imposed. If the jury determines  
3 unanimously, after weighing the factors in aggravation and  
4 mitigation, that death is the appropriate sentence, the court  
5 shall sentence the defendant to death. If the court does not  
6 concur with the jury determination that death is the  
7 appropriate sentence, the court shall set forth reasons in  
8 writing including what facts or circumstances the court relied  
9 upon, along with any relevant documents, that compelled the  
10 court to non-concur with the sentence. This document and any  
11 attachments shall be part of the record for appellate review.  
12 The court shall be bound by the jury's sentencing  
13 determination.

14 If after weighing the factors in aggravation and  
15 mitigation, one or more jurors determines that death is not the  
16 appropriate sentence, the court shall sentence the defendant to  
17 a term of imprisonment under Chapter V of the Unified Code of  
18 Corrections.

19 (h) Procedure - No Jury.

20 In a proceeding before the court alone, if the court finds  
21 that none of the factors found in subsection (b) exists, the  
22 court shall sentence the defendant to a term of imprisonment  
23 under Chapter V of the Unified Code of Corrections.

24 If the Court determines that one or more of the factors set  
25 forth in subsection (b) exists, the Court shall consider any  
26 aggravating and mitigating factors as indicated in subsection

1 (c). If the Court determines, after weighing the factors in  
2 aggravation and mitigation, that death is the appropriate  
3 sentence, the Court shall sentence the defendant to death.

4 If the court finds that death is not the appropriate  
5 sentence, the court shall sentence the defendant to a term of  
6 imprisonment under Chapter V of the Unified Code of  
7 Corrections.

8 (h-5) Decertification as a capital case.

9 In a case in which the defendant has been found guilty of  
10 first degree murder by a judge or jury, or a case on remand for  
11 resentencing, and the State seeks the death penalty as an  
12 appropriate sentence, on the court's own motion or the written  
13 motion of the defendant, the court may decertify the case as a  
14 death penalty case if the court finds that the only evidence  
15 supporting the defendant's conviction is the uncorroborated  
16 testimony of an informant witness, as defined in Section 115-21  
17 of the Code of Criminal Procedure of 1963, concerning the  
18 confession or admission of the defendant or that the sole  
19 evidence against the defendant is a single eyewitness or single  
20 accomplice without any other corroborating evidence. If the  
21 court decertifies the case as a capital case under either of  
22 the grounds set forth above, the court shall issue a written  
23 finding. The State may pursue its right to appeal the  
24 decertification pursuant to Supreme Court Rule 604(a)(1). If  
25 the court does not decertify the case as a capital case, the  
26 matter shall proceed to the eligibility phase of the sentencing

1 hearing.

2 (i) Appellate Procedure.

3 The conviction and sentence of death shall be subject to  
4 automatic review by the Supreme Court. Such review shall be in  
5 accordance with rules promulgated by the Supreme Court. The  
6 Illinois Supreme Court may overturn the death sentence, and  
7 order the imposition of imprisonment under Chapter V of the  
8 Unified Code of Corrections if the court finds that the death  
9 sentence is fundamentally unjust as applied to the particular  
10 case. If the Illinois Supreme Court finds that the death  
11 sentence is fundamentally unjust as applied to the particular  
12 case, independent of any procedural grounds for relief, the  
13 Illinois Supreme Court shall issue a written opinion explaining  
14 this finding.

15 (j) Disposition of reversed death sentence.

16 In the event that the death penalty in this Act is held to  
17 be unconstitutional by the Supreme Court of the United States  
18 or of the State of Illinois, any person convicted of first  
19 degree murder shall be sentenced by the court to a term of  
20 imprisonment under Chapter V of the Unified Code of  
21 Corrections.

22 In the event that any death sentence pursuant to the  
23 sentencing provisions of this Section is declared  
24 unconstitutional by the Supreme Court of the United States or  
25 of the State of Illinois, the court having jurisdiction over a  
26 person previously sentenced to death shall cause the defendant



1 to be brought before the court, and the court shall sentence  
2 the defendant to a term of imprisonment under Chapter V of the  
3 Unified Code of Corrections.

4 (k) Guidelines for seeking the death penalty.

5 The Attorney General and State's Attorneys Association  
6 shall consult on voluntary guidelines for procedures governing  
7 whether or not to seek the death penalty. The guidelines do not  
8 have the force of law and are only advisory in nature.

9 (Source: P.A. 99-143, eff. 7-27-15.)

10 Section 320. The Illinois Controlled Substances Act is  
11 amended by changing Sections 102, 302, 303.05, 313, and 320 as  
12 follows:

13 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

14 Sec. 102. Definitions. As used in this Act, unless the  
15 context otherwise requires:

16 (a) "Addict" means any person who habitually uses any drug,  
17 chemical, substance or dangerous drug other than alcohol so as  
18 to endanger the public morals, health, safety or welfare or who  
19 is so far addicted to the use of a dangerous drug or controlled  
20 substance other than alcohol as to have lost the power of self  
21 control with reference to his or her addiction.

22 (b) "Administer" means the direct application of a  
23 controlled substance, whether by injection, inhalation,  
24 ingestion, or any other means, to the body of a patient,

1 research subject, or animal (as defined by the Humane  
2 Euthanasia in Animal Shelters Act) by:

3 (1) a practitioner (or, in his or her presence, by his  
4 or her authorized agent),

5 (2) the patient or research subject pursuant to an  
6 order, or

7 (3) a euthanasia technician as defined by the Humane  
8 Euthanasia in Animal Shelters Act.

9 (c) "Agent" means an authorized person who acts on behalf  
10 of or at the direction of a manufacturer, distributor,  
11 dispenser, prescriber, or practitioner. It does not include a  
12 common or contract carrier, public warehouseman or employee of  
13 the carrier or warehouseman.

14 (c-1) "Anabolic Steroids" means any drug or hormonal  
15 substance, chemically and pharmacologically related to  
16 testosterone (other than estrogens, progestins,  
17 corticosteroids, and dehydroepiandrosterone), and includes:

18 (i) 3[beta],17-dihydroxy-5a-androstane,

19 (ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,

20 (iii) 5[alpha]-androstane-3,17-dione,

21 (iv) 1-androstenediol (3[beta],

22 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

23 (v) 1-androstenediol (3[alpha],

24 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

25 (vi) 4-androstenediol

26 (3[beta],17[beta]-dihydroxy-androst-4-ene),

- 1 (vii) 5-androstenediol  
2 (3[beta],17[beta]-dihydroxy-androst-5-ene),  
3 (viii) 1-androstenedione  
4 ([5alpha]-androst-1-en-3,17-dione),  
5 (ix) 4-androstenedione  
6 (androst-4-en-3,17-dione),  
7 (x) 5-androstenedione  
8 (androst-5-en-3,17-dione),  
9 (xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-  
10 hydroxyandrost-4-en-3-one),  
11 (xii) boldenone (17[beta]-hydroxyandrost-  
12 1,4,-diene-3-one),  
13 (xiii) boldione (androsta-1,4-  
14 diene-3,17-dione),  
15 (xiv) calusterone (7[beta],17[alpha]-dimethyl-17  
16 [beta]-hydroxyandrost-4-en-3-one),  
17 (xv) clostebol (4-chloro-17[beta]-  
18 hydroxyandrost-4-en-3-one),  
19 (xvi) dehydrochloromethyltestosterone (4-chloro-  
20 17[beta]-hydroxy-17[alpha]-methyl-  
21 androst-1,4-dien-3-one),  
22 (xvii) desoxymethyltestosterone  
23 (17[alpha]-methyl-5[alpha]  
24 -androst-2-en-17[beta]-ol) (a.k.a., madol),  
25 (xviii) [delta]1-dihydrotestosterone (a.k.a.  
26 '1-testosterone') (17[beta]-hydroxy-

1           5[alpha]-androst-1-en-3-one),  
2           (xix) 4-dihydrotestosterone (17[beta]-hydroxy-  
3           androstan-3-one),  
4           (xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-  
5           5[alpha]-androstan-3-one),  
6           (xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-  
7           hydroxyestr-4-ene),  
8           (xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-  
9           1[beta],17[beta]-dihydroxyandrost-4-en-3-one),  
10          (xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha],  
11          17[beta]-dihydroxyandrost-1,4-dien-3-one),  
12          (xxiv) furazabol (17[alpha]-methyl-17[beta]-  
13          hydroxyandrostando[2,3-c]-furan),  
14          (xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one)  
15          (xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-  
16          androst-4-en-3-one),  
17          (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-  
18          dihydroxy-estr-4-en-3-one),  
19          (xxviii) mestanolone (17[alpha]-methyl-17[beta]-  
20          hydroxy-5-androstan-3-one),  
21          (xxix) mesterolone (1-methyl-17[beta]-hydroxy-  
22          [5a]-androstan-3-one),  
23          (xxx) methandienone (17[alpha]-methyl-17[beta]-  
24          hydroxyandrost-1,4-dien-3-one),  
25          (xxxi) methandriol (17[alpha]-methyl-3[beta],17[beta]-  
26          dihydroxyandrost-5-ene),

- 1 (xxxii) methenolone (1-methyl-17[beta]-hydroxy-  
2 5[alpha]-androst-1-en-3-one),  
3 (xxxiii) 17[alpha]-methyl-3[beta], 17[beta]-  
4 dihydroxy-5a-androstane),  
5 (xxxiv) 17[alpha]-methyl-3[alpha],17[beta]-dihydroxy  
6 -5a-androstane),  
7 (xxxv) 17[alpha]-methyl-3[beta],17[beta]-  
8 dihydroxyandrost-4-ene),  
9 (xxxvi) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-  
10 methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),  
11 (xxxvii) methyldienolone (17[alpha]-methyl-17[beta]-  
12 hydroxyestra-4,9(10)-dien-3-one),  
13 (xxxviii) methyltrienolone (17[alpha]-methyl-17[beta]-  
14 hydroxyestra-4,9-11-trien-3-one),  
15 (xxxix) methyltestosterone (17[alpha]-methyl-17[beta]-  
16 hydroxyandrost-4-en-3-one),  
17 (xl) mibolerone (7[alpha],17a-dimethyl-17[beta]-  
18 hydroxyestr-4-en-3-one),  
19 (xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone  
20 (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-  
21 androst-1-en-3-one) (a.k.a. '17-[alpha]-methyl-  
22 1-testosterone'),  
23 (xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),  
24 (xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-  
25 dihydroxyestr-4-ene),  
26 (xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-

- 1 dihydroxyestr-4-ene),  
2 (xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-  
3 dihydroxyestr-5-ene),  
4 (xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-  
5 dihydroxyestr-5-ene),  
6 (xlvii) 19-nor-4,9(10)-androstadienedione  
7 (estra-4,9(10)-diene-3,17-dione),  
8 (xlviii) 19-nor-4-androstenedione (estr-4-  
9 en-3,17-dione),  
10 (xlix) 19-nor-5-androstenedione (estr-5-  
11 en-3,17-dione),  
12 (l) norbolethone (13[beta], 17a-diethyl-17[beta]-  
13 hydroxygon-4-en-3-one),  
14 (li) norclostebol (4-chloro-17[beta]-  
15 hydroxyestr-4-en-3-one),  
16 (lii) norethandrolone (17[alpha]-ethyl-17[beta]-  
17 hydroxyestr-4-en-3-one),  
18 (liii) normethandrolone (17[alpha]-methyl-17[beta]-  
19 hydroxyestr-4-en-3-one),  
20 (liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-  
21 2-oxa-5[alpha]-androstan-3-one),  
22 (lv) oxymesterone (17[alpha]-methyl-4,17[beta]-  
23 dihydroxyandrost-4-en-3-one),  
24 (lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-  
25 17[beta]-hydroxy-(5[alpha]-androstan-3-one),  
26 (lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-

1           (5[alpha]-androst-2-eno[3,2-c]-pyrazole),  
2           (lviii) stenbolone (17[beta]-hydroxy-2-methyl-  
3           (5[alpha]-androst-1-en-3-one),  
4           (lix) testolactone (13-hydroxy-3-oxo-13,17-  
5           secoandrosta-1,4-dien-17-oic  
6           acid lactone),  
7           (lx) testosterone (17[beta]-hydroxyandrost-  
8           4-en-3-one),  
9           (lxi) tetrahydrogestrinone (13[beta], 17[alpha]-  
10           diethyl-17[beta]-hydroxygon-  
11           4,9,11-trien-3-one),  
12           (lxii) trenbolone (17[beta]-hydroxyestr-4,9,  
13           11-trien-3-one).

14           Any person who is otherwise lawfully in possession of an  
15           anabolic steroid, or who otherwise lawfully manufactures,  
16           distributes, dispenses, delivers, or possesses with intent to  
17           deliver an anabolic steroid, which anabolic steroid is  
18           expressly intended for and lawfully allowed to be administered  
19           through implants to livestock or other nonhuman species, and  
20           which is approved by the Secretary of Health and Human Services  
21           for such administration, and which the person intends to  
22           administer or have administered through such implants, shall  
23           not be considered to be in unauthorized possession or to  
24           unlawfully manufacture, distribute, dispense, deliver, or  
25           possess with intent to deliver such anabolic steroid for  
26           purposes of this Act.

1 (d) "Administration" means the Drug Enforcement  
2 Administration, United States Department of Justice, or its  
3 successor agency.

4 (d-5) "Clinical Director, Prescription Monitoring Program"  
5 means a Department of Human Services administrative employee  
6 licensed to either prescribe or dispense controlled substances  
7 who shall run the clinical aspects of the Department of Human  
8 Services Prescription Monitoring Program and its Prescription  
9 Information Library.

10 (d-10) "Compounding" means the preparation and mixing of  
11 components, excluding flavorings, (1) as the result of a  
12 prescriber's prescription drug order or initiative based on the  
13 prescriber-patient-pharmacist relationship in the course of  
14 professional practice or (2) for the purpose of, or incident  
15 to, research, teaching, or chemical analysis and not for sale  
16 or dispensing. "Compounding" includes the preparation of drugs  
17 or devices in anticipation of receiving prescription drug  
18 orders based on routine, regularly observed dispensing  
19 patterns. Commercially available products may be compounded  
20 for dispensing to individual patients only if both of the  
21 following conditions are met: (i) the commercial product is not  
22 reasonably available from normal distribution channels in a  
23 timely manner to meet the patient's needs and (ii) the  
24 prescribing practitioner has requested that the drug be  
25 compounded.

26 (e) "Control" means to add a drug or other substance, or



1 immediate precursor, to a Schedule whether by transfer from  
2 another Schedule or otherwise.

3 (f) "Controlled Substance" means (i) a drug, substance,  
4 immediate precursor, or synthetic drug in the Schedules of  
5 Article II of this Act or (ii) a drug or other substance, or  
6 immediate precursor, designated as a controlled substance by  
7 the Department through administrative rule. The term does not  
8 include distilled spirits, wine, malt beverages, or tobacco, as  
9 those terms are defined or used in the Liquor Control Act of  
10 1934 and the Tobacco Products Tax Act of 1995.

11 (f-5) "Controlled substance analog" means a substance:

12 (1) the chemical structure of which is substantially  
13 similar to the chemical structure of a controlled substance  
14 in Schedule I or II;

15 (2) which has a stimulant, depressant, or  
16 hallucinogenic effect on the central nervous system that is  
17 substantially similar to or greater than the stimulant,  
18 depressant, or hallucinogenic effect on the central  
19 nervous system of a controlled substance in Schedule I or  
20 II; or

21 (3) with respect to a particular person, which such  
22 person represents or intends to have a stimulant,  
23 depressant, or hallucinogenic effect on the central  
24 nervous system that is substantially similar to or greater  
25 than the stimulant, depressant, or hallucinogenic effect  
26 on the central nervous system of a controlled substance in

1 Schedule I or II.

2 (g) "Counterfeit substance" means a controlled substance,  
3 which, or the container or labeling of which, without  
4 authorization bears the trademark, trade name, or other  
5 identifying mark, imprint, number or device, or any likeness  
6 thereof, of a manufacturer, distributor, or dispenser other  
7 than the person who in fact manufactured, distributed, or  
8 dispensed the substance.

9 (h) "Deliver" or "delivery" means the actual, constructive  
10 or attempted transfer of possession of a controlled substance,  
11 with or without consideration, whether or not there is an  
12 agency relationship.

13 (i) "Department" means the Illinois Department of Human  
14 Services (as successor to the Department of Alcoholism and  
15 Substance Abuse) or its successor agency.

16 (j) (Blank).

17 (k) "Department of Corrections" means the Department of  
18 Corrections of the State of Illinois or its successor agency.

19 (l) "Department of Financial and Professional Regulation"  
20 means the Department of Financial and Professional Regulation  
21 of the State of Illinois or its successor agency.

22 (m) "Depressant" means any drug that (i) causes an overall  
23 depression of central nervous system functions, (ii) causes  
24 impaired consciousness and awareness, and (iii) can be  
25 habit-forming or lead to a substance abuse problem, including  
26 but not limited to alcohol, cannabis and its active principles

1 and their analogs, benzodiazepines and their analogs,  
2 barbiturates and their analogs, opioids (natural and  
3 synthetic) and their analogs, and chloral hydrate and similar  
4 sedative hypnotics.

5 (n) (Blank).

6 (o) "Director" means the Director of the Illinois State  
7 Police or his or her designated agents.

8 (p) "Dispense" means to deliver a controlled substance to  
9 an ultimate user or research subject by or pursuant to the  
10 lawful order of a prescriber, including the prescribing,  
11 administering, packaging, labeling, or compounding necessary  
12 to prepare the substance for that delivery.

13 (q) "Dispenser" means a practitioner who dispenses.

14 (r) "Distribute" means to deliver, other than by  
15 administering or dispensing, a controlled substance.

16 (s) "Distributor" means a person who distributes.

17 (t) "Drug" means (1) substances recognized as drugs in the  
18 official United States Pharmacopoeia, Official Homeopathic  
19 Pharmacopoeia of the United States, or official National  
20 Formulary, or any supplement to any of them; (2) substances  
21 intended for use in diagnosis, cure, mitigation, treatment, or  
22 prevention of disease in man or animals; (3) substances (other  
23 than food) intended to affect the structure of any function of  
24 the body of man or animals and (4) substances intended for use  
25 as a component of any article specified in clause (1), (2), or  
26 (3) of this subsection. It does not include devices or their

1 components, parts, or accessories.

2 (t-3) "Electronic health record" or "EHR" means an  
3 electronic record of health-related information on an  
4 individual that is created, gathered, managed, and consulted by  
5 authorized health care clinicians and staff.

6 (t-5) "Euthanasia agency" means an entity certified by the  
7 Department of Financial and Professional Regulation for the  
8 purpose of animal euthanasia that holds an animal control  
9 facility license or animal shelter license under the Animal  
10 Welfare Act. A euthanasia agency is authorized to purchase,  
11 store, possess, and utilize Schedule II nonnarcotic and  
12 Schedule III nonnarcotic drugs for the sole purpose of animal  
13 euthanasia.

14 (t-10) "Euthanasia drugs" means Schedule II or Schedule III  
15 substances (nonnarcotic controlled substances) that are used  
16 by a euthanasia agency for the purpose of animal euthanasia.

17 (u) "Good faith" means the prescribing or dispensing of a  
18 controlled substance by a practitioner in the regular course of  
19 professional treatment to or for any person who is under his or  
20 her treatment for a pathology or condition other than that  
21 individual's physical or psychological dependence upon or  
22 addiction to a controlled substance, except as provided herein:  
23 and application of the term to a pharmacist shall mean the  
24 dispensing of a controlled substance pursuant to the  
25 prescriber's order which in the professional judgment of the  
26 pharmacist is lawful. The pharmacist shall be guided by

1 accepted professional standards including, but not limited to  
2 the following, in making the judgment:

3 (1) lack of consistency of prescriber-patient  
4 relationship,

5 (2) frequency of prescriptions for same drug by one  
6 prescriber for large numbers of patients,

7 (3) quantities beyond those normally prescribed,

8 (4) unusual dosages (recognizing that there may be  
9 clinical circumstances where more or less than the usual  
10 dose may be used legitimately),

11 (5) unusual geographic distances between patient,  
12 pharmacist and prescriber,

13 (6) consistent prescribing of habit-forming drugs.

14 (u-0.5) "Hallucinogen" means a drug that causes markedly  
15 altered sensory perception leading to hallucinations of any  
16 type.

17 (u-1) "Home infusion services" means services provided by a  
18 pharmacy in compounding solutions for direct administration to  
19 a patient in a private residence, long-term care facility, or  
20 hospice setting by means of parenteral, intravenous,  
21 intramuscular, subcutaneous, or intraspinal infusion.

22 (u-5) "Illinois State Police" means the State Police of the  
23 State of Illinois, or its successor agency.

24 (v) "Immediate precursor" means a substance:

25 (1) which the Department has found to be and by rule  
26 designated as being a principal compound used, or produced

1 primarily for use, in the manufacture of a controlled  
2 substance;

3 (2) which is an immediate chemical intermediary used or  
4 likely to be used in the manufacture of such controlled  
5 substance; and

6 (3) the control of which is necessary to prevent,  
7 curtail or limit the manufacture of such controlled  
8 substance.

9 (w) "Instructional activities" means the acts of teaching,  
10 educating or instructing by practitioners using controlled  
11 substances within educational facilities approved by the State  
12 Board of Education or its successor agency.

13 (x) "Local authorities" means a duly organized State,  
14 County or Municipal peace unit or police force.

15 (y) "Look-alike substance" means a substance, other than a  
16 controlled substance which (1) by overall dosage unit  
17 appearance, including shape, color, size, markings or lack  
18 thereof, taste, consistency, or any other identifying physical  
19 characteristic of the substance, would lead a reasonable person  
20 to believe that the substance is a controlled substance, or (2)  
21 is expressly or impliedly represented to be a controlled  
22 substance or is distributed under circumstances which would  
23 lead a reasonable person to believe that the substance is a  
24 controlled substance. For the purpose of determining whether  
25 the representations made or the circumstances of the  
26 distribution would lead a reasonable person to believe the

1 substance to be a controlled substance under this clause (2) of  
2 subsection (y), the court or other authority may consider the  
3 following factors in addition to any other factor that may be  
4 relevant:

5 (a) statements made by the owner or person in control  
6 of the substance concerning its nature, use or effect;

7 (b) statements made to the buyer or recipient that the  
8 substance may be resold for profit;

9 (c) whether the substance is packaged in a manner  
10 normally used for the illegal distribution of controlled  
11 substances;

12 (d) whether the distribution or attempted distribution  
13 included an exchange of or demand for money or other  
14 property as consideration, and whether the amount of the  
15 consideration was substantially greater than the  
16 reasonable retail market value of the substance.

17 Clause (1) of this subsection (y) shall not apply to a  
18 noncontrolled substance in its finished dosage form that was  
19 initially introduced into commerce prior to the initial  
20 introduction into commerce of a controlled substance in its  
21 finished dosage form which it may substantially resemble.

22 Nothing in this subsection (y) prohibits the dispensing or  
23 distributing of noncontrolled substances by persons authorized  
24 to dispense and distribute controlled substances under this  
25 Act, provided that such action would be deemed to be carried  
26 out in good faith under subsection (u) if the substances

1 involved were controlled substances.

2 Nothing in this subsection (y) or in this Act prohibits the  
3 manufacture, preparation, propagation, compounding,  
4 processing, packaging, advertising or distribution of a drug or  
5 drugs by any person registered pursuant to Section 510 of the  
6 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

7 (y-1) "Mail-order pharmacy" means a pharmacy that is  
8 located in a state of the United States that delivers,  
9 dispenses or distributes, through the United States Postal  
10 Service or other common carrier, to Illinois residents, any  
11 substance which requires a prescription.

12 (z) "Manufacture" means the production, preparation,  
13 propagation, compounding, conversion or processing of a  
14 controlled substance other than methamphetamine, either  
15 directly or indirectly, by extraction from substances of  
16 natural origin, or independently by means of chemical  
17 synthesis, or by a combination of extraction and chemical  
18 synthesis, and includes any packaging or repackaging of the  
19 substance or labeling of its container, except that this term  
20 does not include:

21 (1) by an ultimate user, the preparation or compounding  
22 of a controlled substance for his or her own use; or

23 (2) by a practitioner, or his or her authorized agent  
24 under his or her supervision, the preparation,  
25 compounding, packaging, or labeling of a controlled  
26 substance:



1           (a) as an incident to his or her administering or  
2           dispensing of a controlled substance in the course of  
3           his or her professional practice; or

4           (b) as an incident to lawful research, teaching or  
5           chemical analysis and not for sale.

6           (z-1) (Blank).

7           (z-5) "Medication shopping" means the conduct prohibited  
8           under subsection (a) of Section 314.5 of this Act.

9           (z-10) "Mid-level practitioner" means (i) a physician  
10          assistant who has been delegated authority to prescribe through  
11          a written delegation of authority by a physician licensed to  
12          practice medicine in all of its branches, in accordance with  
13          Section 7.5 of the Physician Assistant Practice Act of 1987,  
14          (ii) an advanced practice registered nurse who has been  
15          delegated authority to prescribe through a written delegation  
16          of authority by a physician licensed to practice medicine in  
17          all of its branches or by a podiatric physician, in accordance  
18          with Section 65-40 of the Nurse Practice Act, (iii) an advanced  
19          practice registered nurse certified as a nurse practitioner,  
20          nurse midwife, or clinical nurse specialist who has been  
21          granted authority to prescribe by a hospital affiliate in  
22          accordance with Section 65-45 of the Nurse Practice Act, (iv)  
23          an animal euthanasia agency, or (v) a prescribing psychologist.

24          (aa) "Narcotic drug" means any of the following, whether  
25          produced directly or indirectly by extraction from substances  
26          of vegetable origin, or independently by means of chemical

1 synthesis, or by a combination of extraction and chemical  
2 synthesis:

3 (1) opium, opiates, derivatives of opium and opiates,  
4 including their isomers, esters, ethers, salts, and salts  
5 of isomers, esters, and ethers, whenever the existence of  
6 such isomers, esters, ethers, and salts is possible within  
7 the specific chemical designation; however the term  
8 "narcotic drug" does not include the isoquinoline  
9 alkaloids of opium;

10 (2) (blank);

11 (3) opium poppy and poppy straw;

12 (4) coca leaves, except coca leaves and extracts of  
13 coca leaves from which substantially all of the cocaine and  
14 ecgonine, and their isomers, derivatives and salts, have  
15 been removed;

16 (5) cocaine, its salts, optical and geometric isomers,  
17 and salts of isomers;

18 (6) ecgonine, its derivatives, their salts, isomers,  
19 and salts of isomers;

20 (7) any compound, mixture, or preparation which  
21 contains any quantity of any of the substances referred to  
22 in subparagraphs (1) through (6).

23 (bb) "Nurse" means a registered nurse licensed under the  
24 Nurse Practice Act.

25 (cc) (Blank).

26 (dd) "Opiate" means any substance having an addiction

1 forming or addiction sustaining liability similar to morphine  
2 or being capable of conversion into a drug having addiction  
3 forming or addiction sustaining liability.

4 (ee) "Opium poppy" means the plant of the species *Papaver*  
5 *somniferum* L., except its seeds.

6 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or  
7 solution or other liquid form of medication intended for  
8 administration by mouth, but the term does not include a form  
9 of medication intended for buccal, sublingual, or transmucosal  
10 administration.

11 (ff) "Parole and Pardon Board" means the Parole and Pardon  
12 Board of the State of Illinois or its successor agency.

13 (gg) "Person" means any individual, corporation,  
14 mail-order pharmacy, government or governmental subdivision or  
15 agency, business trust, estate, trust, partnership or  
16 association, or any other entity.

17 (hh) "Pharmacist" means any person who holds a license or  
18 certificate of registration as a registered pharmacist, a local  
19 registered pharmacist or a registered assistant pharmacist  
20 under the Pharmacy Practice Act.

21 (ii) "Pharmacy" means any store, ship or other place in  
22 which pharmacy is authorized to be practiced under the Pharmacy  
23 Practice Act.

24 (ii-5) "Pharmacy shopping" means the conduct prohibited  
25 under subsection (b) of Section 314.5 of this Act.

26 (ii-10) "Physician" (except when the context otherwise

1 requires) means a person licensed to practice medicine in all  
2 of its branches.

3 (jj) "Poppy straw" means all parts, except the seeds, of  
4 the opium poppy, after mowing.

5 (kk) "Practitioner" means a physician licensed to practice  
6 medicine in all its branches, dentist, optometrist, podiatric  
7 physician, veterinarian, scientific investigator, pharmacist,  
8 physician assistant, advanced practice registered nurse,  
9 licensed practical nurse, registered nurse, hospital,  
10 laboratory, or pharmacy, or other person licensed, registered,  
11 or otherwise lawfully permitted by the United States or this  
12 State to distribute, dispense, conduct research with respect  
13 to, administer or use in teaching or chemical analysis, a  
14 controlled substance in the course of professional practice or  
15 research.

16 (ll) "Pre-printed prescription" means a written  
17 prescription upon which the designated drug has been indicated  
18 prior to the time of issuance; the term does not mean a written  
19 prescription that is individually generated by machine or  
20 computer in the prescriber's office.

21 (mm) "Prescriber" means a physician licensed to practice  
22 medicine in all its branches, dentist, optometrist,  
23 prescribing psychologist licensed under Section 4.2 of the  
24 Clinical Psychologist Licensing Act with prescriptive  
25 authority delegated under Section 4.3 of the Clinical  
26 Psychologist Licensing Act, podiatric physician, or

1 veterinarian who issues a prescription, a physician assistant  
2 who issues a prescription for a controlled substance in  
3 accordance with Section 303.05, a written delegation, and a  
4 written supervision agreement required under Section 7.5 of the  
5 Physician Assistant Practice Act of 1987, an advanced practice  
6 registered nurse with prescriptive authority delegated under  
7 Section 65-40 of the Nurse Practice Act and in accordance with  
8 Section 303.05, a written delegation, and a written  
9 collaborative agreement under Section 65-35 of the Nurse  
10 Practice Act, or an advanced practice registered nurse  
11 certified as a nurse practitioner, nurse midwife, or clinical  
12 nurse specialist who has been granted authority to prescribe by  
13 a hospital affiliate in accordance with Section 65-45 of the  
14 Nurse Practice Act and in accordance with Section 303.05.

15 (nn) "Prescription" means a written, facsimile, or oral  
16 order, or an electronic order that complies with applicable  
17 federal requirements, of a physician licensed to practice  
18 medicine in all its branches, dentist, podiatric physician or  
19 veterinarian for any controlled substance, of an optometrist in  
20 accordance with Section 15.1 of the Illinois Optometric  
21 Practice Act of 1987, of a prescribing psychologist licensed  
22 under Section 4.2 of the Clinical Psychologist Licensing Act  
23 with prescriptive authority delegated under Section 4.3 of the  
24 Clinical Psychologist Licensing Act, of a physician assistant  
25 for a controlled substance in accordance with Section 303.05, a  
26 written delegation, and a written supervision agreement

1 required under Section 7.5 of the Physician Assistant Practice  
2 Act of 1987, of an advanced practice registered nurse with  
3 prescriptive authority delegated under Section 65-40 of the  
4 Nurse Practice Act who issues a prescription for a controlled  
5 substance in accordance with Section 303.05, a written  
6 delegation, and a written collaborative agreement under  
7 Section 65-35 of the Nurse Practice Act, or of an advanced  
8 practice registered nurse certified as a nurse practitioner,  
9 nurse midwife, or clinical nurse specialist who has been  
10 granted authority to prescribe by a hospital affiliate in  
11 accordance with Section 65-45 of the Nurse Practice Act and in  
12 accordance with Section 303.05 when required by law.

13 (nn-5) "Prescription Information Library" (PIL) means an  
14 electronic library that contains reported controlled substance  
15 data.

16 (nn-10) "Prescription Monitoring Program" (PMP) means the  
17 entity that collects, tracks, and stores reported data on  
18 controlled substances and select drugs pursuant to Section 316.

19 (oo) "Production" or "produce" means manufacture,  
20 planting, cultivating, growing, or harvesting of a controlled  
21 substance other than methamphetamine.

22 (pp) "Registrant" means every person who is required to  
23 register under Section 302 of this Act.

24 (qq) "Registry number" means the number assigned to each  
25 person authorized to handle controlled substances under the  
26 laws of the United States and of this State.

1 (qq-5) "Secretary" means, as the context requires, either  
2 the Secretary of the Department or the Secretary of the  
3 Department of Financial and Professional Regulation, and the  
4 Secretary's designated agents.

5 (rr) "State" includes the State of Illinois and any state,  
6 district, commonwealth, territory, insular possession thereof,  
7 and any area subject to the legal authority of the United  
8 States of America.

9 (rr-5) "Stimulant" means any drug that (i) causes an  
10 overall excitation of central nervous system functions, (ii)  
11 causes impaired consciousness and awareness, and (iii) can be  
12 habit-forming or lead to a substance abuse problem, including  
13 but not limited to amphetamines and their analogs,  
14 methylphenidate and its analogs, cocaine, and phencyclidine  
15 and its analogs.

16 (ss) "Ultimate user" means a person who lawfully possesses  
17 a controlled substance for his or her own use or for the use of  
18 a member of his or her household or for administering to an  
19 animal owned by him or her or by a member of his or her  
20 household.

21 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;  
22 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14; 99-78, eff.  
23 7-20-15; 99-173, eff. 7-29-15; 99-371, eff. 1-1-16; 99-480,  
24 eff. 9-9-15; 99-642, eff. 7-28-16.)

25 (720 ILCS 570/302) (from Ch. 56 1/2, par. 1302)

1           Sec. 302. (a) Every person who manufactures, distributes,  
2 or dispenses any controlled substances; engages in chemical  
3 analysis, research, or instructional activities which utilize  
4 controlled substances; purchases, stores, or administers  
5 euthanasia drugs, within this State; provides canine odor  
6 detection services; proposes to engage in the manufacture,  
7 distribution, or dispensing of any controlled substance;  
8 proposes to engage in chemical analysis, research, or  
9 instructional activities which utilize controlled substances;  
10 proposes to engage in purchasing, storing, or administering  
11 euthanasia drugs; or proposes to provide canine odor detection  
12 services within this State, must obtain a registration issued  
13 by the Department of Financial and Professional Regulation in  
14 accordance with its rules. The rules shall include, but not be  
15 limited to, setting the expiration date and renewal period for  
16 each registration under this Act. The Department, any facility  
17 or service licensed by the Department, and any veterinary  
18 hospital or clinic operated by a veterinarian or veterinarians  
19 licensed under the Veterinary Medicine and Surgery Practice Act  
20 of 2004 or maintained by a State-supported or publicly funded  
21 university or college shall be exempt from the regulation  
22 requirements of this Section; however, such exemption shall not  
23 operate to bar the University of Illinois from requesting, nor  
24 the Department of Financial and Professional Regulation from  
25 issuing, a registration to the University of Illinois  
26 Veterinary Teaching Hospital under this Act. Neither a request



1 for such registration nor the issuance of such registration to  
2 the University of Illinois shall operate to otherwise waive or  
3 modify the exemption provided in this subsection (a).

4 (b) Persons registered by the Department of Financial and  
5 Professional Regulation under this Act to manufacture,  
6 distribute, or dispense controlled substances, engage in  
7 chemical analysis, research, or instructional activities which  
8 utilize controlled substances, purchase, store, or administer  
9 euthanasia drugs, or provide canine odor detection services,  
10 may possess, manufacture, distribute, engage in chemical  
11 analysis, research, or instructional activities which utilize  
12 controlled substances, dispense those substances, or purchase,  
13 store, or administer euthanasia drugs, or provide canine odor  
14 detection services to the extent authorized by their  
15 registration and in conformity with the other provisions of  
16 this Article.

17 (c) The following persons need not register and may  
18 lawfully possess controlled substances under this Act:

19 (1) an agent or employee of any registered  
20 manufacturer, distributor, or dispenser of any controlled  
21 substance if he or she is acting in the usual course of his  
22 or her employer's lawful business or employment;

23 (2) a common or contract carrier or warehouseman, or an  
24 agent or employee thereof, whose possession of any  
25 controlled substance is in the usual lawful course of such  
26 business or employment;

1           (3) an ultimate user or a person in possession of a  
2 controlled substance prescribed for the ultimate user  
3 under a lawful prescription of a practitioner, including an  
4 advanced practice registered nurse, practical nurse, or  
5 registered nurse licensed under the Nurse Practice Act, or  
6 a physician assistant licensed under the Physician  
7 Assistant Practice Act of 1987, who provides hospice  
8 services to a hospice patient or who provides home health  
9 services to a person, or a person in possession of any  
10 controlled substance pursuant to a lawful prescription of a  
11 practitioner or in lawful possession of a Schedule V  
12 substance. In this Section, "home health services" has the  
13 meaning ascribed to it in the Home Health, Home Services,  
14 and Home Nursing Agency Licensing Act; and "hospice  
15 patient" and "hospice services" have the meanings ascribed  
16 to them in the Hospice Program Licensing Act;

17           (4) officers and employees of this State or of the  
18 United States while acting in the lawful course of their  
19 official duties which requires possession of controlled  
20 substances;

21           (5) a registered pharmacist who is employed in, or the  
22 owner of, a pharmacy licensed under this Act and the  
23 Federal Controlled Substances Act, at the licensed  
24 location, or if he or she is acting in the usual course of  
25 his or her lawful profession, business, or employment;

26           (6) a holder of a temporary license issued under

1 Section 17 of the Medical Practice Act of 1987 practicing  
2 within the scope of that license and in compliance with the  
3 rules adopted under this Act. In addition to possessing  
4 controlled substances, a temporary license holder may  
5 order, administer, and prescribe controlled substances  
6 when acting within the scope of his or her license and in  
7 compliance with the rules adopted under this Act.

8 (d) A separate registration is required at each place of  
9 business or professional practice where the applicant  
10 manufactures, distributes, or dispenses controlled substances,  
11 or purchases, stores, or administers euthanasia drugs. Persons  
12 are required to obtain a separate registration for each place  
13 of business or professional practice where controlled  
14 substances are located or stored. A separate registration is  
15 not required for every location at which a controlled substance  
16 may be prescribed.

17 (e) The Department of Financial and Professional  
18 Regulation or the Illinois State Police may inspect the  
19 controlled premises, as defined in Section 502 of this Act, of  
20 a registrant or applicant for registration in accordance with  
21 this Act and the rules promulgated hereunder and with regard to  
22 persons licensed by the Department, in accordance with  
23 subsection (bb) of Section 30-5 of the Alcoholism and Other  
24 Drug Abuse and Dependency Act and the rules and regulations  
25 promulgated thereunder.

26 (Source: P.A. 99-163, eff. 1-1-16; 99-247, eff. 8-3-15; 99-642,

1 eff. 7-28-16.)

2 (720 ILCS 570/303.05)

3 Sec. 303.05. Mid-level practitioner registration.

4 (a) The Department of Financial and Professional  
5 Regulation shall register licensed physician assistants,  
6 licensed advanced practice registered nurses, and prescribing  
7 psychologists licensed under Section 4.2 of the Clinical  
8 Psychologist Licensing Act to prescribe and dispense  
9 controlled substances under Section 303 and euthanasia  
10 agencies to purchase, store, or administer animal euthanasia  
11 drugs under the following circumstances:

12 (1) with respect to physician assistants,

13 (A) the physician assistant has been delegated  
14 written authority to prescribe any Schedule III  
15 through V controlled substances by a physician  
16 licensed to practice medicine in all its branches in  
17 accordance with Section 7.5 of the Physician Assistant  
18 Practice Act of 1987; and the physician assistant has  
19 completed the appropriate application forms and has  
20 paid the required fees as set by rule; or

21 (B) the physician assistant has been delegated  
22 authority by a supervising physician licensed to  
23 practice medicine in all its branches to prescribe or  
24 dispense Schedule II controlled substances through a  
25 written delegation of authority and under the

1 following conditions:

2 (i) Specific Schedule II controlled substances  
3 by oral dosage or topical or transdermal  
4 application may be delegated, provided that the  
5 delegated Schedule II controlled substances are  
6 routinely prescribed by the supervising physician.  
7 This delegation must identify the specific  
8 Schedule II controlled substances by either brand  
9 name or generic name. Schedule II controlled  
10 substances to be delivered by injection or other  
11 route of administration may not be delegated;

12 (ii) any delegation must be of controlled  
13 substances prescribed by the supervising  
14 physician;

15 (iii) all prescriptions must be limited to no  
16 more than a 30-day supply, with any continuation  
17 authorized only after prior approval of the  
18 supervising physician;

19 (iv) the physician assistant must discuss the  
20 condition of any patients for whom a controlled  
21 substance is prescribed monthly with the  
22 delegating physician;

23 (v) the physician assistant must have  
24 completed the appropriate application forms and  
25 paid the required fees as set by rule;

26 (vi) the physician assistant must provide

1 evidence of satisfactory completion of 45 contact  
2 hours in pharmacology from any physician assistant  
3 program accredited by the Accreditation Review  
4 Commission on Education for the Physician  
5 Assistant (ARC-PA), or its predecessor agency, for  
6 any new license issued with Schedule II authority  
7 after the effective date of this amendatory Act of  
8 the 97th General Assembly; and

9 (vii) the physician assistant must annually  
10 complete at least 5 hours of continuing education  
11 in pharmacology;

12 (2) with respect to advanced practice registered  
13 nurses,

14 (A) the advanced practice registered nurse has  
15 been delegated authority to prescribe any Schedule III  
16 through V controlled substances by a collaborating  
17 physician licensed to practice medicine in all its  
18 branches or a collaborating podiatric physician in  
19 accordance with Section 65-40 of the Nurse Practice  
20 Act. The advanced practice registered nurse has  
21 completed the appropriate application forms and has  
22 paid the required fees as set by rule; or

23 (B) the advanced practice registered nurse has  
24 been delegated authority by a collaborating physician  
25 licensed to practice medicine in all its branches or  
26 collaborating podiatric physician to prescribe or

1 dispense Schedule II controlled substances through a  
2 written delegation of authority and under the  
3 following conditions:

4 (i) specific Schedule II controlled substances  
5 by oral dosage or topical or transdermal  
6 application may be delegated, provided that the  
7 delegated Schedule II controlled substances are  
8 routinely prescribed by the collaborating  
9 physician or podiatric physician. This delegation  
10 must identify the specific Schedule II controlled  
11 substances by either brand name or generic name.  
12 Schedule II controlled substances to be delivered  
13 by injection or other route of administration may  
14 not be delegated;

15 (ii) any delegation must be of controlled  
16 substances prescribed by the collaborating  
17 physician or podiatric physician;

18 (iii) all prescriptions must be limited to no  
19 more than a 30-day supply, with any continuation  
20 authorized only after prior approval of the  
21 collaborating physician or podiatric physician;

22 (iv) the advanced practice registered nurse  
23 must discuss the condition of any patients for whom  
24 a controlled substance is prescribed monthly with  
25 the delegating physician or podiatric physician or  
26 in the course of review as required by Section

1           65-40 of the Nurse Practice Act;

2           (v) the advanced practice registered nurse  
3           must have completed the appropriate application  
4           forms and paid the required fees as set by rule;

5           (vi) the advanced practice registered nurse  
6           must provide evidence of satisfactory completion  
7           of at least 45 graduate contact hours in  
8           pharmacology for any new license issued with  
9           Schedule II authority after the effective date of  
10          this amendatory Act of the 97th General Assembly;  
11          and

12          (vii) the advanced practice registered nurse  
13          must annually complete 5 hours of continuing  
14          education in pharmacology;

15          (2.5) with respect to advanced practice registered  
16          nurses certified as nurse practitioners, nurse midwives,  
17          or clinical nurse specialists practicing in a hospital  
18          affiliate,

19                (A) the advanced practice registered nurse  
20                certified as a nurse practitioner, nurse midwife, or  
21                clinical nurse specialist has been granted authority  
22                to prescribe any Schedule II through V controlled  
23                substances by the hospital affiliate upon the  
24                recommendation of the appropriate physician committee  
25                of the hospital affiliate in accordance with Section  
26                65-45 of the Nurse Practice Act, has completed the



1 appropriate application forms, and has paid the  
2 required fees as set by rule; and

3 (B) an advanced practice registered nurse  
4 certified as a nurse practitioner, nurse midwife, or  
5 clinical nurse specialist has been granted authority  
6 to prescribe any Schedule II controlled substances by  
7 the hospital affiliate upon the recommendation of the  
8 appropriate physician committee of the hospital  
9 affiliate, then the following conditions must be met:

10 (i) specific Schedule II controlled substances  
11 by oral dosage or topical or transdermal  
12 application may be designated, provided that the  
13 designated Schedule II controlled substances are  
14 routinely prescribed by advanced practice  
15 registered nurses in their area of certification;  
16 this grant of authority must identify the specific  
17 Schedule II controlled substances by either brand  
18 name or generic name; authority to prescribe or  
19 dispense Schedule II controlled substances to be  
20 delivered by injection or other route of  
21 administration may not be granted;

22 (ii) any grant of authority must be controlled  
23 substances limited to the practice of the advanced  
24 practice registered nurse;

25 (iii) any prescription must be limited to no  
26 more than a 30-day supply;

1 (iv) the advanced practice registered nurse  
2 must discuss the condition of any patients for whom  
3 a controlled substance is prescribed monthly with  
4 the appropriate physician committee of the  
5 hospital affiliate or its physician designee; and

6 (v) the advanced practice registered nurse  
7 must meet the education requirements of this  
8 Section;

9 (3) with respect to animal euthanasia agencies, the  
10 euthanasia agency has obtained a license from the  
11 Department of Financial and Professional Regulation and  
12 obtained a registration number from the Department; or

13 (4) with respect to prescribing psychologists, the  
14 prescribing psychologist has been delegated authority to  
15 prescribe any nonnarcotic Schedule III through V  
16 controlled substances by a collaborating physician  
17 licensed to practice medicine in all its branches in  
18 accordance with Section 4.3 of the Clinical Psychologist  
19 Licensing Act, and the prescribing psychologist has  
20 completed the appropriate application forms and has paid  
21 the required fees as set by rule.

22 (b) The mid-level practitioner shall only be licensed to  
23 prescribe those schedules of controlled substances for which a  
24 licensed physician or licensed podiatric physician has  
25 delegated prescriptive authority, except that an animal  
26 euthanasia agency does not have any prescriptive authority. A

1 physician assistant and an advanced practice registered nurse  
2 are prohibited from prescribing medications and controlled  
3 substances not set forth in the required written delegation of  
4 authority.

5 (c) Upon completion of all registration requirements,  
6 physician assistants, advanced practice registered nurses, and  
7 animal euthanasia agencies may be issued a mid-level  
8 practitioner controlled substances license for Illinois.

9 (d) A collaborating physician or podiatric physician may,  
10 but is not required to, delegate prescriptive authority to an  
11 advanced practice registered nurse as part of a written  
12 collaborative agreement, and the delegation of prescriptive  
13 authority shall conform to the requirements of Section 65-40 of  
14 the Nurse Practice Act.

15 (e) A supervising physician may, but is not required to,  
16 delegate prescriptive authority to a physician assistant as  
17 part of a written supervision agreement, and the delegation of  
18 prescriptive authority shall conform to the requirements of  
19 Section 7.5 of the Physician Assistant Practice Act of 1987.

20 (f) Nothing in this Section shall be construed to prohibit  
21 generic substitution.

22 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;  
23 99-173, eff. 7-29-15.)

24 (720 ILCS 570/313) (from Ch. 56 1/2, par. 1313)

25 Sec. 313. (a) Controlled substances which are lawfully

1 administered in hospitals or institutions licensed under the  
2 Hospital Licensing Act shall be exempt from the requirements of  
3 Sections 312 and 316, except that the prescription for the  
4 controlled substance shall be in writing on the patient's  
5 record, signed by the prescriber, and dated, and shall state  
6 the name and quantity of controlled substances ordered and the  
7 quantity actually administered. The records of such  
8 prescriptions shall be maintained for two years and shall be  
9 available for inspection by officers and employees of the  
10 Illinois State Police and the Department of Financial and  
11 Professional Regulation.

12 The exemption under this subsection (a) does not apply to a  
13 prescription (including an outpatient prescription from an  
14 emergency department or outpatient clinic) for more than a  
15 72-hour supply of a discharge medication to be consumed outside  
16 of the hospital or institution.

17 (b) Controlled substances that can lawfully be  
18 administered or dispensed directly to a patient in a long-term  
19 care facility licensed by the Department of Public Health as a  
20 skilled nursing facility, intermediate care facility, or  
21 long-term care facility for residents under 22 years of age,  
22 are exempt from the requirements of Section 312 except that a  
23 prescription for a Schedule II controlled substance must be  
24 either a prescription signed by the prescriber or a  
25 prescription transmitted by the prescriber or prescriber's  
26 agent to the dispensing pharmacy by facsimile. The facsimile

1 serves as the original prescription and must be maintained for  
2 2 years from the date of issue in the same manner as a written  
3 prescription signed by the prescriber.

4 (c) A prescription that is generated for a Schedule II  
5 controlled substance to be compounded for direct  
6 administration to a patient in a private residence, long-term  
7 care facility, or hospice program may be transmitted by  
8 facsimile by the prescriber or the prescriber's agent to the  
9 pharmacy providing the home infusion services. The facsimile  
10 serves as the original prescription for purposes of this  
11 paragraph (c) and it shall be maintained in the same manner as  
12 the original prescription.

13 (c-1) A prescription generated for a Schedule II controlled  
14 substance for a patient residing in a hospice certified by  
15 Medicare under Title XVIII of the Social Security Act or  
16 licensed by the State may be transmitted by the practitioner or  
17 the practitioner's agent to the dispensing pharmacy by  
18 facsimile or electronically as provided in Section 311.5. The  
19 practitioner or practitioner's agent must note on the  
20 prescription that the patient is a hospice patient. The  
21 facsimile or electronic record serves as the original  
22 prescription for purposes of this paragraph (c-1) and it shall  
23 be maintained in the same manner as the original prescription.

24 (d) Controlled substances which are lawfully administered  
25 and/or dispensed in drug abuse treatment programs licensed by  
26 the Department shall be exempt from the requirements of

1 Sections 312 and 316, except that the prescription for such  
2 controlled substances shall be issued and authenticated on  
3 official prescription logs prepared and maintained in  
4 accordance with 77 Ill. Adm. Code 2060: Alcoholism and  
5 Substance Abuse Treatment and Intervention Licenses, and in  
6 compliance with other applicable State and federal laws. The  
7 Department-licensed drug treatment program shall report  
8 applicable prescriptions via electronic record keeping  
9 software approved by the Department. This software must be  
10 compatible with the specifications of the Department. Drug  
11 abuse treatment programs shall report to the Department  
12 methadone prescriptions or medications dispensed through the  
13 use of Department-approved File Transfer Protocols (FTPs).  
14 Methadone prescription records must be maintained in  
15 accordance with the applicable requirements as set forth by the  
16 Department in accordance with 77 Ill. Adm. Code 2060:  
17 Alcoholism and Substance Abuse Treatment and Intervention  
18 Licenses, and in compliance with other applicable State and  
19 federal laws.

20 (e) Nothing in this Act shall be construed to limit the  
21 authority of a hospital pursuant to Section 65-45 of the Nurse  
22 Practice Act to grant hospital clinical privileges to an  
23 individual advanced practice registered nurse to select, order  
24 or administer medications, including controlled substances to  
25 provide services within a hospital. Nothing in this Act shall  
26 be construed to limit the authority of an ambulatory surgical

1 treatment center pursuant to Section 65-45 of the Nurse  
2 Practice Act to grant ambulatory surgical treatment center  
3 clinical privileges to an individual advanced practice  
4 registered nurse to select, order or administer medications,  
5 including controlled substances to provide services within an  
6 ambulatory surgical treatment center.

7 (Source: P.A. 97-334, eff. 1-1-12.)

8 (720 ILCS 570/320)

9 Sec. 320. Advisory committee.

10 (a) There is created a Prescription Monitoring Program  
11 Advisory Committee to assist the Department of Human Services  
12 in implementing the Prescription Monitoring Program created by  
13 this Article and to advise the Department on the professional  
14 performance of prescribers and dispensers and other matters  
15 germane to the advisory committee's field of competence.

16 (b) The Clinical Director of the Prescription Monitoring  
17 Program shall appoint members to serve on the advisory  
18 committee. The advisory committee shall be composed of  
19 prescribers and dispensers as follows: 4 physicians licensed to  
20 practice medicine in all its branches; one advanced practice  
21 registered nurse; one physician assistant; one optometrist;  
22 one dentist; one podiatric physician; and 3 pharmacists. The  
23 Clinical Director of the Prescription Monitoring Program may  
24 appoint a representative of an organization representing a  
25 profession required to be appointed. The Clinical Director of

1 the Prescription Monitoring Program shall serve as the chair of  
2 the committee.

3 (c) The advisory committee may appoint its other officers  
4 as it deems appropriate.

5 (d) The members of the advisory committee shall receive no  
6 compensation for their services as members of the advisory  
7 committee but may be reimbursed for their actual expenses  
8 incurred in serving on the advisory committee.

9 (e) The advisory committee shall:

10 (1) provide a uniform approach to reviewing this Act in  
11 order to determine whether changes should be recommended to  
12 the General Assembly;

13 (2) review current drug schedules in order to manage  
14 changes to the administrative rules pertaining to the  
15 utilization of this Act;

16 (3) review the following: current clinical guidelines  
17 developed by health care professional organizations on the  
18 prescribing of opioids or other controlled substances;  
19 accredited continuing education programs related to  
20 prescribing and dispensing; programs or information  
21 developed by health care professional organizations that  
22 may be used to assess patients or help ensure compliance  
23 with prescriptions; updates from the Food and Drug  
24 Administration, the Centers for Disease Control and  
25 Prevention, and other public and private organizations  
26 which are relevant to prescribing and dispensing; relevant



1 medical studies; and other publications which involve the  
2 prescription of controlled substances;

3 (4) make recommendations for inclusion of these  
4 materials or other studies which may be effective resources  
5 for prescribers and dispensers on the Internet website of  
6 the inquiry system established under Section 318;

7 (5) on at least a quarterly basis, review the content  
8 of the Internet website of the inquiry system established  
9 pursuant to Section 318 to ensure this Internet website has  
10 the most current available information;

11 (6) on at least a quarterly basis, review opportunities  
12 for federal grants and other forms of funding to support  
13 projects which will increase the number of pilot programs  
14 which integrate the inquiry system with electronic health  
15 records; and

16 (7) on at least a quarterly basis, review communication  
17 to be sent to all registered users of the inquiry system  
18 established pursuant to Section 318, including  
19 recommendations for relevant accredited continuing  
20 education and information regarding prescribing and  
21 dispensing.

22 (f) The Clinical Director of the Prescription Monitoring  
23 Program shall select 5 members, 3 physicians and 2 pharmacists,  
24 of the Prescription Monitoring Program Advisory Committee to  
25 serve as members of the peer review subcommittee. The purpose  
26 of the peer review subcommittee is to advise the Program on

1 matters germane to the advisory committee's field of  
2 competence, establish a formal peer review of professional  
3 performance of prescribers and dispensers, and develop  
4 communications to transmit to prescribers and dispensers. The  
5 deliberations, information, and communications of the peer  
6 review subcommittee are privileged and confidential and shall  
7 not be disclosed in any manner except in accordance with  
8 current law.

9 (1) The peer review subcommittee shall periodically  
10 review the data contained within the prescription  
11 monitoring program to identify those prescribers or  
12 dispensers who may be prescribing or dispensing outside the  
13 currently accepted standards in the course of their  
14 professional practice.

15 (2) The peer review subcommittee may identify  
16 prescribers or dispensers who may be prescribing outside  
17 the currently accepted medical standards in the course of  
18 their professional practice and send the identified  
19 prescriber or dispenser a request for information  
20 regarding their prescribing or dispensing practices. This  
21 request for information shall be sent via certified mail,  
22 return receipt requested. A prescriber or dispenser shall  
23 have 30 days to respond to the request for information.

24 (3) The peer review subcommittee shall refer a  
25 prescriber or a dispenser to the Department of Financial  
26 and Professional Regulation in the following situations:

1 (i) if a prescriber or dispenser does not respond  
2 to three successive requests for information;

3 (ii) in the opinion of a majority of members of the  
4 peer review subcommittee, the prescriber or dispenser  
5 does not have a satisfactory explanation for the  
6 practices identified by the peer review subcommittee  
7 in its request for information; or

8 (iii) following communications with the peer  
9 review subcommittee, the prescriber or dispenser does  
10 not sufficiently rectify the practices identified in  
11 the request for information in the opinion of a  
12 majority of the members of the peer review  
13 subcommittee.

14 (4) The Department of Financial and Professional  
15 Regulation may initiate an investigation and discipline in  
16 accordance with current laws and rules for any prescriber  
17 or dispenser referred by the peer review subcommittee.

18 (5) The peer review subcommittee shall prepare an  
19 annual report starting on July 1, 2017. This report shall  
20 contain the following information: the number of times the  
21 peer review subcommittee was convened; the number of  
22 prescribers or dispensers who were reviewed by the peer  
23 review committee; the number of requests for information  
24 sent out by the peer review subcommittee; and the number of  
25 prescribers or dispensers referred to the Department of  
26 Financial and Professional Regulation. The annual report

1 shall be delivered electronically to the Department and to  
2 the General Assembly. The report prepared by the peer  
3 review subcommittee shall not identify any prescriber,  
4 dispenser, or patient.

5 (Source: P.A. 99-480, eff. 9-9-15.)

6 Section 325. The Code of Civil Procedure is amended by  
7 changing Section 8-2001 as follows:

8 (735 ILCS 5/8-2001) (from Ch. 110, par. 8-2001)

9 Sec. 8-2001. Examination of health care records.

10 (a) In this Section:

11 "Health care facility" or "facility" means a public or  
12 private hospital, ambulatory surgical treatment center,  
13 nursing home, independent practice association, or physician  
14 hospital organization, or any other entity where health care  
15 services are provided to any person. The term does not include  
16 a health care practitioner.

17 "Health care practitioner" means any health care  
18 practitioner, including a physician, dentist, podiatric  
19 physician, advanced practice registered nurse, physician  
20 assistant, clinical psychologist, or clinical social worker.  
21 The term includes a medical office, health care clinic, health  
22 department, group practice, and any other organizational  
23 structure for a licensed professional to provide health care  
24 services. The term does not include a health care facility.

1           (b) Every private and public health care facility shall,  
2 upon the request of any patient who has been treated in such  
3 health care facility, or any person, entity, or organization  
4 presenting a valid authorization for the release of records  
5 signed by the patient or the patient's legally authorized  
6 representative, or as authorized by Section 8-2001.5, permit  
7 the patient, his or her health care practitioner, authorized  
8 attorney, or any person, entity, or organization presenting a  
9 valid authorization for the release of records signed by the  
10 patient or the patient's legally authorized representative to  
11 examine the health care facility patient care records,  
12 including but not limited to the history, bedside notes,  
13 charts, pictures and plates, kept in connection with the  
14 treatment of such patient, and permit copies of such records to  
15 be made by him or her or his or her health care practitioner or  
16 authorized attorney.

17           (c) Every health care practitioner shall, upon the request  
18 of any patient who has been treated by the health care  
19 practitioner, or any person, entity, or organization  
20 presenting a valid authorization for the release of records  
21 signed by the patient or the patient's legally authorized  
22 representative, permit the patient and the patient's health  
23 care practitioner or authorized attorney, or any person,  
24 entity, or organization presenting a valid authorization for  
25 the release of records signed by the patient or the patient's  
26 legally authorized representative, to examine and copy the

1 patient's records, including but not limited to those relating  
2 to the diagnosis, treatment, prognosis, history, charts,  
3 pictures and plates, kept in connection with the treatment of  
4 such patient.

5 (d) A request for copies of the records shall be in writing  
6 and shall be delivered to the administrator or manager of such  
7 health care facility or to the health care practitioner. The  
8 person (including patients, health care practitioners and  
9 attorneys) requesting copies of records shall reimburse the  
10 facility or the health care practitioner at the time of such  
11 copying for all reasonable expenses, including the costs of  
12 independent copy service companies, incurred in connection  
13 with such copying not to exceed a \$20 handling charge for  
14 processing the request and the actual postage or shipping  
15 charge, if any, plus: (1) for paper copies 75 cents per page  
16 for the first through 25th pages, 50 cents per page for the  
17 26th through 50th pages, and 25 cents per page for all pages in  
18 excess of 50 (except that the charge shall not exceed \$1.25 per  
19 page for any copies made from microfiche or microfilm; records  
20 retrieved from scanning, digital imaging, electronic  
21 information or other digital format do not qualify as  
22 microfiche or microfilm retrieval for purposes of calculating  
23 charges); and (2) for electronic records, retrieved from a  
24 scanning, digital imaging, electronic information or other  
25 digital format in an electronic document, a charge of 50% of  
26 the per page charge for paper copies under subdivision (d) (1).

1 This per page charge includes the cost of each CD Rom, DVD, or  
2 other storage media. Records already maintained in an  
3 electronic or digital format shall be provided in an electronic  
4 format when so requested. If the records system does not allow  
5 for the creation or transmission of an electronic or digital  
6 record, then the facility or practitioner shall inform the  
7 requester in writing of the reason the records can not be  
8 provided electronically. The written explanation may be  
9 included with the production of paper copies, if the requester  
10 chooses to order paper copies. These rates shall be  
11 automatically adjusted as set forth in Section 8-2006. The  
12 facility or health care practitioner may, however, charge for  
13 the reasonable cost of all duplication of record material or  
14 information that cannot routinely be copied or duplicated on a  
15 standard commercial photocopy machine such as x-ray films or  
16 pictures.

17 (d-5) The handling fee shall not be collected from the  
18 patient or the patient's personal representative who obtains  
19 copies of records under Section 8-2001.5.

20 (e) The requirements of this Section shall be satisfied  
21 within 30 days of the receipt of a written request by a patient  
22 or by his or her legally authorized representative, health care  
23 practitioner, authorized attorney, or any person, entity, or  
24 organization presenting a valid authorization for the release  
25 of records signed by the patient or the patient's legally  
26 authorized representative. If the facility or health care

1 practitioner needs more time to comply with the request, then  
2 within 30 days after receiving the request, the facility or  
3 health care practitioner must provide the requesting party with  
4 a written statement of the reasons for the delay and the date  
5 by which the requested information will be provided. In any  
6 event, the facility or health care practitioner must provide  
7 the requested information no later than 60 days after receiving  
8 the request.

9 (f) A health care facility or health care practitioner must  
10 provide the public with at least 30 days prior notice of the  
11 closure of the facility or the health care practitioner's  
12 practice. The notice must include an explanation of how copies  
13 of the facility's records may be accessed by patients. The  
14 notice may be given by publication in a newspaper of general  
15 circulation in the area in which the health care facility or  
16 health care practitioner is located.

17 (g) Failure to comply with the time limit requirement of  
18 this Section shall subject the denying party to expenses and  
19 reasonable attorneys' fees incurred in connection with any  
20 court ordered enforcement of the provisions of this Section.

21 (Source: P.A. 97-623, eff. 11-23-11; 97-867, eff. 7-30-12;  
22 98-214, eff. 8-9-13; 98-756, eff. 7-16-14.)

23 Section 330. The Good Samaritan Act is amended by changing  
24 Sections 30, 34, and 68 as follows:



1 (745 ILCS 49/30)

2 Sec. 30. Free medical clinic; exemption from civil  
3 liability for services performed without compensation.

4 (a) A person licensed under the Medical Practice Act of  
5 1987, a person licensed to practice the treatment of human  
6 ailments in any other state or territory of the United States,  
7 or a health care professional, including but not limited to an  
8 advanced practice registered nurse, physician assistant,  
9 nurse, pharmacist, physical therapist, podiatric physician, or  
10 social worker licensed in this State or any other state or  
11 territory of the United States, who, in good faith, provides  
12 medical treatment, diagnosis, or advice as a part of the  
13 services of an established free medical clinic providing care  
14 to medically indigent patients which is limited to care that  
15 does not require the services of a licensed hospital or  
16 ambulatory surgical treatment center and who receives no fee or  
17 compensation from that source shall not be liable for civil  
18 damages as a result of his or her acts or omissions in  
19 providing that medical treatment, except for willful or wanton  
20 misconduct.

21 (b) For purposes of this Section, a "free medical clinic"  
22 is:

23 (1) an organized community based program providing  
24 medical care without charge to individuals unable to pay  
25 for it, at which the care provided does not include the use  
26 of general anesthesia or require an overnight stay in a

1 health-care facility; or

2 (2) a program organized by a certified local health  
3 department pursuant to Part 600 of Title 77 of the Illinois  
4 Administrative Code, utilizing health professional members  
5 of the Volunteer Medical Reserve Corps (the federal  
6 organization under 42 U.S.C. 300hh-15) providing medical  
7 care without charge to individuals unable to pay for it, at  
8 which the care provided does not include an overnight stay  
9 in a health-care facility.

10 (c) The provisions of subsection (a) of this Section do not  
11 apply to a particular case unless the free medical clinic has  
12 posted in a conspicuous place on its premises an explanation of  
13 the exemption from civil liability provided herein.

14 (d) The immunity from civil damages provided under  
15 subsection (a) also applies to physicians, hospitals, and other  
16 health care providers that provide further medical treatment,  
17 diagnosis, or advice to a patient upon referral from an  
18 established free medical clinic without fee or compensation.

19 (e) Nothing in this Section prohibits a free medical clinic  
20 from accepting voluntary contributions for medical services  
21 provided to a patient who has acknowledged his or her ability  
22 and willingness to pay a portion of the value of the medical  
23 services provided.

24 Any voluntary contribution collected for providing care at  
25 a free medical clinic shall be used only to pay overhead  
26 expenses of operating the clinic. No portion of any moneys

1 collected shall be used to provide a fee or other compensation  
2 to any person licensed under Medical Practice Act of 1987.

3 (f) The changes to this Section made by this amendatory Act  
4 of the 99th General Assembly apply only to causes of action  
5 accruing on or after the effective date of this amendatory Act  
6 of the 99th General Assembly.

7 (Source: P.A. 98-214, eff. 8-9-13; 99-42, eff. 1-1-16.)

8 (745 ILCS 49/34)

9 Sec. 34. Advanced practice registered nurse; exemption  
10 from civil liability for emergency care. A person licensed as  
11 an advanced practice registered nurse under the Nurse Practice  
12 Act who in good faith provides emergency care without fee to a  
13 person shall not be liable for civil damages as a result of his  
14 or her acts or omissions, except for willful or wanton  
15 misconduct on the part of the person in providing the care.

16 (Source: P.A. 95-639, eff. 10-5-07.)

17 (745 ILCS 49/68)

18 Sec. 68. Disaster Relief Volunteers. Any firefighter,  
19 licensed emergency medical technician (EMT) as defined by  
20 Section 3.50 of the Emergency Medical Services (EMS) Systems  
21 Act, physician, dentist, podiatric physician, optometrist,  
22 pharmacist, advanced practice registered nurse, physician  
23 assistant, or nurse who in good faith and without fee or  
24 compensation provides health care services as a disaster relief

1 volunteer shall not, as a result of his or her acts or  
2 omissions, except willful and wanton misconduct on the part of  
3 the person, in providing health care services, be liable to a  
4 person to whom the health care services are provided for civil  
5 damages. This immunity applies to health care services that are  
6 provided without fee or compensation during or within 10 days  
7 following the end of a disaster or catastrophic event.

8 The immunity provided in this Section only applies to a  
9 disaster relief volunteer who provides health care services in  
10 relief of an earthquake, hurricane, tornado, nuclear attack,  
11 terrorist attack, epidemic, or pandemic without fee or  
12 compensation for providing the volunteer health care services.

13 The provisions of this Section shall not apply to any  
14 health care facility as defined in Section 8-2001 of the Code  
15 of Civil Procedure or to any practitioner, who is not a  
16 disaster relief volunteer, providing health care services in a  
17 hospital or health care facility.

18 (Source: P.A. 98-214, eff. 8-9-13.)

19 Section 335. The Health Care Surrogate Act is amended by  
20 changing Section 65 as follows:

21 (755 ILCS 40/65)

22 Sec. 65. Department of Public Health Uniform POLST form.

23 (a) An individual of sound mind and having reached the age  
24 of majority or having obtained the status of an emancipated

1 person pursuant to the Emancipation of Minors Act may execute a  
2 document (consistent with the Department of Public Health  
3 Uniform POLST form described in Section 2310-600 of the  
4 Department of Public Health Powers and Duties Law of the Civil  
5 Administrative Code of Illinois) directing that resuscitating  
6 efforts shall not be implemented. Such a document may also be  
7 executed by an attending health care practitioner. If more than  
8 one practitioner shares that responsibility, any of the  
9 attending health care practitioners may act under this Section.  
10 Notwithstanding the existence of a do-not-resuscitate (DNR)  
11 order or Department of Public Health Uniform POLST form,  
12 appropriate organ donation treatment may be applied or  
13 continued temporarily in the event of the patient's death, in  
14 accordance with subsection (g) of Section 20 of this Act, if  
15 the patient is an organ donor.

16 (a-5) Execution of a Department of Public Health Uniform  
17 POLST form is voluntary; no person can be required to execute  
18 either form. A person who has executed a Department of Public  
19 Health Uniform POLST form should review the form annually and  
20 when the person's condition changes.

21 (b) Consent to a Department of Public Health Uniform POLST  
22 form may be obtained from the individual, or from another  
23 person at the individual's direction, or from the individual's  
24 legal guardian, agent under a power of attorney for health  
25 care, or surrogate decision maker, and witnessed by one  
26 individual 18 years of age or older, who attests that the

1 individual, other person, guardian, agent, or surrogate (1) has  
2 had an opportunity to read the form; and (2) has signed the  
3 form or acknowledged his or her signature or mark on the form  
4 in the witness's presence.

5 (b-5) As used in this Section, "attending health care  
6 practitioner" means an individual who (1) is an Illinois  
7 licensed physician, advanced practice registered nurse,  
8 physician assistant, or licensed resident after completion of  
9 one year in a program; (2) is selected by or assigned to the  
10 patient; and (3) has primary responsibility for treatment and  
11 care of the patient. "POLST" means practitioner orders for  
12 life-sustaining treatments.

13 (c) Nothing in this Section shall be construed to affect  
14 the ability of an individual to include instructions in an  
15 advance directive, such as a power of attorney for health care.  
16 The uniform form may, but need not, be in the form adopted by  
17 the Department of Public Health pursuant to Section 2310-600 of  
18 the Department of Public Health Powers and Duties Law (20 ILCS  
19 2310/2310-600).

20 (d) A health care professional or health care provider may  
21 presume, in the absence of knowledge to the contrary, that a  
22 completed Department of Public Health Uniform POLST form, or a  
23 copy of that form or a previous version of the uniform form, is  
24 valid. A health care professional or health care provider, or  
25 an employee of a health care professional or health care  
26 provider, who in good faith complies with a cardiopulmonary

1 resuscitation (CPR) or life-sustaining treatment order,  
2 Department of Public Health Uniform POLST form, or a previous  
3 version of the uniform form made in accordance with this Act is  
4 not, as a result of that compliance, subject to any criminal or  
5 civil liability, except for willful and wanton misconduct, and  
6 may not be found to have committed an act of unprofessional  
7 conduct.

8 (e) Nothing in this Section or this amendatory Act of the  
9 94th General Assembly or this amendatory Act of the 98th  
10 General Assembly shall be construed to affect the ability of a  
11 physician or other practitioner to make a do-not-resuscitate  
12 order.

13 (Source: P.A. 98-1110, eff. 8-26-14; 99-319, eff. 1-1-16.)

14 Section 340. The Illinois Power of Attorney Act is amended  
15 by changing Sections 4-5.1 and 4-10 as follows:

16 (755 ILCS 45/4-5.1)

17 Sec. 4-5.1. Limitations on who may witness health care  
18 agencies.

19 (a) Every health care agency shall bear the signature of a  
20 witness to the signing of the agency. No witness may be under  
21 18 years of age. None of the following licensed professionals  
22 providing services to the principal may serve as a witness to  
23 the signing of a health care agency:

24 (1) the attending physician, advanced practice

1       registered nurse, physician assistant, dentist, podiatric  
2       physician, optometrist, or psychologist of the principal,  
3       or a relative of the physician, advanced practice  
4       registered nurse, physician assistant, dentist, podiatric  
5       physician, optometrist, or psychologist;

6           (2) an owner, operator, or relative of an owner or  
7       operator of a health care facility in which the principal  
8       is a patient or resident;

9           (3) a parent, sibling, or descendant, or the spouse of  
10       a parent, sibling, or descendant, of either the principal  
11       or any agent or successor agent, regardless of whether the  
12       relationship is by blood, marriage, or adoption;

13           (4) an agent or successor agent for health care.

14       (b) The prohibition on the operator of a health care  
15       facility from serving as a witness shall extend to directors  
16       and executive officers of an operator that is a corporate  
17       entity but not other employees of the operator such as, but not  
18       limited to, non-owner chaplains or social workers, nurses, and  
19       other employees.

20       (Source: P.A. 98-1113, eff. 1-1-15; 99-328, eff. 1-1-16.)

21           (755 ILCS 45/4-10) (from Ch. 110 1/2, par. 804-10)

22       Sec. 4-10. Statutory short form power of attorney for  
23       health care.

24       (a) The form prescribed in this Section (sometimes also  
25       referred to in this Act as the "statutory health care power")



1 may be used to grant an agent powers with respect to the  
2 principal's own health care; but the statutory health care  
3 power is not intended to be exclusive nor to cover delegation  
4 of a parent's power to control the health care of a minor  
5 child, and no provision of this Article shall be construed to  
6 invalidate or bar use by the principal of any other or  
7 different form of power of attorney for health care.  
8 Nonstatutory health care powers must be executed by the  
9 principal, designate the agent and the agent's powers, and  
10 comply with the limitations in Section 4-5 of this Article, but  
11 they need not be witnessed or conform in any other respect to  
12 the statutory health care power.

13 No specific format is required for the statutory health  
14 care power of attorney other than the notice must precede the  
15 form. The statutory health care power may be included in or  
16 combined with any other form of power of attorney governing  
17 property or other matters.

18 (b) The Illinois Statutory Short Form Power of Attorney for  
19 Health Care shall be substantially as follows:

20 NOTICE TO THE INDIVIDUAL SIGNING

21 THE POWER OF ATTORNEY FOR HEALTH CARE

22 No one can predict when a serious illness or accident might  
23 occur. When it does, you may need someone else to speak or make  
24 health care decisions for you. If you plan now, you can  
25 increase the chances that the medical treatment you get will be

1 the treatment you want.

2 In Illinois, you can choose someone to be your "health care  
3 agent". Your agent is the person you trust to make health care  
4 decisions for you if you are unable or do not want to make them  
5 yourself. These decisions should be based on your personal  
6 values and wishes.

7 It is important to put your choice of agent in writing. The  
8 written form is often called an "advance directive". You may  
9 use this form or another form, as long as it meets the legal  
10 requirements of Illinois. There are many written and on-line  
11 resources to guide you and your loved ones in having a  
12 conversation about these issues. You may find it helpful to  
13 look at these resources while thinking about and discussing  
14 your advance directive.

15 WHAT ARE THE THINGS I WANT MY

16 HEALTH CARE AGENT TO KNOW?

17 The selection of your agent should be considered carefully,  
18 as your agent will have the ultimate decision making authority  
19 once this document goes into effect, in most instances after  
20 you are no longer able to make your own decisions. While the  
21 goal is for your agent to make decisions in keeping with your  
22 preferences and in the majority of circumstances that is what  
23 happens, please know that the law does allow your agent to make  
24 decisions to direct or refuse health care interventions or  
25 withdraw treatment. Your agent will need to think about

1 conversations you have had, your personality, and how you  
2 handled important health care issues in the past. Therefore, it  
3 is important to talk with your agent and your family about such  
4 things as:

5 (i) What is most important to you in your life?

6 (ii) How important is it to you to avoid pain and  
7 suffering?

8 (iii) If you had to choose, is it more important to you  
9 to live as long as possible, or to avoid prolonged  
10 suffering or disability?

11 (iv) Would you rather be at home or in a hospital for  
12 the last days or weeks of your life?

13 (v) Do you have religious, spiritual, or cultural  
14 beliefs that you want your agent and others to consider?

15 (vi) Do you wish to make a significant contribution to  
16 medical science after your death through organ or whole  
17 body donation?

18 (vii) Do you have an existing advanced directive, such  
19 as a living will, that contains your specific wishes about  
20 health care that is only delaying your death? If you have  
21 another advance directive, make sure to discuss with your  
22 agent the directive and the treatment decisions contained  
23 within that outline your preferences. Make sure that your  
24 agent agrees to honor the wishes expressed in your advance  
25 directive.

1                   WHAT KIND OF DECISIONS CAN MY AGENT MAKE?

2           If there is ever a period of time when your physician  
3 determines that you cannot make your own health care decisions,  
4 or if you do not want to make your own decisions, some of the  
5 decisions your agent could make are to:

6           (i) talk with physicians and other health care  
7 providers about your condition.

8           (ii) see medical records and approve who else can see  
9 them.

10           (iii) give permission for medical tests, medicines,  
11 surgery, or other treatments.

12           (iv) choose where you receive care and which physicians  
13 and others provide it.

14           (v) decide to accept, withdraw, or decline treatments  
15 designed to keep you alive if you are near death or not  
16 likely to recover. You may choose to include guidelines  
17 and/or restrictions to your agent's authority.

18           (vi) agree or decline to donate your organs or your  
19 whole body if you have not already made this decision  
20 yourself. This could include donation for transplant,  
21 research, and/or education. You should let your agent know  
22 whether you are registered as a donor in the First Person  
23 Consent registry maintained by the Illinois Secretary of  
24 State or whether you have agreed to donate your whole body  
25 for medical research and/or education.

26           (vii) decide what to do with your remains after you

1 have died, if you have not already made plans.

2 (viii) talk with your other loved ones to help come to  
3 a decision (but your designated agent will have the final  
4 say over your other loved ones).

5 Your agent is not automatically responsible for your health  
6 care expenses.

7 WHOM SHOULD I CHOOSE TO BE MY HEALTH CARE AGENT?

8 You can pick a family member, but you do not have to. Your  
9 agent will have the responsibility to make medical treatment  
10 decisions, even if other people close to you might urge a  
11 different decision. The selection of your agent should be done  
12 carefully, as he or she will have ultimate decision-making  
13 authority for your treatment decisions once you are no longer  
14 able to voice your preferences. Choose a family member, friend,  
15 or other person who:

16 (i) is at least 18 years old;

17 (ii) knows you well;

18 (iii) you trust to do what is best for you and is  
19 willing to carry out your wishes, even if he or she may not  
20 agree with your wishes;

21 (iv) would be comfortable talking with and questioning  
22 your physicians and other health care providers;

23 (v) would not be too upset to carry out your wishes if  
24 you became very sick; and

25 (vi) can be there for you when you need it and is

1 willing to accept this important role.

2 WHAT IF MY AGENT IS NOT AVAILABLE OR IS  
3 UNWILLING TO MAKE DECISIONS FOR ME?

4 If the person who is your first choice is unable to carry  
5 out this role, then the second agent you chose will make the  
6 decisions; if your second agent is not available, then the  
7 third agent you chose will make the decisions. The second and  
8 third agents are called your successor agents and they function  
9 as back-up agents to your first choice agent and may act only  
10 one at a time and in the order you list them.

11 WHAT WILL HAPPEN IF I DO NOT  
12 CHOOSE A HEALTH CARE AGENT?

13 If you become unable to make your own health care decisions  
14 and have not named an agent in writing, your physician and  
15 other health care providers will ask a family member, friend,  
16 or guardian to make decisions for you. In Illinois, a law  
17 directs which of these individuals will be consulted. In that  
18 law, each of these individuals is called a "surrogate".

19 There are reasons why you may want to name an agent rather  
20 than rely on a surrogate:

21 (i) The person or people listed by this law may not be  
22 who you would want to make decisions for you.

23 (ii) Some family members or friends might not be able  
24 or willing to make decisions as you would want them to.

1           (iii) Family members and friends may disagree with one  
2 another about the best decisions.

3           (iv) Under some circumstances, a surrogate may not be  
4 able to make the same kinds of decisions that an agent can  
5 make.

6                           WHAT IF THERE IS NO ONE AVAILABLE

7                           WHOM I TRUST TO BE MY AGENT?

8           In this situation, it is especially important to talk to  
9 your physician and other health care providers and create  
10 written guidance about what you want or do not want, in case  
11 you are ever critically ill and cannot express your own wishes.  
12 You can complete a living will. You can also write your wishes  
13 down and/or discuss them with your physician or other health  
14 care provider and ask him or her to write it down in your  
15 chart. You might also want to use written or on-line resources  
16 to guide you through this process.

17                           WHAT DO I DO WITH THIS FORM ONCE I COMPLETE IT?

18           Follow these instructions after you have completed the  
19 form:

20           (i) Sign the form in front of a witness. See the form  
21 for a list of who can and cannot witness it.

22           (ii) Ask the witness to sign it, too.

23           (iii) There is no need to have the form notarized.

24           (iv) Give a copy to your agent and to each of your





1 THIS POWER OF ATTORNEY REVOKES ALL PREVIOUS POWERS OF ATTORNEY  
2 FOR HEALTH CARE. (You must sign this form and a witness must  
3 also sign it before it is valid)

4 My name (Print your full name): .....  
5 My address:.....

6 I WANT THE FOLLOWING PERSON TO BE MY HEALTH CARE AGENT  
7 (an agent is your personal representative under state and  
8 federal law):  
9 (Agent name) .....  
10 (Agent address) .....  
11 (Agent phone number) .....

12 (Please check box if applicable) .... If a guardian of my  
13 person is to be appointed, I nominate the agent acting under  
14 this power of attorney as guardian.

15 SUCCESSOR HEALTH CARE AGENT(S) (optional):

16 If the agent I selected is unable or does not want to make  
17 health care decisions for me, then I request the person(s) I  
18 name below to be my successor health care agent(s). Only one  
19 person at a time can serve as my agent (add another page if you  
20 want to add more successor agent names):

21 .....

1 (Successor agent #1 name, address and phone number)

2 .....

3 (Successor agent #2 name, address and phone number)

4 MY AGENT CAN MAKE HEALTH CARE DECISIONS FOR ME, INCLUDING:

5 (i) Deciding to accept, withdraw or decline treatment  
6 for any physical or mental condition of mine, including  
7 life-and-death decisions.

8 (ii) Agreeing to admit me to or discharge me from any  
9 hospital, home, or other institution, including a mental  
10 health facility.

11 (iii) Having complete access to my medical and mental  
12 health records, and sharing them with others as needed,  
13 including after I die.

14 (iv) Carrying out the plans I have already made, or, if  
15 I have not done so, making decisions about my body or  
16 remains, including organ, tissue or whole body donation,  
17 autopsy, cremation, and burial.

18 The above grant of power is intended to be as broad as  
19 possible so that my agent will have the authority to make any  
20 decision I could make to obtain or terminate any type of health  
21 care, including withdrawal of nutrition and hydration and other  
22 life-sustaining measures.

23 I AUTHORIZE MY AGENT TO (please check any one box):

24 .... Make decisions for me only when I cannot make them for

1           myself. The physician(s) taking care of me will determine  
2           when I lack this ability.

3           (If no box is checked, then the box above shall be  
4           implemented.) OR

5           .... Make decisions for me only when I cannot make them for  
6           myself. The physician(s) taking care of me will determine  
7           when I lack this ability. Starting now, for the purpose of  
8           assisting me with my health care plans and decisions, my  
9           agent shall have complete access to my medical and mental  
10          health records, the authority to share them with others as  
11          needed, and the complete ability to communicate with my  
12          personal physician(s) and other health care providers,  
13          including the ability to require an opinion of my physician  
14          as to whether I lack the ability to make decisions for  
15          myself. OR

16          .... Make decisions for me starting now and continuing  
17          after I am no longer able to make them for myself. While I  
18          am still able to make my own decisions, I can still do so  
19          if I want to.

20          The subject of life-sustaining treatment is of particular  
21          importance. Life-sustaining treatments may include tube  
22          feedings or fluids through a tube, breathing machines, and CPR.  
23          In general, in making decisions concerning life-sustaining  
24          treatment, your agent is instructed to consider the relief of  
25          suffering, the quality as well as the possible extension of

1 your life, and your previously expressed wishes. Your agent  
2 will weigh the burdens versus benefits of proposed treatments  
3 in making decisions on your behalf.

4 Additional statements concerning the withholding or  
5 removal of life-sustaining treatment are described below.  
6 These can serve as a guide for your agent when making decisions  
7 for you. Ask your physician or health care provider if you have  
8 any questions about these statements.

9 SELECT ONLY ONE STATEMENT BELOW THAT BEST EXPRESSES YOUR WISHES  
10 (optional):

11 .... The quality of my life is more important than the  
12 length of my life. If I am unconscious and my attending  
13 physician believes, in accordance with reasonable medical  
14 standards, that I will not wake up or recover my ability to  
15 think, communicate with my family and friends, and  
16 experience my surroundings, I do not want treatments to  
17 prolong my life or delay my death, but I do want treatment  
18 or care to make me comfortable and to relieve me of pain.

19 .... Staying alive is more important to me, no matter how  
20 sick I am, how much I am suffering, the cost of the  
21 procedures, or how unlikely my chances for recovery are. I  
22 want my life to be prolonged to the greatest extent  
23 possible in accordance with reasonable medical standards.

24 SPECIFIC LIMITATIONS TO MY AGENT'S DECISION-MAKING AUTHORITY:

1           The above grant of power is intended to be as broad as  
 2 possible so that your agent will have the authority to make any  
 3 decision you could make to obtain or terminate any type of  
 4 health care. If you wish to limit the scope of your agent's  
 5 powers or prescribe special rules or limit the power to  
 6 authorize autopsy or dispose of remains, you may do so  
 7 specifically in this form.

8           .....  
 9           .....

10          My signature:.....

11          Today's date:.....

12          HAVE YOUR WITNESS AGREE TO WHAT IS WRITTEN BELOW, AND THEN  
 13 COMPLETE THE SIGNATURE PORTION:

14           I am at least 18 years old. (check one of the options  
 15 below):

- 16           .... I saw the principal sign this document, or
- 17           .... the principal told me that the signature or mark on
- 18           the principal signature line is his or hers.

19           I am not the agent or successor agent(s) named in this  
 20 document. I am not related to the principal, the agent, or the  
 21 successor agent(s) by blood, marriage, or adoption. I am not  
 22 the principal's physician, advanced practice registered nurse,  
 23 dentist, podiatric physician, optometrist, psychologist, or a  
 24 relative of one of those individuals. I am not an owner or

1 operator (or the relative of an owner or operator) of the  
2 health care facility where the principal is a patient or  
3 resident.

4 Witness printed name: .....

5 Witness address: .....

6 Witness signature: .....

7 Today's date: .....

8 (c) The statutory short form power of attorney for health  
9 care (the "statutory health care power") authorizes the agent  
10 to make any and all health care decisions on behalf of the  
11 principal which the principal could make if present and under  
12 no disability, subject to any limitations on the granted powers  
13 that appear on the face of the form, to be exercised in such  
14 manner as the agent deems consistent with the intent and  
15 desires of the principal. The agent will be under no duty to  
16 exercise granted powers or to assume control of or  
17 responsibility for the principal's health care; but when  
18 granted powers are exercised, the agent will be required to use  
19 due care to act for the benefit of the principal in accordance  
20 with the terms of the statutory health care power and will be  
21 liable for negligent exercise. The agent may act in person or  
22 through others reasonably employed by the agent for that  
23 purpose but may not delegate authority to make health care  
24 decisions. The agent may sign and deliver all instruments,  
25 negotiate and enter into all agreements and do all other acts

1 reasonably necessary to implement the exercise of the powers  
2 granted to the agent. Without limiting the generality of the  
3 foregoing, the statutory health care power shall include the  
4 following powers, subject to any limitations appearing on the  
5 face of the form:

6 (1) The agent is authorized to give consent to and  
7 authorize or refuse, or to withhold or withdraw consent to,  
8 any and all types of medical care, treatment or procedures  
9 relating to the physical or mental health of the principal,  
10 including any medication program, surgical procedures,  
11 life-sustaining treatment or provision of food and fluids  
12 for the principal.

13 (2) The agent is authorized to admit the principal to  
14 or discharge the principal from any and all types of  
15 hospitals, institutions, homes, residential or nursing  
16 facilities, treatment centers and other health care  
17 institutions providing personal care or treatment for any  
18 type of physical or mental condition. The agent shall have  
19 the same right to visit the principal in the hospital or  
20 other institution as is granted to a spouse or adult child  
21 of the principal, any rule of the institution to the  
22 contrary notwithstanding.

23 (3) The agent is authorized to contract for any and all  
24 types of health care services and facilities in the name of  
25 and on behalf of the principal and to bind the principal to  
26 pay for all such services and facilities, and to have and

1 exercise those powers over the principal's property as are  
2 authorized under the statutory property power, to the  
3 extent the agent deems necessary to pay health care costs;  
4 and the agent shall not be personally liable for any  
5 services or care contracted for on behalf of the principal.

6 (4) At the principal's expense and subject to  
7 reasonable rules of the health care provider to prevent  
8 disruption of the principal's health care, the agent shall  
9 have the same right the principal has to examine and copy  
10 and consent to disclosure of all the principal's medical  
11 records that the agent deems relevant to the exercise of  
12 the agent's powers, whether the records relate to mental  
13 health or any other medical condition and whether they are  
14 in the possession of or maintained by any physician,  
15 psychiatrist, psychologist, therapist, hospital, nursing  
16 home or other health care provider. The authority under  
17 this paragraph (4) applies to any information governed by  
18 the Health Insurance Portability and Accountability Act of  
19 1996 ("HIPAA") and regulations thereunder. The agent  
20 serves as the principal's personal representative, as that  
21 term is defined under HIPAA and regulations thereunder.

22 (5) The agent is authorized: to direct that an autopsy  
23 be made pursuant to Section 2 of "An Act in relation to  
24 autopsy of dead bodies", approved August 13, 1965,  
25 including all amendments; to make a disposition of any part  
26 or all of the principal's body pursuant to the Illinois



1 Anatomical Gift Act, as now or hereafter amended; and to  
2 direct the disposition of the principal's remains.

3 (6) At any time during which there is no executor or  
4 administrator appointed for the principal's estate, the  
5 agent is authorized to continue to pursue an application or  
6 appeal for government benefits if those benefits were  
7 applied for during the life of the principal.

8 (d) A physician may determine that the principal is unable  
9 to make health care decisions for himself or herself only if  
10 the principal lacks decisional capacity, as that term is  
11 defined in Section 10 of the Health Care Surrogate Act.

12 (e) If the principal names the agent as a guardian on the  
13 statutory short form, and if a court decides that the  
14 appointment of a guardian will serve the principal's best  
15 interests and welfare, the court shall appoint the agent to  
16 serve without bond or security.

17 (Source: P.A. 98-1113, eff. 1-1-15; 99-328, eff. 1-1-16.)

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

25 Section 999. Effective date. This Act takes effect upon

1 becoming law.