

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 Acts repealed on January 1, 2018.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8 Acts are repealed on January 1, 2018: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 Act repealed on January 1, 2028.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8 Act is repealed on January 1, 2028: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 without full
23 practice authority, and 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 (j) As set forth in Section 22.2 of this Act, a licensee
18 under this Act may not directly or indirectly divide, share, or
19 split any professional fee or other form of compensation for
20 professional services with anyone in exchange for a referral or
21 otherwise, other than as provided in Section 22.2.

22 (Source: P.A. 98-192, eff. 1-1-14; 98-668, eff. 6-25-14;
23 99-173, eff. 7-29-15.)

24 Section 160. The Nurse Practice Act is amended by changing
25 Sections 50-10, 50-15, 50-20, 50-50, 50-55, 50-60, 50-65,

1 50-70, 50-75, 55-10, 55-20, 55-30, 60-5, 60-10, 60-25, 60-35,
2 65-5, 65-10, 65-15, 65-20, 65-25, 65-30, 65-35, 65-35.1, 65-40,
3 65-45, 65-50, 65-55, 65-60, 65-65, 70-5, 70-10, 70-20, 70-35,
4 70-40, 70-50, 70-60, 70-75, 70-80, 70-85, 70-100, 70-140,
5 70-145, 70-160, 75-10, 75-15, 75-20, 80-15, and 80-35 and the
6 heading of Articles 65 and 75 and by adding Sections 50-13,
7 50-26, 55-11, 60-11, 65-43, 70-81, and 70-103 as follows:

8 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

9 (Section scheduled to be repealed on January 1, 2018)

10 Sec. 50-10. Definitions. Each of the following terms, when
11 used in this Act, shall have the meaning ascribed to it in this
12 Section, except where the context clearly indicates otherwise:

13 "Academic year" means the customary annual schedule of
14 courses at a college, university, or approved school,
15 customarily regarded as the school year as distinguished from
16 the calendar year.

17 "Address of record" means the designated address recorded
18 by the Department in the applicant's or licensee's application
19 file or license file as maintained by the Department's
20 licensure maintenance unit.

21 "Advanced practice registered nurse" or "APRN" "~~APN~~" means
22 a person who has met the qualifications for a (i) certified
23 nurse midwife (CNM); (ii) certified nurse practitioner (CNP);
24 (iii) certified registered nurse anesthetist (CRNA); or (iv)
25 clinical nurse specialist (CNS) and has been licensed by the

1 Department. All advanced practice registered nurses licensed
2 and practicing in the State of Illinois shall use the title
3 APRN ~~APN~~ and may use specialty credentials CNM, CNP, CRNA, or
4 CNS after their name. All advanced practice registered nurses
5 may only practice in accordance with national certification and
6 this Act.

7 "Advisory Board" means the Illinois Nursing Workforce
8 Center Advisory Board.

9 "Approved program of professional nursing education" and
10 "approved program of practical nursing education" are programs
11 of professional or practical nursing, respectively, approved
12 by the Department under the provisions of this Act.

13 "Board" means the Board of Nursing appointed by the
14 Secretary.

15 "Center" means the Illinois Nursing Workforce Center.

16 "Collaboration" means a process involving 2 or more health
17 care professionals working together, each contributing one's
18 respective area of expertise to provide more comprehensive
19 patient care.

20 "Competence" means an expected and measurable level of
21 performance that integrates knowledge, skills, abilities, and
22 judgment based on established scientific knowledge and
23 expectations for nursing practice.

24 "Comprehensive nursing assessment" means the gathering of
25 information about the patient's physiological, psychological,
26 sociological, and spiritual status on an ongoing basis by a

1 registered professional nurse and is the first step in
2 implementing and guiding the nursing plan of care.

3 "Consultation" means the process whereby an advanced
4 practice registered nurse seeks the advice or opinion of
5 another health care professional.

6 "Credentialed" means the process of assessing and
7 validating the qualifications of a health care professional.

8 ~~"Current nursing practice update course" means a planned~~
9 ~~nursing education curriculum approved by the Department~~
10 ~~consisting of activities that have educational objectives,~~
11 ~~instructional methods, content or subject matter, clinical~~
12 ~~practice, and evaluation methods, related to basic review and~~
13 ~~updating content and specifically planned for those nurses~~
14 ~~previously licensed in the United States or its territories and~~
15 ~~preparing for reentry into nursing practice.~~

16 "Dentist" means a person licensed to practice dentistry
17 under the Illinois Dental Practice Act.

18 "Department" means the Department of Financial and
19 Professional Regulation.

20 "Email address of record" means the designated email
21 address recorded by the Department in the applicant's
22 application file or the licensee's license file, as maintained
23 by the Department's licensure maintenance unit.

24 "Focused nursing assessment" means an appraisal of an
25 individual's status and current situation, contributing to the
26 comprehensive nursing assessment performed by the registered

1 professional nurse or advanced practice registered nurse or the
2 assessment by the physician assistant, physician, dentist,
3 podiatric physician, or other licensed health care
4 professional, as determined by the Department, supporting
5 ongoing data collection, and deciding who needs to be informed
6 of the information and when to inform.

7 Full practice authority" means the authority of an advanced
8 practice registered nurse licensed in Illinois and certified as
9 a nurse practitioner, clinical nurse specialist, or nurse
10 midwife to practice without a written collaborative agreement
11 and:

12 (1) to be fully accountable to patients for the quality
13 of advanced nursing care rendered;

14 (2) to be fully accountable for recognizing limits of
15 knowledge and experience and for planning for the
16 management of situations beyond the advanced practice
17 registered nurse's expertise; the full practice authority
18 for advanced practice registered nurses includes accepting
19 referrals from, consulting with, collaborating with, or
20 referring to other health care professionals as warranted
21 by the needs of the patient; and

22 (3) to possess the authority to prescribe medications,
23 including Schedule II through V controlled substances, as
24 provided in Section 65-43.

25 "Hospital affiliate" means a corporation, partnership,
26 joint venture, limited liability company, or similar

1 organization, other than a hospital, that is devoted primarily
2 to the provision, management, or support of health care
3 services and that directly or indirectly controls, is
4 controlled by, or is under common control of the hospital. For
5 the purposes of this definition, "control" means having at
6 least an equal or a majority ownership or membership interest.
7 A hospital affiliate shall be 100% owned or controlled by any
8 combination of hospitals, their parent corporations, or
9 physicians licensed to practice medicine in all its branches in
10 Illinois. "Hospital affiliate" does not include a health
11 maintenance organization regulated under the Health
12 Maintenance Organization Act.

13 "Impaired nurse" means a nurse licensed under this Act who
14 is unable to practice with reasonable skill and safety because
15 of a physical or mental disability as evidenced by a written
16 determination or written consent based on clinical evidence,
17 including loss of motor skills, abuse of drugs or alcohol, or a
18 psychiatric disorder, of sufficient degree to diminish his or
19 her ability to deliver competent patient care.

20 "License-pending advanced practice registered nurse" means
21 a registered professional nurse who has completed all
22 requirements for licensure as an advanced practice registered
23 nurse except the certification examination and has applied to
24 take the next available certification exam and received a
25 temporary permit license from the Department.

26 "License-pending registered nurse" means a person who has

1 passed the Department-approved registered nurse licensure exam
2 and has applied for a license from the Department. A
3 license-pending registered nurse shall use the title "RN lic
4 pend" on all documentation related to nursing practice.

5 "Nursing intervention" means any treatment based on
6 clinical nursing judgment or knowledge that a nurse performs.
7 An individual or entity shall not mandate that a registered
8 professional nurse delegate nursing interventions if the
9 registered professional nurse determines it is inappropriate
10 to do so. A nurse shall not be subject to disciplinary or any
11 other adverse action for refusing to delegate a nursing
12 intervention based on patient safety.

13 "Physician" means a person licensed to practice medicine in
14 all its branches under the Medical Practice Act of 1987.

15 "Podiatric physician" means a person licensed to practice
16 podiatry under the Podiatric Medical Practice Act of 1987.

17 "Practical nurse" or "licensed practical nurse" means a
18 person who is licensed as a practical nurse under this Act and
19 practices practical nursing as defined in this Act. Only a
20 practical nurse licensed under this Act is entitled to use the
21 title "licensed practical nurse" and the abbreviation
22 "L.P.N.".

23 "Practical nursing" means the performance of nursing
24 interventions ~~acts~~ requiring the ~~basic~~ nursing knowledge,
25 judgment, and skill acquired by means of completion of an
26 approved practical nursing education program. Practical

1 nursing includes assisting in the nursing process under the
2 guidance of ~~as delegated by~~ a registered professional nurse or
3 an advanced practice registered nurse. The practical nurse may
4 work under the direction of a licensed physician, dentist,
5 podiatric physician, or other health care professional
6 determined by the Department.

7 "Privileged" means the authorization granted by the
8 governing body of a healthcare facility, agency, or
9 organization to provide specific patient care services within
10 well-defined limits, based on qualifications reviewed in the
11 credentialing process.

12 "Registered Nurse" or "Registered Professional Nurse"
13 means a person who is licensed as a professional nurse under
14 this Act and practices nursing as defined in this Act. Only a
15 registered nurse licensed under this Act is entitled to use the
16 titles "registered nurse" and "registered professional nurse"
17 and the abbreviation, "R.N.".

18 "Registered professional nursing practice" means a
19 scientific process founded on a professional body of knowledge
20 that includes, but is not limited to, the protection,
21 promotion, and optimization of health and abilities,
22 prevention of illness and injury, development and
23 implementation of the nursing plan of care, facilitation of
24 nursing interventions to alleviate suffering, care
25 coordination, and advocacy in the care of individuals,
26 families, groups, communities, and populations. "Registered

1 professional nursing practice" does not include the act of
2 medical diagnosis or prescription of medical therapeutic or
3 corrective measures. ~~is a scientific process founded on a~~
4 ~~professional body of knowledge; it is a learned profession~~
5 ~~based on the understanding of the human condition across the~~
6 ~~life span and environment and includes all nursing specialties~~
7 ~~and means the performance of any nursing act based upon~~
8 ~~professional knowledge, judgment, and skills acquired by means~~
9 ~~of completion of an approved professional nursing education~~
10 ~~program. A registered professional nurse provides holistic~~
11 ~~nursing care through the nursing process to individuals,~~
12 ~~groups, families, or communities, that includes but is not~~
13 ~~limited to: (1) the assessment of healthcare needs, nursing~~
14 ~~diagnosis, planning, implementation, and nursing evaluation;~~
15 ~~(2) the promotion, maintenance, and restoration of health; (3)~~
16 ~~counseling, patient education, health education, and patient~~
17 ~~advocacy; (4) the administration of medications and treatments~~
18 ~~as prescribed by a physician licensed to practice medicine in~~
19 ~~all of its branches, a licensed dentist, a licensed podiatric~~
20 ~~physician, or a licensed optometrist or as prescribed by a~~
21 ~~physician assistant or by an advanced practice nurse; (5) the~~
22 ~~coordination and management of the nursing plan of care; (6)~~
23 ~~the delegation to and supervision of individuals who assist the~~
24 ~~registered professional nurse implementing the plan of care;~~
25 ~~and (7) teaching nursing students. The foregoing shall not be~~
26 ~~deemed to include those acts of medical diagnosis or~~

1 ~~prescription of therapeutic or corrective measures.~~

2 "Professional assistance program for nurses" means a
3 professional assistance program that meets criteria
4 established by the Board of Nursing and approved by the
5 Secretary, which provides a non-disciplinary treatment
6 approach for nurses licensed under this Act whose ability to
7 practice is compromised by alcohol or chemical substance
8 addiction.

9 "Secretary" means the Secretary of Financial and
10 Professional Regulation.

11 "Unencumbered license" means a license issued in good
12 standing.

13 "Written collaborative agreement" means a written
14 agreement between an advanced practice registered nurse and a
15 collaborating physician, dentist, or podiatric physician
16 pursuant to Section 65-35.

17 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15;
18 99-330, eff. 1-1-16; 99-642, eff. 7-28-16.)

19 (225 ILCS 65/50-13 new)

20 Sec. 50-13. Address of record; email address of record. All
21 applicants and licensees shall:

22 (1) provide a valid address and email address to the
23 Department, which shall serve as the address of record and
24 email address of record, respectively, at the time of
25 application for licensure or renewal of a license; and

1 (2) inform the Department of any change of address of
2 record or email address of record within 14 days after such
3 change either through the Department's website or by
4 contacting the Department's licensure maintenance unit.

5 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

6 (Section scheduled to be repealed on January 1, 2018)

7 Sec. 50-15. Policy; application of Act.

8 (a) For the protection of life and the promotion of health,
9 and the prevention of illness and communicable diseases, any
10 person practicing or offering to practice advanced,
11 professional, or practical nursing in Illinois shall submit
12 evidence that he or she is qualified to practice, and shall be
13 licensed as provided under this Act. No person shall practice
14 or offer to practice advanced, professional, or practical
15 nursing in Illinois or use any title, sign, card or device to
16 indicate that such a person is practicing professional or
17 practical nursing unless such person has been licensed under
18 the provisions of this Act.

19 (b) This Act does not prohibit the following:

20 (1) The practice of nursing in Federal employment in
21 the discharge of the employee's duties by a person who is
22 employed by the United States government or any bureau,
23 division or agency thereof and is a legally qualified and
24 licensed nurse of another state or territory and not in
25 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of

1 this Act.

2 (2) Nursing that is included in the program of study by
3 students enrolled in programs of nursing or in current
4 nurse practice update courses approved by the Department.

5 (3) The furnishing of nursing assistance in an
6 emergency.

7 (4) The practice of nursing by a nurse who holds an
8 active license in another state when providing services to
9 patients in Illinois during a bonafide emergency or in
10 immediate preparation for or during interstate transit.

11 (5) The incidental care of the sick by members of the
12 family, domestic servants or housekeepers, or care of the
13 sick where treatment is by prayer or spiritual means.

14 (6) Persons from being employed as unlicensed
15 assistive personnel in private homes, long term care
16 facilities, nurseries, hospitals or other institutions.

17 (7) The practice of practical nursing by one who is a
18 licensed practical nurse under the laws of another U.S.
19 jurisdiction and has applied in writing to the Department,
20 in form and substance satisfactory to the Department, for a
21 license as a licensed practical nurse and who is qualified
22 to receive such license under this Act, until (i) the
23 expiration of 6 months after the filing of such written
24 application, (ii) the withdrawal of such application, or
25 (iii) the denial of such application by the Department.

26 (8) The practice of advanced practice registered

1 nursing by one who is an advanced practice registered nurse
2 under the laws of another ~~state, territory of the~~ United
3 States jurisdiction or a foreign jurisdiction, ~~or country~~
4 and has applied in writing to the Department, in form and
5 substance satisfactory to the Department, for a license as
6 an advanced practice registered nurse and who is qualified
7 to receive such license under this Act, until (i) the
8 expiration of 6 months after the filing of such written
9 application, (ii) the withdrawal of such application, or
10 (iii) the denial of such application by the Department.

11 (9) The practice of professional nursing by one who is
12 a registered professional nurse under the laws of another
13 ~~state, territory of the~~ United States jurisdiction or a
14 foreign jurisdiction ~~or country~~ and has applied in writing
15 to the Department, in form and substance satisfactory to
16 the Department, for a license as a registered professional
17 nurse and who is qualified to receive such license under
18 Section 55-10, until (1) the expiration of 6 months after
19 the filing of such written application, (2) the withdrawal
20 of such application, or (3) the denial of such application
21 by the Department.

22 (10) The practice of professional nursing that is
23 included in a program of study by one who is a registered
24 professional nurse under the laws of another ~~state or~~
25 ~~territory of the~~ United States jurisdiction or a foreign
26 jurisdiction ~~country, territory or province~~ and who is

1 enrolled in a graduate nursing education program or a
2 program for the completion of a baccalaureate nursing
3 degree in this State, which includes clinical supervision
4 by faculty as determined by the educational institution
5 offering the program and the health care organization where
6 the practice of nursing occurs.

7 (11) Any person licensed in this State under any other
8 Act from engaging in the practice for which she or he is
9 licensed.

10 (12) Delegation to authorized direct care staff
11 trained under Section 15.4 of the Mental Health and
12 Developmental Disabilities Administrative Act consistent
13 with the policies of the Department.

14 (13) (Blank). ~~The practice, services, or activities of~~
15 ~~persons practicing the specified occupations set forth in~~
16 ~~subsection (a) of, and pursuant to a licensing exemption~~
17 ~~granted in subsection (b) or (d) of, Section 2105-350 of~~
18 ~~the Department of Professional Regulation Law of the Civil~~
19 ~~Administrative Code of Illinois, but only for so long as~~
20 ~~the 2016 Olympic and Paralympic Games Professional~~
21 ~~Licensure Exemption Law is operable.~~

22 (14) County correctional personnel from delivering
23 prepackaged medication for self-administration to an
24 individual detainee in a correctional facility.

25 Nothing in this Act shall be construed to limit the
26 delegation of tasks or duties by a physician, dentist, or

1 podiatric physician to a licensed practical nurse, a registered
2 professional nurse, or other persons.

3 (Source: P.A. 98-214, eff. 8-9-13.)

4 (225 ILCS 65/50-20) (was 225 ILCS 65/5-20)

5 (Section scheduled to be repealed on January 1, 2018)

6 Sec. 50-20. Unlicensed practice; violation; civil penalty.

7 (a) In addition to any other penalty provided by law, any
8 ~~Any~~ person who practices, offers to practice, attempts to
9 practice, or holds oneself out to practice nursing without
10 being licensed under this Act shall, ~~in addition to any other~~
11 ~~penalty provided by law,~~ pay a civil penalty to the Department
12 in an amount not to exceed \$10,000 for each offense as
13 determined by the Department. The civil penalty shall be
14 assessed by the Department after a hearing is held in
15 accordance with the provisions set forth in this Act regarding
16 the provision of a hearing for the discipline of a licensee.

17 (b) The Department has the authority and power to
18 investigate any and all unlicensed activity.

19 (c) The civil penalty shall be paid within 60 days after
20 the effective date of the order imposing the civil penalty. The
21 order shall constitute a judgment and may be filed and
22 execution had thereon in the same manner as any judgment from
23 any court of record.

24 (Source: P.A. 95-639, eff. 10-5-07.)

1 (225 ILCS 65/50-26 new)

2 Sec. 50-26. Application for license. Applications for
3 licenses shall be made to the Department on forms prescribed by
4 the Department and accompanied by the required fee. All
5 applications shall contain the information that, in the
6 judgment of the Department, will enable the Department to pass
7 on the qualifications of the applicant for a license under this
8 Act.

9 If an applicant fails to obtain a license under this Act
10 within 3 years after filing his or her application, the
11 application shall be denied. The applicant may make a new
12 application, which shall be accompanied by the required
13 nonrefundable fee. The applicant shall be required to meet the
14 qualifications required for licensure at the time of
15 reapplication.

16 (225 ILCS 65/50-50) (was 225 ILCS 65/10-5)

17 (Section scheduled to be repealed on January 1, 2018)

18 Sec. 50-50. Prohibited acts.

19 (a) No person shall:

20 (1) Practice as an advanced practice registered nurse
21 without a valid license as an advanced practice registered
22 nurse, except as provided in Section 50-15 of this Act;

23 (2) Practice professional nursing without a valid
24 license as a registered professional nurse except as
25 provided in Section 50-15 of this Act;

1 (3) Practice practical nursing without a valid license
2 as a licensed practical nurse or practice practical
3 nursing, except as provided in Section 50-15 of this Act;

4 (4) Practice nursing under cover of any diploma,
5 license, or record illegally or fraudulently obtained or
6 signed or issued unlawfully or under fraudulent
7 representation;

8 (5) Practice nursing during the time her or his license
9 is suspended, revoked, expired, or on inactive status;

10 (6) Use any words, abbreviations, figures, letters,
11 title, sign, card, or device tending to imply that she or
12 he is a registered professional nurse, including the titles
13 or initials, "Nurse", "Registered Nurse", "Professional
14 Nurse", "Registered Professional Nurse", "Certified
15 Nurse", "Trained Nurse", "Graduate Nurse", "P.N." or
16 "R.N." or "R.P.N." or similar titles or initials with
17 intention of indicating practice without a valid license as
18 a registered professional nurse;

19 (7) Use any words, abbreviations, figures, letters,
20 titles, signs, cards, or devices tending to imply that she
21 or he is an advanced practice registered nurse, including
22 the titles or initials "Advanced Practice Registered
23 Nurse", "A.P.R.N." "~~A.P.N.~~", or similar titles or
24 initials, with the intention of indicating practice as an
25 advanced practice registered nurse without a valid license
26 as an advanced practice registered nurse under this Act.

1 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 (8) Use any words, abbreviations figures, letters,
5 title, sign, card, or device tending to imply that she or
6 he is a licensed practical nurse including the titles or
7 initials "Practical Nurse"℥ "Licensed Practical Nurse"℥
8 "P.N."℥ or "L.P.N."℥ or similar titles or initials with
9 intention of indicated practice as a licensed practical
10 nurse without a valid license as a licensed practical nurse
11 under this Act;

12 (9) Advertise services regulated under this Act
13 without including in every advertisement his or her title
14 as it appears on the license or the initials authorized
15 under this Act;

16 (10) Obtain or furnish a license by or for money or any
17 other thing of value other than the fees required under
18 this Act, or by any fraudulent representation or act;

19 (11) Make any willfully ~~wilfully~~ false oath or
20 affirmation required by this Act;

21 (12) Conduct a nursing education program preparing
22 persons for licensure that has not been approved by the
23 Department;

24 (13) Represent that any school or course is approved or
25 accredited as a school or course for the education of
26 registered professional nurses or licensed practical

1 nurses unless such school or course is approved by the
2 Department under the provisions of this Act;

3 (14) Attempt or offer to do any of the acts enumerated
4 in this Section, or knowingly aid, abet, assist in the
5 doing of any such acts or in the attempt or offer to do any
6 of such acts;

7 (15) Employ persons not licensed under this Act to
8 practice professional nursing or practical nursing; ~~and~~

9 (16) (Blank); ~~Otherwise intentionally violate any~~
10 ~~provision of this Act.~~

11 (17) Retaliate against any nurse who reports unsafe,
12 unethical, or illegal health care practices or
13 conditions;~~;~~

14 (18) Be deemed a supervisor when delegating nursing
15 interventions or guiding the practice of a licensed
16 practical nurse activities or tasks as authorized under
17 this Act; and

18 (19) Discipline or take other adverse action against a
19 nurse who refused to delegate a nursing intervention based
20 on patient safety; and

21 (20) Otherwise intentionally violate any provision of
22 this Act.

23 (b) Any person, including a firm, association, l or
24 corporation who violates any provision of this Section shall be
25 guilty of a Class A misdemeanor.

26 (Source: P.A. 95-639, eff. 10-5-07.)

1 (225 ILCS 65/50-55) (was 225 ILCS 65/10-10)

2 (Section scheduled to be repealed on January 1, 2018)

3 Sec. 50-55. Department powers and duties. Subject to the
4 provisions of this Act, the ~~(a) The Department is authorized to~~
5 ~~shall~~ exercise the following functions, powers, and duties:
6 ~~prescribed by the Civil Administrative Code of Illinois for~~
7 ~~administration of licensing acts and shall exercise other~~
8 ~~powers and duties necessary for effectuating the purpose of~~
9 ~~this Act. None of the functions, powers, or duties of the~~
10 ~~Department with respect to licensure and examination shall be~~
11 ~~exercised by the Department except upon review by the Board.~~

12 (1) Conduct or authorize examinations to ascertain the
13 fitness and qualifications of applicants for all licenses
14 governed by this Act, pass upon the qualifications of
15 applicants for licenses, and issue licenses to applicants
16 found to be fit and qualified.

17 (2) Adopt ~~The Department shall adopt rules required for~~
18 the administration ~~to implement, interpret, or make~~
19 ~~specific the provisions and purposes of this Act, in~~
20 consultation with; ~~however no such rules shall be adopted~~
21 ~~by the Department except upon review by the Board where~~
22 necessary.

23 (3) Prescribe rules for a method of examination of
24 candidates.

25 (4) Prescribe rules defining what constitutes an

1 approved program, school, college, or department of a
2 university, except that no program, school, college, or
3 department of a university that refuses admittance to
4 applicants solely on account of race, color, creed, sex, or
5 national origin shall be approved.

6 (5) Conduct hearings on proceedings to revoke or
7 suspend licenses or on objection to the issuance of
8 licenses and to revoke, suspend, or refuse to issue such
9 licenses.

10 (6) Prepare ~~(b) The Department shall prepare~~ and
11 maintain a list of approved programs of professional
12 nursing education and programs of practical nursing
13 education in this State, whose graduates, if they have the
14 other necessary qualifications provided in this Act, shall
15 be eligible to apply for a license to practice nursing in
16 this State.

17 (7) Act ~~(c) The Department may act~~ upon the
18 recommendations of the Board of Nursing and the Illinois
19 Nursing Workforce Center ~~for Nursing Advisory Board.~~

20 (8) Exercise the powers and duties prescribed by the
21 Civil Administrative Code of Illinois for the
22 administration of licensing Acts.

23 (Source: P.A. 94-1020, eff. 7-11-06; 95-639, eff. 10-5-07.)

24 (225 ILCS 65/50-60) (was 225 ILCS 65/10-15)

25 (Section scheduled to be repealed on January 1, 2018)

1 Sec. 50-60. Nursing Coordinator;~~Assistant Nursing~~
2 ~~Coordinator~~. The Secretary shall appoint, pursuant to the
3 Personnel Code, a Nursing Coordinator ~~and an Assistant Nursing~~
4 ~~Coordinator~~. The Nursing Coordinator ~~and Assistant Nursing~~
5 ~~Coordinator~~ shall be a registered professional nurse ~~nurses~~
6 licensed in this State who has ~~have~~ graduated from an approved
7 school of nursing and holds ~~hold~~ at least a master's degree in
8 nursing from an accredited college or university.

9 (Source: P.A. 95-639, eff. 10-5-07.)

10 (225 ILCS 65/50-65) (was 225 ILCS 65/10-25)

11 (Section scheduled to be repealed on January 1, 2018)

12 Sec. 50-65. Board.

13 (a) ~~The~~ ~~The term of each member of the Board of Nursing and~~
14 ~~the Advanced Practice Nursing Board serving before the~~
15 ~~effective date of this amendatory Act of the 95th General~~
16 ~~Assembly shall terminate on the effective date of this~~
17 ~~amendatory Act of the 95th General Assembly. Beginning on the~~
18 ~~effective date of this amendatory Act of the 95th General~~
19 ~~Assembly,~~ the Secretary shall solicit recommendations from
20 nursing organizations and appoint the Board of Nursing, which
21 shall consist of 13 members, one of whom shall be a practical
22 nurse; one of whom shall be a practical nurse educator; one of
23 whom shall be a registered professional nurse in practice; one
24 of whom shall be an associate degree nurse educator; one of
25 whom shall be a baccalaureate degree nurse educator; one of

1 whom shall be a nurse who is actively engaged in direct care;
2 one of whom shall be a registered professional nurse actively
3 engaged in direct care; one of whom shall be a nursing
4 administrator; 4 of whom shall be advanced practice registered
5 nurses representing CNS, CNP, CNM, and CRNA practice; and one
6 of whom shall be a public member who is not employed in and has
7 no material interest in any health care field. The Board shall
8 receive actual and necessary expenses incurred in the
9 performance of their duties.

10 ~~Members of the Board of Nursing and the Advanced Practice~~
11 ~~Nursing Board whose terms were terminated by this amendatory~~
12 ~~Act of the 95th General Assembly shall be considered for~~
13 ~~membership positions on the Board.~~

14 All nursing members of the Board must be (i) residents of
15 this State, (ii) licensed in good standing to practice nursing
16 in this State, (iii) graduates of an approved nursing program,
17 with a minimum of 5 years' ~~years~~ experience in the field of
18 nursing, and (iv) at the time of appointment to the Board,
19 actively engaged in nursing or work related to nursing.

20 Membership terms shall be for 3 years, except that in
21 making initial appointments, the Secretary shall appoint all
22 members for initial terms of 2, 3, and 4 years and these terms
23 shall be staggered as follows: 3 shall be appointed for terms
24 of 2 years; 4 shall be appointed for terms of 3 years; and 6
25 shall be appointed for terms of 4 years. No member shall be
26 appointed to more than 2 consecutive terms. In the case of a

1 vacated position, an individual may be appointed to serve the
2 unexpired portion of that term; if the term is less than half
3 of a full term, the individual is eligible to serve 2 full
4 terms.

5 The Secretary may remove any member of the Board for
6 misconduct, incapacity, or neglect of duty. The Secretary shall
7 reduce to writing any causes for removal.

8 The Board shall meet annually to elect a chairperson and
9 vice chairperson. The Board shall hold regularly scheduled
10 meetings during the year. A simple majority of the Board shall
11 constitute a quorum at any meeting. Any action taken by the
12 Board must be on the affirmative vote of a simple majority of
13 members. Voting by proxy shall not be permitted. In the case of
14 an emergency where all Board members cannot meet in person, the
15 Board may convene a meeting via an electronic format in
16 accordance with the Open Meetings Act.

17 (b) The Board may perform each of the following activities:

18 (1) Recommend to the Department the adoption and the
19 revision of rules necessary for the administration of this
20 Act;

21 (2) Recommend the approval, denial of approval,
22 withdrawal of approval, or discipline of nursing education
23 programs;

24 (c) The Board shall participate in disciplinary
25 conferences and hearings and make recommendations to the
26 Department regarding disciplinary action taken against a

1 licensee as provided under this Act. Disciplinary conference
2 hearings and proceedings regarding scope of practice issues
3 shall be conducted by a Board member at the same or higher
4 licensure level as the respondent. Participation in an informal
5 conference shall not bar members of the Board from future
6 participation or decisions relating to that matter.

7 (d) (Blank). ~~With the exception of emergency rules, any~~
8 ~~proposed rules, amendments, second notice materials, and~~
9 ~~adopted rule or amendment materials or policy statements~~
10 ~~concerning advanced practice nurses shall be presented to the~~
11 ~~Medical Licensing Board for review and comment. The~~
12 ~~recommendations of both the Board of Nursing and the Medical~~
13 ~~Licensing Board shall be presented to the Secretary for~~
14 ~~consideration in making final decisions. Whenever the Board of~~
15 ~~Nursing and Medical Licensing Board disagree on a proposed rule~~
16 ~~or policy, the Secretary shall convene a joint meeting of the~~
17 ~~officers of each Board to discuss resolution of any~~
18 ~~disagreements.~~

19 (Source: P.A. 95-639, eff. 10-5-07.)

20 (225 ILCS 65/50-70) (was 225 ILCS 65/10-35)

21 (Section scheduled to be repealed on January 1, 2018)

22 Sec. 50-70. Concurrent theory and clinical practice
23 education requirements of this Act. The educational
24 requirements of Sections 55-10 and 60-10 of this Act relating
25 to registered professional nursing and licensed practical

1 nursing shall not be deemed to have been satisfied by the
2 completion of ~~any correspondence course or~~ any program of
3 nursing that does not require coordinated or concurrent theory
4 and clinical practice. The Department may, upon recommendation
5 of the Board, grant an Illinois license to those applicants who
6 have received advanced graduate degrees in nursing from an
7 approved program with concurrent theory and clinical practice
8 or to those applicants who are currently licensed in another
9 state and have been actively practicing clinical nursing for a
10 minimum of 2 years.

11 (Source: P.A. 95-639, eff. 10-5-07.)

12 (225 ILCS 65/50-75)

13 (Section scheduled to be repealed on January 1, 2018)

14 Sec. 50-75. Nursing delegation by a registered
15 professional nurse.

16 (a) For the purposes of this Section:

17 "Delegation" means transferring to a specific an
18 individual the authority to perform a specific nursing
19 intervention in a specific ~~selected nursing activity or task,~~
20 ~~in a selected~~ situation.

21 "Predictability of outcomes" means that a registered
22 professional nurse or advanced practice registered nurse has
23 determined that the patient's or individual's clinical status
24 is stable and expected to improve or the patient's or
25 individual's deteriorating condition is expected to follow a

1 known or expected course.

2 "Stability" means a registered professional nurse or
3 advanced practice registered nurse has determined that the
4 individual's clinical status and nursing care needs are
5 consistent.

6 ~~"Nursing activity" means any work requiring the use of~~
7 ~~knowledge acquired by completion of an approved program for~~
8 ~~licensure, including advanced education, continuing education,~~
9 ~~and experience as a licensed practical nurse or professional~~
10 ~~nurse, as defined by the Department by rule.~~

11 ~~"Task" means work not requiring nursing knowledge,~~
12 ~~judgment, or decision-making, as defined by the Department by~~
13 ~~rule.~~

14 (b) This Section authorizes a registered professional
15 nurse or advanced practice registered nurse to:

16 (1) delegate nursing interventions to other registered
17 professional nurses, licensed practical nurses, and other
18 unlicensed personnel based on the comprehensive nursing
19 assessment that includes, but is not limited to:

20 (A) the stability and condition of the patient;

21 (B) the potential for harm;

22 (C) the complexity of the nursing intervention to
23 be delegated;

24 (D) the predictability of outcomes; and

25 (E) competency of the individual to whom the
26 nursing intervention is delegated;

1 (2) delegate medication administration to other
2 licensed nurses;

3 (3) in community-based or in-home care settings,
4 delegate the administration of medication (limited to oral
5 or subcutaneous dosage and topical or transdermal
6 application) to unlicensed personnel, if all the
7 conditions for delegation set forth in this Section are
8 met;

9 (4) refuse to delegate, stop, or rescind a previously
10 authorized delegation; or ~~Nursing shall be practiced by~~
11 ~~licensed practical nurses, registered professional nurses,~~
12 ~~and advanced practice nurses. In the delivery of nursing~~
13 ~~care, nurses work with many other licensed professionals~~
14 ~~and other persons. An advanced practice nurse may delegate~~
15 ~~to registered professional nurses, licensed practical~~
16 ~~nurses, and others persons.~~

17 (5) in community-based or in-home care settings,
18 delegate, guide, and evaluate the implementation of
19 nursing interventions as a component of patient care
20 coordination after completion of the comprehensive patient
21 assessment based on analysis of the comprehensive nursing
22 assessment data; care coordination in in-home care and
23 school settings may occur in person, by telecommunication,
24 or by electronic communication.

25 (c) This Section prohibits the following:

26 (1) An individual or entity from mandating that a

1 registered professional nurse delegate nursing
2 interventions if the registered professional nurse
3 determines it is inappropriate to do so. Nurses shall not
4 be subject to disciplinary or any other adverse action for
5 refusing to delegate a nursing intervention based on
6 patient safety.

7 (2) The delegation of medication administration to
8 unlicensed personnel in any institutional or long-term
9 facility, including, but not limited to, those facilities
10 licensed by the Hospital Licensing Act, the University of
11 Illinois Hospital Act, State-operated mental health
12 hospitals, or State-operated developmental centers, except
13 as authorized under Article 80 of this Act or otherwise
14 specifically authorized by law.

15 (3) A registered professional nurse from delegating
16 nursing judgment, the comprehensive patient assessment,
17 the development of a plan of care, and the evaluation of
18 care to licensed or unlicensed personnel.

19 (4) A licensed practical nurse or unlicensed personnel
20 who has been delegated a nursing intervention from
21 re-delegating a nursing intervention. A registered
22 professional nurse shall not delegate any nursing activity
23 requiring the specialized knowledge, judgment, and skill
24 of a licensed nurse to an unlicensed person, including
25 medication administration. A registered professional nurse
26 may delegate nursing activities to other registered

1 ~~professional nurses or licensed practical nurses.~~
2 ~~A registered nurse may delegate tasks to other licensed and~~
3 ~~unlicensed persons. A licensed practical nurse who has been~~
4 ~~delegated a nursing activity shall not re-delegate the nursing~~
5 ~~activity. A registered professional nurse or advanced practice~~
6 ~~nurse retains the right to refuse to delegate or to stop or~~
7 ~~rescind a previously authorized delegation.~~
8 (Source: P.A. 95-639, eff. 10-5-07.)

9 (225 ILCS 65/55-10) (was 225 ILCS 65/10-30)

10 (Section scheduled to be repealed on January 1, 2018)

11 Sec. 55-10. LPN licensure by examination ~~Qualifications~~
12 ~~for LPN licensure.~~

13 (a) Each applicant who successfully meets the requirements
14 of this Section is eligible for ~~shall be entitled to~~ licensure
15 as a licensed practical nurse ~~Licensed Practical Nurse.~~

16 (b) An applicant for licensure by examination to practice
17 as a practical nurse is eligible for licensure when the
18 following requirements are met ~~must do each of the following:~~

19 (1) the applicant has submitted ~~Submit~~ a completed
20 written application~~7~~ on forms provided by the Department
21 and fees as established by the Department;~~;~~

22 (2) the applicant has ~~Have~~ graduated from a practical
23 nursing education program approved by the Department or has
24 ~~have~~ been granted a certificate of completion of
25 pre-licensure requirements from another United States

1 jurisdiction;~~;~~

2 (3) the applicant has successfully completed
3 ~~Successfully complete~~ a licensure examination approved by
4 the Department;~~;~~

5 (4) (blank); ~~Have not violated the provisions of this~~
6 ~~Act concerning the grounds for disciplinary action. The~~
7 ~~Department may take into consideration any felony~~
8 ~~conviction of the applicant, but such a conviction shall~~
9 ~~not operate as an absolute bar to licensure.~~

10 (5) the applicant has submitted ~~Submit~~ to the criminal
11 history records check required under Section 50-35 of this
12 Act;~~;~~

13 (6) the applicant has submitted ~~Submit~~ either to the
14 Department or its designated testing service, a fee
15 covering the cost of providing the examination. Failure to
16 appear for the examination on the scheduled date at the
17 time and place specified after the applicant's application
18 for examination has been received and acknowledged by the
19 Department or the designated testing service shall result
20 in the forfeiture of the examination fee; and ~~;~~

21 (7) the applicant has met ~~Meet~~ all other requirements
22 established by rule.

23 ~~An applicant for licensure by examination may take the~~
24 ~~Department approved examination in another jurisdiction.~~

25 (b-5) If an applicant for licensure by examination
26 neglects, fails, or refuses to take an examination or fails to

1 pass an examination for a license under this Act within 3 years
2 of the date of initial application ~~after filing the~~
3 ~~application,~~ the application shall be denied. When an
4 applicant's application is denied due to the failure to pass
5 the examination within the 3-year period, that applicant must
6 undertake an additional course of education as defined by rule
7 prior to submitting a new application for licensure. Any new
8 application must be accompanied by the required fee, evidence
9 of meeting the requirements in force at the time of the new
10 application, and evidence of completion of the additional
11 course of education prescribed by rule. ~~The applicant must~~
12 ~~enroll in and complete an approved practical nursing education~~
13 ~~program prior to submitting an additional application for the~~
14 ~~licensure exam.~~

15 An applicant may take and successfully complete a
16 Department-approved examination in another jurisdiction.
17 However, an applicant who has never been licensed previously in
18 any jurisdiction that utilizes a Department-approved
19 examination and who has taken and failed to pass the
20 examination within 3 years after filing the application must
21 submit proof of successful completion of a
22 Department-authorized nursing education program or
23 recompletion of an approved licensed practical nursing program
24 prior to re-application.

25 (c) An applicant for licensure by examination shall have
26 one year from the date of notification of successful completion

1 of the examination to apply to the Department for a license. If
2 an applicant fails to apply within one year, the applicant
3 shall be required to retake and pass the examination unless
4 licensed in another jurisdiction of the United States.

5 (d) A licensed practical nurse applicant who passes the
6 Department-approved licensure examination and has applied to
7 the Department for licensure may obtain employment as a
8 license-pending practical nurse and practice as delegated by a
9 registered professional nurse or an advanced practice
10 registered nurse or physician. An individual may be employed as
11 a license-pending practical nurse if all of the following
12 criteria are met:

13 (1) He or she has completed and passed the
14 Department-approved licensure exam and presents to the
15 employer the official written notification indicating
16 successful passage of the licensure examination.

17 (2) He or she has completed and submitted to the
18 Department an application for licensure under this Section
19 as a practical nurse.

20 (3) He or she has submitted the required licensure fee.

21 (4) He or she has met all other requirements
22 established by rule, including having submitted to a
23 criminal history records check.

24 (e) The privilege to practice as a license-pending
25 practical nurse shall terminate with the occurrence of any of
26 the following:

1 (1) Three months have passed since the official date of
2 passing the licensure exam as inscribed on the formal
3 written notification indicating passage of the exam. This
4 3-month period may be extended as determined by rule.

5 (2) Receipt of the practical nurse license from the
6 Department.

7 (3) Notification from the Department that the
8 application for licensure has been denied.

9 (4) A request by the Department that the individual
10 terminate practicing as a license-pending practical nurse
11 until an official decision is made by the Department to
12 grant or deny a practical nurse license.

13 (f) (Blank). ~~An applicant for licensure by endorsement who~~
14 ~~is a licensed practical nurse licensed by examination under the~~
15 ~~laws of another state or territory of the United States or a~~
16 ~~foreign country, jurisdiction, territory, or province must do~~
17 ~~each of the following:~~

18 ~~(1) Submit a completed written application, on forms~~
19 ~~supplied by the Department, and fees as established by the~~
20 ~~Department.~~

21 ~~(2) Have graduated from a practical nursing education~~
22 ~~program approved by the Department.~~

23 ~~(3) Submit verification of licensure status directly~~
24 ~~from the United States jurisdiction of licensure, if~~
25 ~~applicable, as defined by rule.~~

26 ~~(4) Submit to the criminal history records check~~

1 ~~required under Section 50-35 of this Act.~~

2 ~~(5) Meet all other requirements as established by the~~
3 ~~Department by rule.~~

4 (g) All applicants for practical nurse licensure by
5 examination ~~or endorsement~~ who are graduates of nursing
6 educational programs in a country other than the United States
7 or its territories shall have their nursing education
8 credentials evaluated by a Department-approved nursing
9 credentialing evaluation service. No such applicant may be
10 issued a license under this Act unless the applicant's program
11 is deemed by the nursing credentialing evaluation service to be
12 equivalent to a professional nursing education program
13 approved by the Department. An applicant who has graduated from
14 a nursing educational program outside of the United States or
15 its territories and whose first language is not English shall
16 submit evidence of English proficiency ~~certification of~~
17 ~~passage of the Test of English as a Foreign Language (TOEFL),~~
18 ~~as defined by rule. The Department may, upon recommendation~~
19 ~~from the nursing evaluation service, waive the requirement that~~
20 ~~the applicant pass the TOEFL examination if the applicant~~
21 ~~submits verification of the successful completion of a nursing~~
22 ~~education program conducted in English. The requirements of~~
23 ~~this subsection (d) may be satisfied by the showing of proof of~~
24 ~~a certificate from the Certificate Program or the VisaScreen~~
25 ~~Program of the Commission on Graduates of Foreign Nursing~~
26 ~~Schools.~~

1 (h) (Blank). ~~An applicant licensed in another state or~~
2 ~~territory who is applying for licensure and has received her or~~
3 ~~his education in a country other than the United States or its~~
4 ~~territories shall have her or his nursing education credentials~~
5 ~~evaluated by a Department approved nursing credentialing~~
6 ~~evaluation service. No such applicant may be issued a license~~
7 ~~under this Act unless the applicant's program is deemed by the~~
8 ~~nursing credentialing evaluation service to be equivalent to a~~
9 ~~professional nursing education program approved by the~~
10 ~~Department. An applicant who has graduated from a nursing~~
11 ~~educational program outside of the United States or its~~
12 ~~territories and whose first language is not English shall~~
13 ~~submit certification of passage of the Test of English as a~~
14 ~~Foreign Language (TOEFL), as defined by rule. The Department~~
15 ~~may, upon recommendation from the nursing evaluation service,~~
16 ~~waive the requirement that the applicant pass the TOEFL~~
17 ~~examination if the applicant submits verification of the~~
18 ~~successful completion of a nursing education program conducted~~
19 ~~in English or the successful passage of an approved licensing~~
20 ~~examination given in English. The requirements of this~~
21 ~~subsection (d-5) may be satisfied by the showing of proof of a~~
22 ~~certificate from the Certificate Program or the VisaScreen~~
23 ~~Program of the Commission on Graduates of Foreign Nursing~~
24 ~~Schools.~~

25 (i) (Blank). ~~A licensed practical nurse who holds an~~
26 ~~unencumbered license in good standing in another United States~~

1 ~~jurisdiction and who has applied for practical nurse licensure~~
2 ~~under this Act by endorsement may be issued a temporary~~
3 ~~license, if satisfactory proof of such licensure in another~~
4 ~~jurisdiction is presented to the Department. The Department~~
5 ~~shall not issue an applicant a temporary practical nurse~~
6 ~~license until it is satisfied that the applicant holds an~~
7 ~~active, unencumbered license in good standing in another~~
8 ~~jurisdiction. If the applicant holds more than one current~~
9 ~~active license or one or more active temporary licenses from~~
10 ~~another jurisdiction, the Department may not issue a temporary~~
11 ~~license until the Department is satisfied that each current~~
12 ~~active license held by the applicant is unencumbered. The~~
13 ~~temporary license, which shall be issued no later than 14~~
14 ~~working days following receipt by the Department of an~~
15 ~~application for the temporary license, shall be granted upon~~
16 ~~the submission of all of the following to the Department:~~

17 ~~(1) A completed application for licensure as a~~
18 ~~practical nurse.~~

19 ~~(2) Proof of a current, active license in at least one~~
20 ~~other jurisdiction of the United States and proof that each~~
21 ~~current active license or temporary license held by the~~
22 ~~applicant within the last 5 years is unencumbered.~~

23 ~~(3) A signed and completed application for a temporary~~
24 ~~license.~~

25 ~~(4) The required temporary license fee.~~

26 (j) (Blank). ~~The Department may refuse to issue an~~

1 ~~applicant a temporary license authorized pursuant to this~~
2 ~~Section if, within 14 working days following its receipt of an~~
3 ~~application for a temporary license, the Department determines~~
4 ~~that:~~

5 ~~(1) the applicant has been convicted of a crime under~~
6 ~~the laws of a jurisdiction of the United States that is:~~
7 ~~(i) a felony; or (ii) a misdemeanor directly related to the~~
8 ~~practice of the profession, within the last 5 years;~~

9 ~~(2) the applicant has had a license or permit related~~
10 ~~to the practice of practical nursing revoked, suspended, or~~
11 ~~placed on probation by another jurisdiction within the last~~
12 ~~5 years and at least one of the grounds for revoking,~~
13 ~~suspending, or placing on probation is the same or~~
14 ~~substantially equivalent to grounds in Illinois; or~~

15 ~~(3) the Department intends to deny licensure by~~
16 ~~endorsement.~~

17 (k) (Blank). ~~The Department may revoke a temporary license~~
18 ~~issued pursuant to this Section if it determines any of the~~
19 ~~following:~~

20 ~~(1) That the applicant has been convicted of a crime~~
21 ~~under the law of any jurisdiction of the United States that~~
22 ~~is (i) a felony or (ii) a misdemeanor directly related to~~
23 ~~the practice of the profession, within the last 5 years.~~

24 ~~(2) That within the last 5 years the applicant has had~~
25 ~~a 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.~~

5 ~~(3) That the Department intends to deny licensure by~~
6 ~~endorsement.~~

7 (1) (Blank). ~~A temporary license shall expire 6 months from~~
8 ~~the date of issuance. Further renewal may be granted by the~~
9 ~~Department in hardship cases, as defined by rule and upon~~
10 ~~approval of the Secretary. However, a temporary license shall~~
11 ~~automatically expire upon issuance of a valid license under~~
12 ~~this Act or upon notification that the Department intends to~~
13 ~~deny licensure, whichever occurs first.~~

14 (m) All applicants for practical nurse licensure have 3
15 years from the date of application to complete the application
16 process. If the process has not been completed within 3 years
17 from the date of application, the application shall be denied,
18 the fee forfeited, and the applicant must reapply and meet the
19 requirements in effect at the time of reapplication.

20 (Source: P.A. 94-352, eff. 7-28-05; 94-932, eff. 1-1-07;
21 95-639, eff. 10-5-07.)

22 (225 ILCS 65/55-11 new)

23 Sec. 55-11. LPN licensure by endorsement.

24 (a) Each applicant who successfully meets the requirements
25 of this Section is eligible for licensure as a licensed

1 practical nurse.

2 (b) An applicant for licensure by endorsement who is a
3 licensed practical nurse licensed by examination under the laws
4 of another United States jurisdiction or a foreign jurisdiction
5 is eligible for licensure when the following requirements are
6 met:

7 (1) the applicant has submitted a completed written
8 application on forms supplied by the Department and fees as
9 established by the Department;

10 (2) the applicant has graduated from a practical
11 nursing education program approved by the Department;

12 (2.5) the applicant has successfully completed a
13 licensure examination approved by the Department;

14 (3) the applicant has been issued a licensed practical
15 nurse license by another United States or foreign
16 jurisdiction, which shall be verified, as defined by rule;

17 (4) the applicant has submitted to the criminal history
18 records check required under Section 50-35 of this Act; and

19 (5) the applicant has met all other requirements as
20 established by the Department by rule.

21 (c) An applicant licensed in another state or territory who
22 is applying for licensure and has received her or his education
23 in a country other than the United States or its territories
24 shall have her or his nursing education credentials evaluated
25 by a Department-approved nursing credentialing evaluation
26 service. No such applicant may be issued a license under this

1 Act unless the applicant's program is deemed by the nursing
2 credentialing evaluation service to be equivalent to a
3 professional nursing education program approved by the
4 Department. An applicant who has graduated from a nursing
5 education program outside of the United States or its
6 territories and whose first language is not English shall
7 submit evidence of English proficiency, as defined by rule.

8 (d) A licensed practical nurse who holds an unencumbered
9 license in good standing in another United States jurisdiction
10 and who has applied for practical nurse licensure under this
11 Act by endorsement may be issued a temporary permit if
12 satisfactory proof of such licensure in another jurisdiction is
13 presented to the Department. The Department shall not issue an
14 applicant a temporary practical nurse permit until it is
15 satisfied that the applicant holds an active, unencumbered
16 license in good standing in another jurisdiction. If the
17 applicant holds more than one current active license or one or
18 more active temporary permits from another jurisdiction, the
19 Department may not issue a temporary permit until the
20 Department is satisfied that each current active license held
21 by the applicant is unencumbered. The temporary permit, which
22 shall be issued no later than 14 working days following receipt
23 by the Department of an application for the temporary permit,
24 shall be granted upon the submission of all of the following to
25 the Department:

26 (1) a completed application for licensure as a

1 practical 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 permit held by the
5 applicant within the last 5 years is unencumbered;

6 (3) a signed and completed application for a temporary
7 permit; and

8 (4) the required temporary permit fee.

9 (e) The Department may refuse to issue an applicant a
10 temporary permit authorized pursuant to this Section if, within
11 14 working days following its receipt of an application for a
12 temporary permit, the Department determines that:

13 (1) the applicant has been convicted of a crime under
14 the laws of a jurisdiction of the United States that is:
15 (i) 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 practical nursing revoked, suspended, or
19 placed on probation by another jurisdiction within the last
20 5 years and 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 licensure by
24 endorsement.

25 (f) The Department may revoke a temporary permit issued
26 pursuant to this Section if it determines that:

1 (1) the applicant has been convicted of a crime under
2 the law of any jurisdiction of the United States that is
3 (i) a felony or (ii) a misdemeanor directly related to the
4 practice of the profession, within the last 5 years;

5 (2) within the last 5 years the applicant has had a
6 license or permit related to the practice of nursing
7 revoked, suspended, or placed on probation by another
8 jurisdiction, and at least one of the grounds for revoking,
9 suspending, or placing on probation is the same or
10 substantially equivalent to grounds for disciplinary
11 action under this Act; or

12 (3) the Department intends to deny licensure by
13 endorsement.

14 (g) A temporary permit shall expire 6 months after the date
15 of issuance. Further renewal may be granted by the Department
16 in hardship cases, as defined by rule and upon approval of the
17 Secretary. However, a temporary permit shall automatically
18 expire upon issuance of a valid license under this Act or upon
19 notification that the Department intends to deny licensure,
20 whichever occurs first.

21 (h) All applicants for practical nurse licensure have 3
22 years after the date of application to complete the application
23 process. If the process has not been completed within 3 years
24 after the date of application, the application shall be denied,
25 the fee forfeited, and the applicant must reapply and meet the
26 requirements in effect at the time of reapplication.

1 (225 ILCS 65/55-20)

2 (Section scheduled to be repealed on January 1, 2018)

3 Sec. 55-20. Restoration of LPN license; temporary permit.

4 (a) Any license to practice practical nursing issued under
5 this Act that has expired or that is on inactive status may be
6 restored by making application to the Department and filing
7 proof of fitness acceptable to the Department, as specified by
8 rule, to have the license restored, and by paying the required
9 restoration fee. Such proof of fitness may include evidence
10 certifying active lawful practice in another jurisdiction.

11 (b) A practical nurse licensee seeking restoration of a
12 license after it has expired or been placed on inactive status
13 for more than 5 years shall file an application, on forms
14 supplied by the Department, and submit the restoration or
15 renewal fees set forth by the Department. The licensee must
16 also submit proof of fitness to practice, as specified by rule.
17 ~~, including one of the following:~~

18 ~~(1) certification of active practice in another~~
19 ~~jurisdiction, which may include a statement from the~~
20 ~~appropriate board or licensing authority in the other~~
21 ~~jurisdiction that the licensee was authorized to practice~~
22 ~~during the term of said active practice;~~

23 ~~(2) proof of the successful completion of a~~
24 ~~Department approved licensure examination; or~~

25 ~~(3) an affidavit attesting to military service as~~

~~provided in subsection (c) of this Section; however, if application is made within 2 years after discharge and if all other provisions of subsection (c) of this Section are satisfied, the applicant shall be required to pay the current renewal fee.~~

(c) Notwithstanding any other provision of this Act, any license to practice practical nursing issued under this Act that expired while the licensee was (i) in federal service on active duty with the Armed Forces of the United States or in the State Militia and called into service or training or (ii) in training or education under the supervision of the United States preliminary to induction into the military service may have the license restored without paying any lapsed renewal fees if, within 2 years after honorable termination of such service, training, or education, the applicant furnishes the Department with satisfactory evidence to the effect that the applicant has been so engaged and that the individual's service, training, or education has been so terminated.

(d) Any practical nurse licensee who shall engage in the practice of practical nursing with a lapsed license or while on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under Section 70-5 of this Act.

(e) Pending restoration of a license under this Section, the Department may grant an applicant a temporary permit to practice as a practical nurse if the Department is satisfied

1 that the applicant holds an active, unencumbered license in
2 good standing in another jurisdiction. If the applicant holds
3 more than one current active license or one or more active
4 temporary licenses from another jurisdiction, the Department
5 shall not issue a temporary permit until it is satisfied that
6 each current active license held by the applicant is
7 unencumbered. The temporary permit, which shall be issued no
8 later than 14 working days after receipt by the Department of
9 an application for the permit, shall be granted upon the
10 submission of all of the following to the Department:

11 (1) A signed and completed application for restoration
12 of licensure under this Section as a licensed practical
13 nurse.

14 (2) Proof of (i) a current, active license in at least
15 one other jurisdiction and proof that each current, active
16 license or temporary permit held by the applicant is
17 unencumbered or (ii) fitness to practice nursing in this
18 State, as specified by rule.

19 (3) A signed and completed application for a temporary
20 permit.

21 (4) The required permit fee.

22 (f) The Department may refuse to issue to an applicant a
23 temporary permit authorized under this Section if, within 14
24 working days after its receipt of an application for a
25 temporary permit, the Department determines that:

26 (1) the applicant has been convicted within the last 5

1 years of any crime under the laws of any jurisdiction of
2 the United States that is (i) a felony or (ii) a
3 misdemeanor directly related to the practice of the
4 profession;

5 (2) within the last 5 years, the applicant has had a
6 license or permit related to the practice of nursing
7 revoked, suspended, or placed on probation by another
8 jurisdiction, if at least one of the grounds for revoking,
9 suspending, or placing on probation is the same or
10 substantially equivalent to grounds for disciplinary
11 action under this Act; or

12 (3) the Department intends to deny restoration of the
13 license.

14 (g) The Department may revoke a temporary permit issued
15 under this Section if:

16 (1) the Department determines that the applicant has
17 been convicted within the last 5 years of any crime under
18 the laws of any jurisdiction of the United States that is
19 (i) a felony or (ii) a misdemeanor directly related to the
20 practice of the profession;

21 (2) within the last 5 years, the applicant had a
22 license or permit related to the practice of nursing
23 revoked, suspended, or placed on probation by another
24 jurisdiction and at least one of the grounds for revoking,
25 suspending, or placing on probation is the same or
26 substantially equivalent to grounds for disciplinary

1 action under this Act; or

2 (3) the Department intends to deny restoration of the
3 license.

4 (h) A temporary permit or renewed temporary permit shall
5 expire (i) upon issuance of a valid license under this Act or
6 (ii) upon notification that the Department intends to deny
7 restoration of licensure. Except as otherwise provided in this
8 Section, the temporary permit shall expire 6 months after the
9 date of issuance. Further renewal may be granted by the
10 Department in hardship cases that shall automatically expire
11 upon issuance of a valid license under this Act or upon
12 notification that the Department intends to deny licensure,
13 whichever occurs first. No extensions shall be granted beyond
14 the 6-month period, unless approved by the Secretary.
15 Notification by the Department under this Section must be by
16 certified or registered mail to the address of record or by
17 email to the email address of record.

18 (Source: P.A. 95-639, eff. 10-5-07.)

19 (225 ILCS 65/55-30)

20 (Section scheduled to be repealed on January 1, 2018)

21 Sec. 55-30. LPN scope of practice.

22 (a) Practice as a licensed practical nurse means a scope of
23 ~~basic~~ nursing practice, with or without compensation, under the
24 guidance of ~~as delegated by~~ a registered professional nurse or
25 an advanced practice registered nurse, or as directed by a

1 physician assistant, physician, dentist, ~~or~~ podiatric
2 physician, or other health care professionals as determined by
3 the Department, and includes, but is not limited to, all of the
4 following:

5 (1) Conducting a focused nursing assessment and
6 contributing to the ongoing comprehensive nursing
7 assessment of the patient performed by the registered
8 professional nurse. ~~Collecting data and collaborating in~~
9 ~~the assessment of the health status of a patient.~~

10 (2) Collaborating in the development and modification
11 of the registered professional nurse's or advanced
12 practice registered nurse's comprehensive nursing plan of
13 care for all types of patients.

14 (3) Implementing aspects of the plan of care ~~as~~
15 ~~delegated.~~

16 (4) Participating in health teaching and counseling to
17 promote, attain, and maintain the optimum health level of
18 patients, ~~as delegated.~~

19 (5) Serving as an advocate for the patient by
20 communicating and collaborating with other health service
21 personnel, ~~as delegated.~~

22 (6) Participating in the evaluation of patient
23 responses to interventions.

24 (7) Communicating and collaborating with other health
25 care professionals ~~as delegated.~~

26 (8) Providing input into the development of policies

1 and procedures to support patient safety.

2 (Source: P.A. 98-214, eff. 8-9-13.)

3 (225 ILCS 65/60-5)

4 (Section scheduled to be repealed on January 1, 2018)

5 Sec. 60-5. RN education program requirements; out-of-State
6 programs.

7 (a) All registered professional nurse education programs
8 must be reviewed by the Board and approved by the Department
9 before the successful completion of such a program may be
10 applied toward meeting the requirements for registered
11 professional nurse licensure under this Act. Any program
12 changing the level of educational preparation or the
13 relationship with or to the parent institution or establishing
14 an extension of an existing program must request a review by
15 the Board and approval by the Department. The Board shall
16 review and make a recommendation for the approval or
17 disapproval of a program by the Department based on the
18 following criteria:

19 (1) a feasibility study that describes the need for the
20 program and the facilities used, the potential of the
21 program to recruit faculty and students, financial support
22 for the program, and other criteria, as established by
23 rule;

24 (2) program curriculum that meets all State
25 requirements;

1 (3) the administration of the program by a Nurse
2 Administrator and the involvement of a Nurse Administrator
3 in the development of the program; ~~and~~

4 (4) the occurrence of a site visit prior to approval;
5 and-

6 (5) beginning December 31, 2022, obtaining and
7 maintaining programmatic accreditation by a national
8 accrediting body for nursing education recognized by the
9 United States Department of Education and approved by the
10 Department.

11 The Department and Board of Nursing shall be notified
12 within 30 days if the program loses its accreditation. The
13 Department may adopt rules regarding a warning process and
14 reaccreditation.

15 (b) In order to obtain initial Department approval and to
16 maintain Department approval, a registered professional
17 nursing program must meet all of the following requirements:

18 (1) The institution responsible for conducting the
19 program and the Nurse Administrator must ensure that
20 individual faculty members are academically and
21 professionally competent.

22 (2) The program curriculum must contain all applicable
23 requirements established by rule, including both theory
24 and clinical components.

25 (3) The passage rates of the program's graduating
26 classes on the State-approved licensure exam must be deemed

1 satisfactory by the Department.

2 (c) Program site visits to an institution conducting or
3 hosting a professional nursing program may be made at the
4 discretion of the Nursing Coordinator or upon recommendation of
5 the Board. Full routine site visits may ~~shall~~ be conducted by
6 the Department for periodic evaluation. Such ~~The~~ visits shall
7 be used to determine compliance with this Act. Full routine
8 site visits must be announced and may be waived at the
9 discretion of the Department if the program maintains
10 accreditation with an accrediting body recognized by the United
11 States Department of Education and approved by the Department
12 ~~the National League for Nursing Accrediting Commission (NLNAC)~~
13 ~~or the Commission on Collegiate Nursing Education (CCNE).~~

14 (d) Any institution conducting a registered professional
15 nursing program that wishes to discontinue the program must do
16 each of the following:

17 (1) Notify the Department, in writing, of its intent to
18 discontinue the program.

19 (2) Continue to meet the requirements of this Act and
20 the rules adopted thereunder until the official date of
21 termination of the program.

22 (3) Notify the Department of the date on which the last
23 student shall graduate from the program and the program
24 shall terminate.

25 (4) Assist remaining students in the continuation of
26 their education in the event of program termination prior

1 to the graduation of the program's final student.

2 (5) Upon the closure of the program, notify the
3 Department, in writing, of the location of student and
4 graduate records' storage.

5 (e) Out-of-State registered professional nursing education
6 programs planning to offer clinical practice experiences in
7 this State must meet the requirements set forth in this Section
8 and must meet the clinical and faculty requirements for
9 institutions outside of this State, as established by rule. The
10 institution responsible for conducting an out-of-State
11 registered professional nursing education program and the
12 administrator of the program shall be responsible for ensuring
13 that the individual faculty and preceptors overseeing the
14 clinical experience are academically and professionally
15 competent.

16 (Source: P.A. 95-639, eff. 10-5-07.)

17 (225 ILCS 65/60-10)

18 (Section scheduled to be repealed on January 1, 2018)

19 Sec. 60-10. RN licensure by examination ~~Qualifications for~~
20 ~~RN licensure.~~

21 (a) Each applicant who successfully meets the requirements
22 of this Section is eligible for ~~shall be entitled to~~ licensure
23 as a registered professional nurse.

24 (b) An applicant for licensure by examination to practice
25 as a registered professional nurse is eligible for licensure

1 when the following requirements are met ~~must do each of the~~
2 ~~following:~~

3 (1) the applicant has submitted ~~Submit~~ a completed
4 written application, on forms provided by the Department,
5 and fees, as established by the Department;;-

6 (2) the applicant has ~~Have~~ graduated from a
7 professional nursing education program approved by the
8 Department or has ~~have~~ been granted a certificate of
9 completion of pre-licensure requirements from another
10 United States jurisdiction;;-

11 (3) the applicant has successfully completed
12 ~~Successfully complete~~ a licensure examination approved by
13 the Department;;-

14 (4) (blank); ~~Have not violated the provisions of this~~
15 ~~Act concerning the grounds for disciplinary action. The~~
16 ~~Department may take into consideration any felony~~
17 ~~conviction of the applicant, but such a conviction may not~~
18 ~~operate as an absolute bar to licensure.~~

19 (5) the applicant has submitted ~~Submit~~ to the criminal
20 history records check required under Section 50-35 of this
21 Act;;-

22 (6) the applicant has submitted ~~Submit~~, either to the
23 Department or its designated testing service, a fee
24 covering the cost of providing the examination;failure -
25 ~~Failure~~ to appear for the examination on the scheduled date
26 at the time and place specified after the applicant's

1 application for examination has been received and
2 acknowledged by the Department or the designated testing
3 service shall result in the forfeiture of the examination
4 fee; and-

5 (7) the applicant has met ~~Meet~~ all other requirements
6 established by the Department by rule.

7 An applicant for licensure by examination may take the
8 Department-approved examination in another jurisdiction.

9 (b-5) If an applicant for licensure by examination
10 neglects, fails, or refuses to take an examination or fails to
11 pass an examination for a license within 3 years of the date of
12 initial application after filing the application, the
13 application shall be denied. When an applicant's application is
14 denied due to the failure to pass the examination within the
15 3-year period, that applicant must undertake an additional
16 course of education as defined by rule prior to submitting a
17 new application for licensure. Any new application must be
18 accompanied by the required fee, evidence of meeting the
19 requirements in force at the time of the new application, and
20 evidence of completion of the additional course of education
21 prescribed by rule. ~~The applicant may make a new application~~
22 ~~accompanied by the required fee, evidence of meeting the~~
23 ~~requirements in force at the time of the new application, and~~
24 ~~proof of the successful completion of at least 2 additional~~
25 ~~years of professional nursing education.~~

26 (c) An applicant for licensure by examination shall have

1 one year after the date of notification of the successful
2 completion of the examination to apply to the Department for a
3 license. If an applicant fails to apply within one year, the
4 applicant shall be required to retake and pass the examination
5 unless licensed in another jurisdiction of the United States.

6 (d) An applicant for licensure by examination who passes
7 the Department-approved licensure examination for professional
8 nursing may obtain employment as a license-pending registered
9 nurse and practice under the direction of a registered
10 professional nurse or an advanced practice registered nurse
11 until such time as he or she receives his or her license to
12 practice or until the license is denied. In no instance shall
13 any such applicant practice or be employed in any management
14 capacity. An individual may be employed as a license-pending
15 registered nurse if all of the following 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 registered professional 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 registered 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. The
7 3-month license pending period may be extended if more time
8 is needed by the Department to process the licensure
9 application.

10 (2) Receipt of the registered professional nurse
11 license from the Department.

12 (3) Notification from the Department that the
13 application for licensure has been refused.

14 (4) A request by the Department that the individual
15 terminate practicing as a license-pending registered nurse
16 until an official decision is made by the Department to
17 grant or deny a registered professional nurse license.

18 (f) (Blank). ~~An applicant for registered professional~~
19 ~~nurse licensure by endorsement who is a registered professional~~
20 ~~nurse licensed by examination under the laws of another state~~
21 ~~or territory of the United States must do each of the~~
22 ~~following:~~

23 ~~(1) Submit a completed written application, on forms~~
24 ~~supplied by the Department, and fees as established by the~~
25 ~~Department.~~

26 ~~(2) Have graduated from a registered professional~~

1 ~~nursing education program approved by the Department.~~

2 ~~(3) Submit verification of licensure status directly~~
3 ~~from the United States jurisdiction of licensure, if~~
4 ~~applicable, as defined by rule.~~

5 ~~(4) Submit to the criminal history records check~~
6 ~~required under Section 50-35 of this Act.~~

7 ~~(5) Meet all other requirements as established by the~~
8 ~~Department by rule.~~

9 (g) (Blank). ~~Pending the issuance of a license under this~~
10 ~~Section, the Department may grant an applicant a temporary~~
11 ~~license to practice nursing as a registered professional nurse~~
12 ~~if the Department is satisfied that the applicant holds an~~
13 ~~active, unencumbered license in good standing in another U.S.~~
14 ~~jurisdiction. If the applicant holds more than one current~~
15 ~~active license or one or more active temporary licenses from~~
16 ~~another jurisdiction, the Department may not issue a temporary~~
17 ~~license until the Department is satisfied that each current~~
18 ~~active license held by the applicant is unencumbered. The~~
19 ~~temporary license, which shall be issued no later than 14~~
20 ~~working days after receipt by the Department of an application~~
21 ~~for the temporary license, shall be granted upon the submission~~
22 ~~of all of the following to the Department:~~

23 ~~(1) A completed application for licensure as a~~
24 ~~registered professional nurse.~~

25 ~~(2) Proof of a current, active license in at least one~~
26 ~~other jurisdiction of the United States and proof that each~~

1 ~~current active license or temporary license held by the~~
2 ~~applicant within the last 5 years is unencumbered.~~

3 ~~(3) A completed application for a temporary license.~~

4 ~~(4) The required temporary license fee.~~

5 (h) (Blank). ~~The Department may refuse to issue an~~
6 ~~applicant a temporary license authorized pursuant to this~~
7 ~~Section if, within 14 working days after its receipt of an~~
8 ~~application for a temporary license, the Department determines~~
9 ~~that:~~

10 ~~(1) the applicant has been convicted of a crime under~~
11 ~~the laws of a jurisdiction of the United States that is (i)~~
12 ~~a felony or (ii) a misdemeanor directly related to the~~
13 ~~practice of the profession, within the last 5 years;~~

14 ~~(2) the applicant has had a license or permit related~~
15 ~~to the practice of nursing revoked, suspended, or placed on~~
16 ~~probation by another jurisdiction within the last 5 years,~~
17 ~~if at least one of the grounds for revoking, suspending, or~~
18 ~~placing on probation is the same or substantially~~
19 ~~equivalent to grounds for disciplinary action under this~~
20 ~~Act; or~~

21 ~~(3) the Department intends to deny licensure by~~
22 ~~endorsement.~~

23 (i) (Blank). ~~The Department may revoke a temporary license~~
24 ~~issued pursuant to this Section if it determines any of the~~
25 ~~following:~~

26 ~~(1) That the applicant has been convicted of a crime~~

1 ~~under the laws of any jurisdiction of the United States~~
2 ~~that is (i) a felony or (ii) a misdemeanor directly related~~
3 ~~to the practice of the profession, within the last 5 years.~~

4 ~~(2) That within the last 5 years, the applicant has had~~
5 ~~a license or permit related to the practice of nursing~~
6 ~~revoked, suspended, or placed on probation by another~~
7 ~~jurisdiction, if at least one of the grounds for revoking,~~
8 ~~suspending, or placing on probation is the same or~~
9 ~~substantially equivalent to grounds for disciplinary~~
10 ~~action under this Act.~~

11 ~~(3) That it intends to deny licensure by endorsement.~~

12 (j) (Blank). ~~A temporary license issued under this Section~~
13 ~~shall expire 6 months after the date of issuance. Further~~
14 ~~renewal may be granted by the Department in hardship cases, as~~
15 ~~defined by rule and upon approval of the Secretary. However, a~~
16 ~~temporary license shall automatically expire upon issuance of~~
17 ~~the Illinois license or upon notification that the Department~~
18 ~~intends to deny licensure, whichever occurs first.~~

19 (k) All applicants for registered professional nurse
20 licensure have 3 years after the date of application to
21 complete the application process. If the process has not been
22 completed within 3 years after the date of application, the
23 application shall be denied, the fee forfeited, and the
24 applicant must reapply and meet the requirements in effect at
25 the time of reapplication.

26 (l) All applicants for registered nurse licensure by

1 examination ~~or endorsement~~ who are graduates of practical
2 nursing educational programs in a country other than the United
3 States and its territories shall have their nursing education
4 credentials evaluated by a Department-approved nursing
5 credentialing evaluation service. No such applicant may be
6 issued a license under this Act unless the applicant's program
7 is deemed by the nursing credentialing evaluation service to be
8 equivalent to a professional nursing education program
9 approved by the Department. An applicant who has graduated from
10 a nursing educational program outside of the United States or
11 its territories and whose first language is not English shall
12 submit evidence of English proficiency ~~certification of~~
13 ~~passage of the Test of English as a Foreign Language (TOEFL),~~
14 as defined by rule. ~~The Department may, upon recommendation~~
15 ~~from the nursing evaluation service, waive the requirement that~~
16 ~~the applicant pass the TOEFL examination if the applicant~~
17 ~~submits verification of the successful completion of a nursing~~
18 ~~education program conducted in English. The requirements of~~
19 ~~this subsection (1) may be satisfied by the showing of proof of~~
20 ~~a certificate from the Certificate Program or the VisaScreen~~
21 ~~Program of the Commission on Graduates of Foreign Nursing~~
22 ~~Schools.~~

23 (m) (Blank). ~~An applicant licensed in another state or~~
24 ~~territory who is applying for licensure and has received her or~~
25 ~~his education in a country other than the United States or its~~
26 ~~territories shall have her or his nursing education credentials~~

1 ~~evaluated by a Department approved nursing credentialing~~
2 ~~evaluation service. No such applicant may be issued a license~~
3 ~~under this Act unless the applicant's program is deemed by the~~
4 ~~nursing credentialing evaluation service to be equivalent to a~~
5 ~~professional nursing education program approved by the~~
6 ~~Department. An applicant who has graduated from a nursing~~
7 ~~educational program outside of the United States or its~~
8 ~~territories and whose first language is not English shall~~
9 ~~submit certification of passage of the Test of English as a~~
10 ~~Foreign Language (TOEFL), as defined by rule. The Department~~
11 ~~may, upon recommendation from the nursing evaluation service,~~
12 ~~waive the requirement that the applicant pass the TOEFL~~
13 ~~examination if the applicant submits verification of the~~
14 ~~successful completion of a nursing education program conducted~~
15 ~~in English or the successful passage of an approved licensing~~
16 ~~examination given in English. The requirements of this~~
17 ~~subsection (m) may be satisfied by the showing of proof of a~~
18 ~~certificate from the Certificate Program or the VisaScreen~~
19 ~~Program of the Commission on Graduates of Foreign Nursing~~
20 ~~Schools.~~

21 (Source: P.A. 95-639, eff. 10-5-07.)

22 (225 ILCS 65/60-11 new)

23 Sec. 60-11. RN licensure by endorsement.

24 (a) Each applicant who successfully meets the requirements
25 of this Section is eligible for licensure as a registered

1 professional nurse.

2 (b) An applicant for registered professional nurse
3 licensure by endorsement who is a registered professional nurse
4 licensed by examination under the laws of another United States
5 jurisdiction or a foreign jurisdiction is eligible for
6 licensure when the following requirements are met:

7 (1) the applicant has submitted a completed written
8 application, on forms supplied by the Department, and fees
9 as established by the Department;

10 (2) the applicant has graduated from a registered
11 professional nursing education program approved by the
12 Department;

13 (2.5) the applicant has successfully completed a
14 licensure examination approved by the Department;

15 (3) the applicant has been issued a registered
16 professional nurse license by another United States or
17 foreign jurisdiction, which shall be verified, as defined
18 by rule;

19 (4) the applicant has submitted to the criminal history
20 records check required under Section 50-35 of this Act; and

21 (5) the applicant has met all other requirements as
22 established by the Department by rule.

23 (c) Pending the issuance of a license under this Section,
24 the Department may grant an applicant a temporary permit to
25 practice nursing as a registered professional nurse if the
26 Department is satisfied that the applicant holds an active,

1 unencumbered license in good standing in another United States
2 jurisdiction. If the applicant holds more than one current
3 active license or one or more active temporary licenses from
4 another jurisdiction, the Department may not issue a temporary
5 permit until the Department is satisfied that each current
6 active license held by the applicant is unencumbered. The
7 temporary permit, which shall be issued no later than 14
8 working days after receipt by the Department of an application
9 for the temporary permit, shall be granted upon the submission
10 of all of the following to the Department:

11 (1) a completed application for licensure as a
12 registered professional nurse;

13 (2) proof of a current, active license in at least one
14 other jurisdiction of the United States and proof that each
15 current active license or temporary license held by the
16 applicant within the last 5 years is unencumbered;

17 (3) a completed application for a temporary permit; and

18 (4) the required temporary permit fee.

19 (d) The Department may refuse to issue an applicant a
20 temporary permit authorized pursuant to this Section if, within
21 14 working days after its receipt of an application for a
22 temporary permit, the Department determines that:

23 (1) the applicant has been convicted of a crime under
24 the laws of a jurisdiction of the United States that is (i)
25 a felony or (ii) a misdemeanor directly related to the
26 practice of the profession, within the last 5 years;

1 (2) the applicant has had a license or permit related
2 to the practice of nursing revoked, suspended, or placed on
3 probation by another jurisdiction within the last 5 years,
4 if at least one of the grounds for revoking, suspending, or
5 placing on probation is the same or substantially
6 equivalent to grounds for disciplinary action under this
7 Act; or

8 (3) the Department intends to deny licensure by
9 endorsement.

10 (e) The Department may revoke a temporary permit issued
11 pursuant to this Section if it determines that:

12 (1) the applicant has been convicted of a crime under
13 the laws of any jurisdiction of the United States that is
14 (i) a felony or (ii) a misdemeanor directly related to the
15 practice of the profession, within the last 5 years;

16 (2) within the last 5 years, the applicant has had a
17 license or permit related to the practice of nursing
18 revoked, suspended, or placed on probation by another
19 jurisdiction, if at least one of the grounds for revoking,
20 suspending, or placing on probation is the same or
21 substantially equivalent to grounds for disciplinary
22 action under this Act; or

23 (3) the Department intends to deny licensure by
24 endorsement.

25 (f) A temporary permit issued under this Section shall
26 expire 6 months after the date of issuance. Further renewal may

1 be granted by the Department in hardship cases, as defined by
2 rule and upon approval of the Secretary. However, a temporary
3 permit shall automatically expire upon issuance of the Illinois
4 license or upon notification that the Department intends to
5 deny licensure, whichever occurs first.

6 (g) All applicants for registered professional nurse
7 licensure have 3 years after the date of application to
8 complete the application process. If the process has not been
9 completed within 3 years after the date of application, the
10 application shall be denied, the fee forfeited, and the
11 applicant must reapply and meet the requirements in effect at
12 the time of reapplication.

13 (h) An applicant licensed in another state or territory who
14 is applying for licensure and has received her or his education
15 in a country other than the United States or its territories
16 shall have her or his nursing education credentials evaluated
17 by a Department-approved nursing credentialing evaluation
18 service. No such applicant may be issued a license under this
19 Act unless the applicant's program is deemed by the nursing
20 credentialing evaluation service to be equivalent to a
21 professional nursing education program approved by the
22 Department. An applicant who has graduated from a nursing
23 education program outside of the United States or its
24 territories and whose first language is not English shall
25 submit evidence of English proficiency, as defined by rule.

1 (225 ILCS 65/60-25)

2 (Section scheduled to be repealed on January 1, 2018)

3 Sec. 60-25. Restoration of RN license; temporary permit.

4 (a) Any license to practice professional nursing issued
5 under this Act that has expired or that is on inactive status
6 may be restored by making application to the Department and
7 filing proof of fitness acceptable to the Department as
8 specified by rule to have the license restored and by paying
9 the required restoration fee. Such proof of fitness may include
10 evidence certifying active lawful practice in another
11 jurisdiction.

12 (b) A licensee seeking restoration of a license after it
13 has expired or been placed on inactive status for more than 5
14 years shall file an application, on forms supplied by the
15 Department, and submit the restoration or renewal fees set
16 forth by the Department. The licensee shall also submit proof
17 of fitness to practice as specified by rule. ~~, including one of~~
18 ~~the following:~~

19 ~~(1) Certification of active practice in another~~
20 ~~jurisdiction, which may include a statement from the~~
21 ~~appropriate board or licensing authority in the other~~
22 ~~jurisdiction that the licensee was authorized to practice~~
23 ~~during the term of said active practice.~~

24 ~~(2) Proof of the successful completion of a~~
25 ~~Department approved licensure examination.~~

26 ~~(3) An affidavit attesting to military service as~~

~~provided in subsection (c) of this Section; however, if application is made within 2 years after discharge and if all other provisions of subsection (c) of this Section are satisfied, the applicant shall be required to pay the current renewal fee.~~

(c) Any registered professional nurse license issued under this Act that expired while the licensee was (1) in federal service on active duty with the Armed Forces of the United States or in the State Militia called into service or training or (2) in training or education under the supervision of the United States preliminary to induction into the military service may have the license restored without paying any lapsed renewal fees if, within 2 years after honorable termination of such service, training, or education, the applicant furnishes the Department with satisfactory evidence to the effect that the applicant has been so engaged and that the individual's service, training, or education has been so terminated.

(d) Any licensee who engages in the practice of professional nursing with a lapsed license or while on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under Section 70-5 of this Act.

(e) Pending restoration of a registered professional nurse license under this Section, the Department may grant an applicant a temporary permit to practice as a registered professional nurse if the Department is satisfied that the

1 applicant holds an active, unencumbered license in good
2 standing in another jurisdiction. If the applicant holds more
3 than one current active license or one or more active temporary
4 licenses from another jurisdiction, the Department shall not
5 issue a temporary permit until it is satisfied that each
6 current active license held by the applicant is unencumbered.
7 The temporary permit, which shall be issued no later than 14
8 working days after receipt by the Department of an application
9 for the permit, shall be granted upon the submission of all of
10 the following to the Department:

11 (1) A signed and completed application for restoration
12 of licensure under this Section as a registered
13 professional nurse.

14 (2) Proof of (i) a current, active license in at least
15 one other jurisdiction and proof that each current, active
16 license or temporary permit held by the applicant is
17 unencumbered or (ii) fitness to practice nursing in
18 Illinois, as specified by rule.

19 (3) A signed and completed application for a temporary
20 permit.

21 (4) The required permit fee.

22 (f) The Department may refuse to issue to an applicant a
23 temporary permit authorized under this Section if, within 14
24 working days after its receipt of an application for a
25 temporary permit, the Department determines that:

26 (1) the applicant has been convicted within the last 5

1 years of any crime under the laws of any jurisdiction of
2 the United States that is (i) a felony or (ii) a
3 misdemeanor directly related to the practice of the
4 profession;

5 (2) within the last 5 years the applicant had a license
6 or permit related to the practice of nursing revoked,
7 suspended, or placed on probation by another jurisdiction
8 if at least one of the grounds for revoking, suspending, or
9 placing on probation is the same or substantially
10 equivalent to grounds for disciplinary action under this
11 Act; or

12 (3) the Department intends to deny restoration of the
13 license.

14 (g) The Department may revoke a temporary permit issued
15 under this Section if:

16 (1) the Department determines that the applicant has
17 been convicted within the last 5 years of any crime under
18 the laws of any jurisdiction of the United States that is
19 (i) a felony or (ii) a misdemeanor directly related to the
20 practice of the profession;

21 (2) within the last 5 years, the applicant had a
22 license or permit related to the practice of nursing
23 revoked, suspended, or placed on probation by another
24 jurisdiction, if at least one of the grounds for revoking,
25 suspending, or placing on probation is the same or
26 substantially equivalent to grounds in Illinois; or

1 (3) the Department intends to deny restoration of the
2 license.

3 (h) A temporary permit or renewed temporary permit shall
4 expire (i) upon issuance of an Illinois license or (ii) upon
5 notification that the Department intends to deny restoration of
6 licensure. A temporary permit shall expire 6 months from the
7 date of issuance. Further renewal may be granted by the
8 Department, in hardship cases, that shall automatically expire
9 upon issuance of the Illinois license or upon notification that
10 the Department intends to deny licensure, whichever occurs
11 first. No extensions shall be granted beyond the 6-month period
12 unless approved by the Secretary. Notification by the
13 Department under this Section must be by certified or
14 registered mail to the address of record or by email to the
15 email address of record.

16 (Source: P.A. 95-639, eff. 10-5-07.)

17 (225 ILCS 65/60-35)

18 (Section scheduled to be repealed on January 1, 2018)

19 Sec. 60-35. RN scope of practice. The RN scope of nursing
20 practice is the protection, promotion, and optimization of
21 health and abilities, the prevention of illness and injury, the
22 development and implementation of the nursing plan of care, the
23 facilitation of nursing interventions to alleviate suffering,
24 care coordination, and advocacy in the care of individuals,
25 families, groups, communities, and populations. Practice as a

1 registered professional nurse means this full scope of nursing,
2 with or without compensation, that incorporates caring for all
3 patients in all settings, through nursing standards of practice
4 and professional performance for coordination of care, and may
5 include, but is not limited to, all of the following:

6 (1) Collecting pertinent data and information relative
7 to the patient's health or the situation on an ongoing
8 basis through the comprehensive nursing assessment.

9 (2) Analyzing comprehensive nursing assessment data to
10 determine actual or potential diagnoses, problems, and
11 issues.

12 (3) Identifying expected outcomes for a plan
13 individualized to the patient or the situation that
14 prescribes strategies to attain expected, measurable
15 outcomes.

16 (4) Implementing the identified plan, coordinating
17 care delivery, employing strategies to promote healthy and
18 safe environments, and administering or delegating
19 medication administration according to Section 50-75 of
20 this Act.

21 (5) Evaluating patient progress toward attainment of
22 goals and outcomes.

23 (6) Delegating nursing interventions to implement the
24 plan of care.

25 (7) Providing health education and counseling.

26 (7.5) Advocating for the patient.

1 (8) Practicing ethically according to the American
2 Nurses Association Code of Ethics.

3 (9) Practicing in a manner that recognizes cultural
4 diversity.

5 (10) Communicating effectively in all areas of
6 practice.

7 (11) Collaborating with patients and other key
8 stakeholders in the conduct of nursing practice.

9 (12) Participating in continuous professional
10 development.

11 (13) Teaching the theory and practice of nursing to
12 student nurses.

13 (14) Leading within the professional practice setting
14 and the profession.

15 (15) Contributing to quality nursing practice.

16 (16) Integrating evidence and research findings into
17 practice.

18 (17) Utilizing appropriate resources to plan, provide,
19 and sustain evidence-based nursing services that are safe
20 and effective.

21 ~~(a) Practice as a registered professional nurse means the~~
22 ~~full scope of nursing, with or without compensation, that~~
23 ~~incorporates caring for all patients in all settings, through~~
24 ~~nursing standards recognized by the Department, and includes,~~
25 ~~but is not limited to, all of the following:~~

26 ~~(1) The comprehensive nursing assessment of the health~~

1 ~~status of patients that addresses changes to patient~~
2 ~~conditions.~~

3 ~~(2) The development of a plan of nursing care to be~~
4 ~~integrated within the patient-centered health care plan~~
5 ~~that establishes nursing diagnoses, and setting goals to~~
6 ~~meet identified health care needs, determining nursing~~
7 ~~interventions, and implementation of nursing care through~~
8 ~~the execution of nursing strategies and regimens ordered or~~
9 ~~prescribed by authorized healthcare professionals.~~

10 ~~(3) The administration of medication or delegation of~~
11 ~~medication administration to licensed practical nurses.~~

12 ~~(4) Delegation of nursing interventions to implement~~
13 ~~the plan of care.~~

14 ~~(5) The provision for the maintenance of safe and~~
15 ~~effective nursing care rendered directly or through~~
16 ~~delegation.~~

17 ~~(6) Advocating for patients.~~

18 ~~(7) The evaluation of responses to interventions and~~
19 ~~the effectiveness of the plan of care.~~

20 ~~(8) Communicating and collaborating with other health~~
21 ~~care professionals.~~

22 ~~(9) The procurement and application of new knowledge~~
23 ~~and technologies.~~

24 ~~(10) The provision of health education and counseling.~~

25 ~~(11) Participating in development of policies,~~
26 ~~procedures, and systems to support patient safety.~~

1 (Source: P.A. 95-639, eff. 10-5-07.)

2 (225 ILCS 65/Art. 65 heading)

3 ARTICLE 65. ADVANCED PRACTICE REGISTERED NURSES

4 (Article scheduled to be repealed on January 1, 2018)

5 (Source: P.A. 95-639, eff. 10-5-07.)

6 (225 ILCS 65/65-5) (was 225 ILCS 65/15-10)

7 (Section scheduled to be repealed on January 1, 2018)

8 Sec. 65-5. Qualifications for APRN ~~APN~~ licensure.

9 (a) Each applicant who successfully meets the requirements
10 of this Section is eligible for ~~shall be entitled to~~ licensure
11 as an advanced practice registered nurse.

12 (b) An applicant for licensure to practice as an advanced
13 practice registered nurse is eligible for licensure when the
14 following requirements are met ~~must do each of the following:~~

15 (1) the applicant has submitted ~~Submit~~ a completed
16 application and any fees as established by the Department;~~:-~~

17 (2) the applicant holds ~~Hold~~ a current license to
18 practice as a registered professional nurse under this
19 Act;~~:-~~

20 (3) the applicant has ~~Have~~ successfully completed
21 requirements to practice as, and holds and maintains
22 current, national certification as, a nurse midwife,
23 clinical nurse specialist, nurse practitioner, or
24 certified registered nurse anesthetist from the

1 appropriate national certifying body as determined by rule
2 of the Department;~~;~~

3 (4) the applicant has ~~Have~~ obtained a graduate degree
4 appropriate for national certification in a clinical
5 advanced practice registered nursing specialty or a
6 graduate degree or post-master's certificate from a
7 graduate level program in a clinical advanced practice
8 registered nursing specialty;~~;~~

9 (5) (blank); ~~Have not violated the provisions of this~~
10 ~~Act concerning the grounds for disciplinary action. The~~
11 ~~Department may take into consideration any felony~~
12 ~~conviction of the applicant, but such a conviction may not~~
13 ~~operate as an absolute bar to licensure.~~

14 (6) the applicant has submitted ~~Submit~~ to the criminal
15 history records check required under Section 50-35 of this
16 Act; ~~and;~~

17 (7) if applicable, the applicant has submitted
18 verification of licensure status in another jurisdiction,
19 as provided by rule.

20 (b-5) A registered professional nurse seeking licensure as
21 an advanced practice registered nurse in the category of
22 certified registered nurse anesthetist who does not have a
23 graduate degree as described in subsection (b) of this Section
24 shall be qualified for licensure if that person:

25 (1) submits evidence of having successfully completed
26 a nurse anesthesia program described in item (4) of

1 subsection (b) of this Section prior to January 1, 1999;

2 (2) submits evidence of certification as a registered
3 nurse anesthetist by an appropriate national certifying
4 body; and

5 (3) has continually maintained active, up-to-date
6 recertification status as a certified registered nurse
7 anesthetist by an appropriate national recertifying body.

8 (b-10) The Department may ~~shall~~ issue a certified
9 registered nurse anesthetist license to an APRN ~~APN~~ who (i)
10 does not have a graduate degree, (ii) applies for licensure
11 before July 1, 2023 ~~2018~~, and (iii) submits all of the
12 following to the Department:

13 (1) His or her current State registered nurse license
14 number.

15 (2) Proof of current national certification, which
16 includes the completion of an examination from either of
17 the following:

18 (A) the Council on Certification of the American
19 Association of Nurse Anesthetists; or

20 (B) the Council on Recertification of the American
21 Association of Nurse Anesthetists.

22 (3) Proof of the successful completion of a post-basic
23 advanced practice formal education program in the area of
24 nurse anesthesia prior to January 1, 1999.

25 (4) His or her complete work history for the 5-year
26 period immediately preceding the date of his or her

1 application.

2 (5) Verification of licensure as an advanced practice
3 registered nurse from the state in which he or she was
4 originally licensed, current state of licensure, and any
5 other state in which he or she has been actively practicing
6 as an advanced practice registered nurse within the 5-year
7 period immediately preceding the date of his or her
8 application. If applicable, this verification must state:

9 (A) the time during which he or she was licensed in
10 each state, including the date of the original issuance
11 of each license; and

12 (B) any disciplinary action taken or pending
13 concerning any nursing license held, currently or in
14 the past, by the applicant.

15 (6) The required fee.

16 (c) Those applicants seeking licensure in more than one
17 advanced practice registered nursing specialty need not
18 possess multiple graduate degrees. Applicants may be eligible
19 for licenses for multiple advanced practice registered nurse
20 licensure specialties, provided that the applicant (i) has met
21 the requirements for at least one advanced practice registered
22 nursing specialty under paragraphs (3) and (5) of subsection
23 (a) of this Section, (ii) possesses an additional graduate
24 education that results in a certificate for another clinical
25 advanced practice registered nurse specialty and that meets the
26 requirements for the national certification from the

1 appropriate nursing specialty, and (iii) holds a current
2 national certification from the appropriate national
3 certifying body for that additional advanced practice
4 registered nursing specialty.

5 (Source: P.A. 98-837, eff. 1-1-15.)

6 (225 ILCS 65/65-10) (was 225 ILCS 65/15-13)

7 (Section scheduled to be repealed on January 1, 2018)

8 Sec. 65-10. APRN ~~APN~~ license pending status.

9 (a) A graduate of an advanced practice registered nursing
10 program may practice in the State of Illinois in the role of
11 certified clinical nurse specialist, certified nurse midwife,
12 certified nurse practitioner, or certified registered nurse
13 anesthetist for not longer than 6 months provided he or she
14 submits all of the following:

15 (1) An application for licensure as an advanced
16 practice registered nurse in Illinois and all fees
17 established by rule.

18 (2) Proof of an application to take the national
19 certification examination in the specialty.

20 (3) Proof of completion of a graduate advanced practice
21 education program that allows the applicant to be eligible
22 for national certification in a clinical advanced practice
23 registered nursing specialty and that allows the applicant
24 to be eligible for licensure in Illinois in the area of his
25 or her specialty.

1 (4) Proof that he or she is licensed in Illinois as a
2 registered professional nurse.

3 (b) License pending status shall preclude delegation of
4 prescriptive authority.

5 (c) A graduate practicing in accordance with this Section
6 must use the title "license pending certified clinical nurse
7 specialist", "license pending certified nurse midwife",
8 "license pending certified nurse practitioner", or "license
9 pending certified registered nurse anesthetist", whichever is
10 applicable.

11 (Source: P.A. 97-813, eff. 7-13-12.)

12 (225 ILCS 65/65-15)

13 (Section scheduled to be repealed on January 1, 2018)

14 Sec. 65-15. Expiration of APRN ~~APN~~ license; renewal.

15 (a) The expiration date and renewal period for each
16 advanced practice registered nurse license issued under this
17 Act shall be set by rule. The holder of a license may renew the
18 license during the month preceding the expiration date of the
19 license by paying the required fee. It is the responsibility of
20 the licensee to notify the Department in writing of a change of
21 address.

22 (b) On and after May 30, 2020, except as provided in
23 subsections (c) and (d) of this Section, each advanced practice
24 registered nurse is required to show proof of continued,
25 current national certification in the specialty.

1 (c) An advanced practice registered nurse who does not meet
2 the educational requirements necessary to obtain national
3 certification but has continuously held an unencumbered
4 license under this Act since 2001 shall not be required to show
5 proof of national certification in the specialty to renew his
6 or her advanced practice registered nurse license.

7 (d) The Department may renew the license of an advanced
8 practice registered nurse who applies for renewal of his or her
9 license on or before May 30, 2016 and is unable to provide
10 proof of continued, current national certification in the
11 specialty but complies with all other renewal requirements.

12 (e) Any advanced practice registered nurse license renewed
13 on and after May 31, 2016 based on the changes made to this
14 Section by this amendatory Act of the 99th General Assembly
15 shall be retroactive to the expiration date.

16 (Source: P.A. 99-505, eff. 5-27-16.)

17 (225 ILCS 65/65-20)

18 (Section scheduled to be repealed on January 1, 2018)

19 Sec. 65-20. Restoration of APRN ~~APN~~ license; temporary
20 permit.

21 (a) Any license issued under this Act that has expired or
22 that is on inactive status may be restored by making
23 application to the Department and filing proof of fitness
24 acceptable to the Department as specified by rule to have the
25 license restored and by paying the required restoration fee.

1 Such proof of fitness may include evidence certifying active
2 lawful practice in another jurisdiction.

3 (b) A licensee seeking restoration of a license after it
4 has expired or been placed on inactive status for more than 5
5 years shall file an application, on forms supplied by the
6 Department, and submit the restoration or renewal fees set
7 forth by the Department. The licensee shall also submit proof
8 of fitness to practice as specified by rule. ~~, including one of~~
9 ~~the following:~~

10 ~~(1) Certification of active practice in another~~
11 ~~jurisdiction, which may include a statement from the~~
12 ~~appropriate board or licensing authority in the other~~
13 ~~jurisdiction in which the licensee was authorized to~~
14 ~~practice during the term of said active practice.~~

15 ~~(2) Proof of the successful completion of a~~
16 ~~Department approved licensure examination.~~

17 ~~(3) An affidavit attesting to military service as~~
18 ~~provided in subsection (c) of this Section; however, if~~
19 ~~application is made within 2 years after discharge and if~~
20 ~~all other provisions of subsection (c) of this Section are~~
21 ~~satisfied, the applicant shall be required to pay the~~
22 ~~current renewal fee.~~

23 ~~(4) Other proof as established by rule.~~

24 (c) Any advanced practice registered nurse license issued
25 under this Act that expired while the licensee was (1) in
26 federal service on active duty with the Armed Forces of the

1 United States or in the State Militia called into service or
2 training or (2) in training or education under the supervision
3 of the United States preliminary to induction into the military
4 service may have the license restored without paying any lapsed
5 renewal fees if, within 2 years after honorable termination of
6 such service, training, or education, the applicant furnishes
7 the Department with satisfactory evidence to the effect that
8 the applicant has been so engaged and that the individual's
9 service, training, or education has been so terminated.

10 (d) Any licensee who engages in the practice of advanced
11 practice registered nursing with a lapsed license or while on
12 inactive status shall be considered to be practicing without a
13 license, which shall be grounds for discipline under Section
14 70-5 of this Act.

15 (e) Pending restoration of an advanced practice registered
16 nurse license under this Section, the Department may grant an
17 applicant a temporary permit to practice as an advanced
18 practice registered nurse if the Department is satisfied that
19 the applicant holds an active, unencumbered license in good
20 standing in another jurisdiction. If the applicant holds more
21 than one current, active license or one or more active
22 temporary licenses from another jurisdiction, the Department
23 shall not issue a temporary permit until it is satisfied that
24 each current active license held by the applicant is
25 unencumbered. The temporary permit, which shall be issued no
26 later than 14 working days after receipt by the Department of

1 an application for the permit, shall be granted upon the
2 submission of all of the following to the Department:

3 (1) A signed and completed application for restoration
4 of licensure under this Section as an advanced practice
5 registered nurse.

6 (2) Proof of (i) a current, active license in at least
7 one other jurisdiction and proof that each current, active
8 license or temporary permit held by the applicant is
9 unencumbered or (ii) fitness to practice nursing in
10 Illinois, as specified by rule.

11 (3) A signed and completed application for a temporary
12 permit.

13 (4) The required permit fee.

14 (5) Other proof as established by rule.

15 (f) The Department may refuse to issue to an applicant a
16 temporary permit authorized under this Section if, within 14
17 working days after its receipt of an application for a
18 temporary permit, the Department determines that:

19 (1) the applicant has been convicted within the last 5
20 years of any crime under the laws of any jurisdiction of
21 the United States that is (i) a felony or (ii) a
22 misdemeanor directly related to the practice of the
23 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 for disciplinary
4 action under this Act; or

5 (3) the Department intends to deny restoration of the
6 license.

7 (g) The Department may revoke a temporary permit issued
8 under this Section if:

9 (1) the Department determines that the applicant has
10 been convicted within the last 5 years of any crime under
11 the laws of any jurisdiction of the United States that is
12 (i) a felony or (ii) a misdemeanor directly related to the
13 practice of the profession;

14 (2) within the last 5 years, the applicant had a
15 license or permit related to the practice of nursing
16 revoked, suspended, or placed on probation by another
17 jurisdiction, if at least one of the grounds for revoking,
18 suspending, or placing on probation is the same or
19 substantially equivalent to grounds in Illinois; or

20 (3) the Department intends to deny restoration of the
21 license.

22 (h) A temporary permit or renewed temporary permit shall
23 expire (i) upon issuance of an Illinois license or (ii) upon
24 notification that the Department intends to deny restoration of
25 licensure. Except as otherwise provided in this Section, a
26 temporary permit shall expire 6 months from the date of

1 issuance. Further renewal may be granted by the Department in
2 hardship cases that shall automatically expire upon issuance of
3 the Illinois license or upon notification that the Department
4 intends to deny licensure, whichever occurs first. No
5 extensions shall be granted beyond the 6-month period unless
6 approved by the Secretary. Notification by the Department under
7 this Section must be by certified or registered mail to the
8 address of record or by email to the email address of record.

9 (Source: P.A. 95-639, eff. 10-5-07.)

10 (225 ILCS 65/65-25)

11 (Section scheduled to be repealed on January 1, 2018)

12 Sec. 65-25. Inactive status of a APRN ~~APN~~ license. Any
13 advanced practice registered nurse who notifies the Department
14 in writing on forms prescribed by the Department may elect to
15 place his or her license on inactive status and shall, subject
16 to rules of the Department, be excused from payment of renewal
17 fees until notice is given to the Department in writing of his
18 or her intent to restore the license.

19 Any advanced practice registered nurse requesting
20 restoration from inactive status shall be required to pay the
21 current renewal fee and shall be required to restore his or her
22 license, as provided by rule of the Department.

23 Any advanced practice registered nurse whose license is on
24 inactive status shall not practice advanced practice
25 registered nursing, as defined by this Act in the State of

1 Illinois.

2 (Source: P.A. 95-639, eff. 10-5-07.)

3 (225 ILCS 65/65-30)

4 (Section scheduled to be repealed on January 1, 2018)

5 Sec. 65-30. APRN ~~APN~~ scope of practice.

6 (a) Advanced practice registered nursing by certified
7 nurse practitioners, certified nurse anesthetists, certified
8 nurse midwives, or clinical nurse specialists is based on
9 knowledge and skills acquired throughout an advanced practice
10 registered nurse's nursing education, training, and
11 experience.

12 (b) Practice as an advanced practice registered nurse means
13 a scope of nursing practice, with or without compensation, and
14 includes the registered nurse scope of practice.

15 (c) The scope of practice of an advanced practice
16 registered nurse includes, but is not limited to, each of the
17 following:

18 (1) Advanced nursing patient assessment and diagnosis.

19 (2) Ordering diagnostic and therapeutic tests and
20 procedures, performing those tests and procedures when using
21 health care equipment, and interpreting and using the results
22 of diagnostic and therapeutic tests and procedures ordered by
23 the advanced practice registered nurse or another health care
24 professional.

25 (3) Ordering treatments, ordering or applying

1 appropriate medical devices, and using nursing medical,
2 therapeutic, and corrective measures to treat illness and
3 improve health status.

4 (4) Providing palliative and end-of-life care.

5 (5) Providing advanced counseling, patient education,
6 health education, and patient advocacy.

7 (6) Prescriptive authority as defined in Section 65-40
8 of this Act.

9 (7) Delegating selected nursing interventions
10 ~~activities or tasks~~ to a licensed practical nurse, a registered
11 professional nurse, or other personnel.

12 (Source: P.A. 95-639, eff. 10-5-07.)

13 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

14 (Section scheduled to be repealed on January 1, 2018)

15 Sec. 65-35. Written collaborative agreements.

16 (a) A written collaborative agreement is required for all
17 advanced practice registered nurses engaged in clinical
18 practice prior to meeting the requirements of Section 65-43,
19 except for advanced practice registered nurses who are
20 privileged ~~authorized~~ to practice in a hospital, hospital
21 affiliate, or ambulatory surgical treatment center.

22 (a-5) If an advanced practice registered nurse engages in
23 clinical practice outside of a hospital, hospital affiliate, or
24 ambulatory surgical treatment center in which he or she is
25 privileged ~~authorized~~ to practice, the advanced practice

1 registered nurse must have a written collaborative agreement,
2 except as set forth in Section 65-43.

3 (b) A written collaborative agreement shall describe the
4 relationship of the advanced practice registered nurse with the
5 collaborating physician ~~or podiatric physician~~ and shall
6 describe the categories of care, treatment, or procedures to be
7 provided by the advanced practice registered nurse. A
8 collaborative agreement with a dentist must be in accordance
9 with subsection (c-10) of this Section. A collaborative
10 agreement with a podiatric physician must be in accordance with
11 subsection (c-5) of this Section. Collaboration does not
12 require an employment relationship between the collaborating
13 physician ~~or podiatric physician~~ and the advanced practice
14 registered nurse.

15 The collaborative relationship under an agreement shall
16 not be construed to require the personal presence of a
17 collaborating physician ~~or podiatric physician~~ at the place
18 where services are rendered. Methods of communication shall be
19 available for consultation with the collaborating physician ~~or~~
20 ~~podiatric physician~~ in person or by telecommunications or
21 electronic communications as set forth in the written
22 agreement.

23 (b-5) Absent an employment relationship, a written
24 collaborative agreement may not (1) restrict the categories of
25 patients of an advanced practice registered nurse within the
26 scope of the advanced practice registered nurses training and

1 experience, (2) limit third party payors or government health
2 programs, such as the medical assistance program or Medicare
3 with which the advanced practice registered nurse contracts, or
4 (3) limit the geographic area or practice location of the
5 advanced practice registered nurse in this State.

6 (c) In the case of anesthesia services provided by a
7 certified registered nurse anesthetist, an anesthesiologist, a
8 physician, a dentist, or a podiatric physician must participate
9 through discussion of and agreement with the anesthesia plan
10 and remain physically present and available on the premises
11 during the delivery of anesthesia services for diagnosis,
12 consultation, and treatment of emergency medical conditions.

13 (c-5) A certified registered nurse anesthetist, who
14 provides anesthesia services outside of a hospital or
15 ambulatory surgical treatment center shall enter into a written
16 collaborative agreement with an anesthesiologist or the
17 physician licensed to practice medicine in all its branches or
18 the podiatric physician performing the procedure. Outside of a
19 hospital or ambulatory surgical treatment center, the
20 certified registered nurse anesthetist may provide only those
21 services that the collaborating podiatric physician is
22 authorized to provide pursuant to the Podiatric Medical
23 Practice Act of 1987 and rules adopted thereunder. A certified
24 registered nurse anesthetist may select, order, and administer
25 medication, including controlled substances, and apply
26 appropriate medical devices for delivery of anesthesia

1 services under the anesthesia plan agreed with by the
2 anesthesiologist or the operating physician or operating
3 podiatric physician.

4 (c-10) A certified registered nurse anesthetist who
5 provides anesthesia services in a dental office shall enter
6 into a written collaborative agreement with an
7 anesthesiologist or the physician licensed to practice
8 medicine in all its branches or the operating dentist
9 performing the procedure. The agreement shall describe the
10 working relationship of the certified registered nurse
11 anesthetist and dentist and shall authorize the categories of
12 care, treatment, or procedures to be performed by the certified
13 registered nurse anesthetist. In a collaborating dentist's
14 office, the certified registered nurse anesthetist may only
15 provide those services that the operating dentist with the
16 appropriate permit is authorized to provide pursuant to the
17 Illinois Dental Practice Act and rules adopted thereunder. For
18 anesthesia services, an anesthesiologist, physician, or
19 operating dentist shall participate through discussion of and
20 agreement with the anesthesia plan and shall remain physically
21 present and be available on the premises during the delivery of
22 anesthesia services for diagnosis, consultation, and treatment
23 of emergency medical conditions. A certified registered nurse
24 anesthetist may select, order, and administer medication,
25 including controlled substances, and apply appropriate medical
26 devices for delivery of anesthesia services under the

1 anesthesia plan agreed with by the operating dentist.

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

6 (e) Nothing in this Act shall be construed to limit the
7 delegation of tasks or duties by a physician to a licensed
8 practical nurse, a registered professional nurse, or other
9 persons in accordance with Section 54.2 of the Medical Practice
10 Act of 1987. Nothing in this Act shall be construed to limit
11 the method of delegation that may be authorized by any means,
12 including, but not limited to, oral, written, electronic,
13 standing orders, protocols, guidelines, or verbal orders.
14 ~~Nothing in this Act shall be construed to authorize an advanced~~
15 ~~practice nurse to provide health care services required by law~~
16 ~~or rule to be performed by a physician.~~

17 (e-5) Nothing in this Act shall be construed to authorize
18 an advanced practice registered nurse to provide health care
19 services required by law or rule to be performed by a
20 physician, including those acts to be performed by a physician
21 in Section 3.1 of the Illinois Abortion Law of 1975.

22 (f) An advanced practice registered nurse shall inform each
23 collaborating physician, dentist, or podiatric physician of
24 all collaborative agreements he or she has signed and provide a
25 copy of these to any collaborating physician, dentist, or
26 podiatric physician upon request.

1 (g) (Blank).

2 (Source: P.A. 98-192, eff. 1-1-14; 98-214, eff. 8-9-13; 98-756,
3 eff. 7-16-14; 99-173, eff. 7-29-15.)

4 (225 ILCS 65/65-35.1)

5 (Section scheduled to be repealed on January 1, 2018)

6 Sec. 65-35.1. Written collaborative agreement; temporary
7 practice. Any advanced practice registered nurse required to
8 enter into a written collaborative agreement with a
9 collaborating physician ~~or collaborating podiatrist~~ is
10 authorized to continue to practice for up to 90 days after the
11 termination of a collaborative agreement provided the advanced
12 practice registered nurse seeks any needed collaboration at a
13 local hospital and refers patients who require services beyond
14 the training and experience of the advanced practice registered
15 nurse to a physician or other health care provider.

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

17 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

18 (Section scheduled to be repealed on January 1, 2018)

19 Sec. 65-40. Written collaborative agreement; prescriptive
20 authority.

21 (a) A collaborating physician ~~or podiatric physician~~ may,
22 but is not required to, delegate prescriptive authority to an
23 advanced practice registered nurse as part of a written
24 collaborative agreement. This authority may, but is not

1 required to, include prescription of, selection of, orders for,
2 administration of, storage of, acceptance of samples of, and
3 dispensing over the counter medications, legend drugs, medical
4 gases, and controlled substances categorized as any Schedule
5 III through V controlled substances, as defined in Article II
6 of the Illinois Controlled Substances Act, and other
7 preparations, including, but not limited to, botanical and
8 herbal remedies. The collaborating physician ~~or podiatric~~
9 ~~physician~~ must have a valid current Illinois controlled
10 substance license and federal registration to delegate
11 authority to prescribe delegated controlled substances.

12 (b) To prescribe controlled substances under this Section,
13 an advanced practice registered nurse must obtain a mid-level
14 practitioner controlled substance license. Medication orders
15 shall be reviewed periodically by the collaborating physician
16 ~~or podiatric physician~~.

17 (c) The collaborating physician ~~or podiatric physician~~
18 shall file with the Department and the Prescription Monitoring
19 Program notice of delegation of prescriptive authority and
20 termination of such delegation, in accordance with rules of the
21 Department. Upon receipt of this notice delegating authority to
22 prescribe any Schedule III through V controlled substances, the
23 licensed advanced practice registered nurse shall be eligible
24 to register for a mid-level practitioner controlled substance
25 license under Section 303.05 of the Illinois Controlled
26 Substances Act.

1 (d) In addition to the requirements of subsections (a),
2 (b), and (c) of this Section, a collaborating physician ~~or~~
3 ~~podiatric physician~~ may, but is not required to, delegate
4 authority to an advanced practice registered nurse to prescribe
5 any Schedule II controlled substances, if all of the following
6 conditions apply:

7 (1) Specific Schedule II controlled substances by oral
8 dosage or topical or transdermal application may be
9 delegated, provided that the delegated Schedule II
10 controlled substances are routinely prescribed by the
11 collaborating physician ~~or podiatric physician~~. This
12 delegation must identify the specific Schedule II
13 controlled substances by either brand name or generic name.
14 Schedule II controlled substances to be delivered by
15 injection or other route of administration may not be
16 delegated.

17 (2) Any delegation must be controlled substances that
18 the collaborating physician ~~or podiatric physician~~
19 prescribes.

20 (3) Any prescription must be limited to no more than a
21 30-day supply, with any continuation authorized only after
22 prior approval of the collaborating physician ~~or podiatric~~
23 ~~physician~~.

24 (4) The advanced practice registered nurse must
25 discuss the condition of any patients for whom a controlled
26 substance is prescribed monthly with the delegating

1 physician.

2 (5) The advanced practice registered nurse meets the
3 education requirements of Section 303.05 of the Illinois
4 Controlled Substances Act.

5 (e) Nothing in this Act shall be construed to limit the
6 delegation of tasks or duties by a physician to a licensed
7 practical nurse, a registered professional nurse, or other
8 persons. Nothing in this Act shall be construed to limit the
9 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 (f) Nothing in this Section shall be construed to apply to
13 any medication authority including Schedule II controlled
14 substances of an advanced practice registered nurse for care
15 provided in a hospital, hospital affiliate, or ambulatory
16 surgical treatment center pursuant to Section 65-45.

17 (g) Blank ~~Any advanced practice nurse who writes a~~
18 ~~prescription for a controlled substance without having a valid~~
19 ~~appropriate authority may be fined by the Department not more~~
20 ~~than \$50 per prescription, and the Department may take any~~
21 ~~other disciplinary action provided for in this Act.~~

22 (h) Nothing in this Section shall be construed to prohibit
23 generic substitution.

24 (i) Nothing in this Section shall be construed to apply to
25 an advanced practice registered nurse who meets the
26 requirements of Section 65-43.

1 (Source: P.A. 97-358, eff. 8-12-11; 98-214, eff. 8-9-13.)

2 (225 ILCS 65/65-43 new)

3 Sec. 65-43. Full practice authority.

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

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

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

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

1 the advanced practice registered nurse.

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

4 (1) all matters included in subsection (c) of Section
5 65-30 of this Act;

6 (2) practicing without a written collaborative
7 agreement in all practice settings consistent with
8 national certification;

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

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

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

13 (5) authority to obtain an Illinois controlled
14 substance license and a federal Drug Enforcement
15 Administration number; and

16 (6) use of only local anesthetic.

17 The scope of practice of an advanced practice registered
18 nurse does not include operative surgery.

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

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

1 the Illinois Abortion Law of 1975.

2 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

3 (Section scheduled to be repealed on January 1, 2018)

4 Sec. 65-45. Advanced practice registered nursing in
5 hospitals, hospital affiliates, or ambulatory surgical
6 treatment centers.

7 (a) An advanced practice registered nurse may provide
8 services in a hospital or a hospital affiliate as those terms
9 are defined in the Hospital Licensing Act or the University of
10 Illinois Hospital Act or a licensed ambulatory surgical
11 treatment center without a written collaborative agreement
12 pursuant to Section 65-35 of this Act. An advanced practice
13 registered nurse must possess clinical privileges recommended
14 by the hospital medical staff and granted by the hospital or
15 the consulting medical staff committee and ambulatory surgical
16 treatment center in order to provide services. The medical
17 staff or consulting medical staff committee shall periodically
18 review the services of all advanced practice registered nurses
19 granted clinical privileges, including any care provided in a
20 hospital affiliate. Authority may also be granted when
21 recommended by the hospital medical staff and granted by the
22 hospital or recommended by the consulting medical staff
23 committee and ambulatory surgical treatment center to
24 individual advanced practice registered nurses to select,
25 order, and administer medications, including controlled

1 substances, to provide delineated care. In a hospital, hospital
2 affiliate, or ambulatory surgical treatment center, the
3 attending physician shall determine an advanced practice
4 registered nurse's role in providing care for his or her
5 patients, except as otherwise provided in the medical staff
6 bylaws or consulting committee policies.

7 (a-2) An advanced practice registered nurse privileged
8 ~~granted authority~~ to order medications, including controlled
9 substances, may complete discharge prescriptions provided the
10 prescription is in the name of the advanced practice registered
11 nurse and the attending or discharging physician.

12 (a-3) Advanced practice registered nurses practicing in a
13 hospital or an ambulatory surgical treatment center are not
14 required to obtain a mid-level controlled substance license to
15 order controlled substances under Section 303.05 of the
16 Illinois Controlled Substances Act.

17 (a-4) An advanced practice registered nurse meeting the
18 requirements of Section 65-43 may be privileged to complete
19 discharge orders and prescriptions under the advanced practice
20 registered nurse's name.

21 (a-5) For anesthesia services provided by a certified
22 registered nurse anesthetist, an anesthesiologist, physician,
23 dentist, or podiatric physician shall participate through
24 discussion of and agreement with the anesthesia plan and shall
25 remain physically present and be available on the premises
26 during the delivery of anesthesia services for diagnosis,

1 consultation, and treatment of emergency medical conditions,
2 unless hospital policy adopted pursuant to clause (B) of
3 subdivision (3) of Section 10.7 of the Hospital Licensing Act
4 or ambulatory surgical treatment center policy adopted
5 pursuant to clause (B) of subdivision (3) of Section 6.5 of the
6 Ambulatory Surgical Treatment Center Act provides otherwise. A
7 certified registered nurse anesthetist may select, order, and
8 administer medication for anesthesia services under the
9 anesthesia plan agreed to by the anesthesiologist or the
10 physician, in accordance with hospital alternative policy or
11 the medical staff consulting committee policies of a licensed
12 ambulatory surgical treatment center.

13 (b) An advanced practice registered nurse who provides
14 services in a hospital shall do so in accordance with Section
15 10.7 of the Hospital Licensing Act and, in an ambulatory
16 surgical treatment center, in accordance with Section 6.5 of
17 the Ambulatory Surgical Treatment Center Act. Nothing in this
18 Act shall be construed to require an advanced practice
19 registered nurse to have a collaborative agreement to practice
20 in a hospital, hospital affiliate, or ambulatory surgical
21 treatment center.

22 (c) Advanced practice registered nurses certified as nurse
23 practitioners, nurse midwives, or clinical nurse specialists
24 practicing in a hospital affiliate may be, but are not required
25 to be, privileged ~~granted authority~~ to prescribe Schedule II
26 through V controlled substances when such authority is

1 recommended by the appropriate physician committee of the
2 hospital affiliate and granted by the hospital affiliate. This
3 authority may, but is not required to, include prescription of,
4 selection of, orders for, administration of, storage of,
5 acceptance of samples of, and dispensing over-the-counter
6 medications, legend drugs, medical gases, and controlled
7 substances categorized as Schedule II through V controlled
8 substances, as defined in Article II of the Illinois Controlled
9 Substances Act, and other preparations, including, but not
10 limited to, botanical and herbal remedies.

11 To prescribe controlled substances under this subsection
12 (c), an advanced practice registered nurse certified as a nurse
13 practitioner, nurse midwife, or clinical nurse specialist must
14 obtain a ~~mid-level practitioner~~ controlled substance license.
15 Medication orders shall be reviewed periodically by the
16 appropriate hospital affiliate physicians committee or its
17 physician designee.

18 The hospital affiliate shall file with the Department
19 notice of a grant of prescriptive authority consistent with
20 this subsection (c) and termination of such a grant of
21 authority, in accordance with rules of the Department. Upon
22 receipt of this notice of grant of authority to prescribe any
23 Schedule II through V controlled substances, the licensed
24 advanced practice registered nurse certified as a nurse
25 practitioner, nurse midwife, or clinical nurse specialist may
26 register for a mid-level practitioner controlled substance

1 license under Section 303.05 of the Illinois Controlled
2 Substances Act.

3 In addition, a hospital affiliate may, but is not required
4 to, privilege ~~grant authority to~~ an advanced practice
5 registered nurse certified as a nurse practitioner, nurse
6 midwife, or clinical nurse specialist to prescribe any Schedule
7 II controlled substances, if all of the following conditions
8 apply:

9 (1) specific Schedule II controlled substances by oral
10 dosage or topical or transdermal application may be
11 designated, provided that the designated Schedule II
12 controlled substances are routinely prescribed by advanced
13 practice registered nurses in their area of certification;
14 the privileging documents ~~this grant of authority~~ must
15 identify the specific Schedule II controlled substances by
16 either brand name or generic name; privileges ~~authority~~ to
17 prescribe or dispense Schedule II controlled substances to
18 be delivered by injection or other route of administration
19 may not be granted;

20 (2) any privileges ~~grant of authority~~ must be
21 controlled substances limited to the practice of the
22 advanced practice registered nurse;

23 (3) any prescription must be limited to no more than a
24 30-day supply;

25 (4) the advanced practice registered nurse must
26 discuss the condition of any patients for whom a controlled

1 substance is prescribed monthly with the appropriate
2 physician committee of the hospital affiliate or its
3 physician designee; and

4 (5) the advanced practice registered nurse must meet
5 the education requirements of Section 303.05 of the
6 Illinois Controlled Substances Act.

7 (d) An advanced practice registered nurse meeting the
8 requirements of Section 65-43 may be privileged to prescribe
9 controlled substances categorized as Schedule II through V in
10 accordance with Section 65-43.

11 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15.)

12 (225 ILCS 65/65-50) (was 225 ILCS 65/15-30)

13 (Section scheduled to be repealed on January 1, 2018)

14 Sec. 65-50. APRN ~~APN~~ title.

15 (a) No person shall use any words, abbreviations, figures,
16 letters, title, sign, card, or device tending to imply that he
17 or she is an advanced practice registered nurse, including, but
18 not limited to, using the titles or initials "Advanced Practice
19 Registered Nurse", "Advanced Practice Registered Nurse",
20 "Certified Nurse Midwife", "Certified Nurse Practitioner",
21 "Certified Registered Nurse Anesthetist", "Clinical Nurse
22 Specialist", "A.P.R.N." ~~"A.P.N."~~, "C.N.M.", "C.N.P.",
23 "C.R.N.A.", "C.N.S.", or similar titles or initials, with the
24 intention of indicating practice as an advanced practice
25 registered nurse without meeting the requirements of this Act.

1 For purposes of this provision, the terms "advanced practice
2 nurse" and "A.P.N." are considered to be similar titles or
3 initials protected by this subsection (a). No advanced practice
4 registered nurse licensed under this Act may use the title
5 "doctor" or "physician" in paid or approved advertising. Any
6 advertising must contain the appropriate advanced practice
7 registered nurse credentials.

8 (b) No advanced practice registered nurse shall indicate to
9 other persons that he or she is qualified to engage in the
10 practice of medicine.

11 (c) An advanced practice registered nurse shall verbally
12 identify himself or herself as an advanced practice registered
13 nurse, including specialty certification, to each patient. If
14 an advanced practice registered nurse has a doctorate degree,
15 when identifying himself or herself as "doctor" in a clinical
16 setting, the advanced practice registered nurse must clearly
17 state that his or her educational preparation is not in
18 medicine and that he or she is not a medical doctor or
19 physician.

20 (d) Nothing in this Act shall be construed to relieve an
21 advanced practice registered nurse of the professional or legal
22 responsibility for the care and treatment of persons attended
23 by him or her.

24 (Source: P.A. 95-639, eff. 10-5-07.)

1 (Section scheduled to be repealed on January 1, 2018)

2 Sec. 65-55. Advertising as an APRN ~~APN~~.

3 (a) A person licensed under this Act as an advanced
4 practice registered nurse may advertise the availability of
5 professional services in the public media or on the premises
6 where the professional services are rendered. The advertising
7 shall be limited to the following information:

8 (1) publication of the person's name, title, office
9 hours, address, and telephone number;

10 (2) information pertaining to the person's areas of
11 specialization, including, but not limited to, appropriate
12 national board ~~board~~ certification or limitation of professional
13 practice;

14 (3) publication of the person's collaborating
15 physician's or, ~~dentist's, or podiatric physician's~~ name,
16 title, if such is required, and areas of specialization;

17 (4) information on usual and customary fees for routine
18 professional services offered, which shall include
19 notification that fees may be adjusted due to complications
20 or unforeseen circumstances;

21 (5) announcements of the opening of, change of, absence
22 from, or return to business;

23 (6) announcement of additions to or deletions from
24 professional licensed staff; and

25 (7) the issuance of business or appointment cards.

26 (b) It is unlawful for a person licensed under this Act ~~as~~

1 ~~an advanced practice nurse~~ to use ~~testimonials or~~ claims of
2 superior quality of care to entice the public. It shall be
3 unlawful to advertise fee comparisons of available services
4 with those of other licensed persons.

5 (c) This Article does not authorize the advertising of
6 professional services that the offeror of the services is not
7 licensed or authorized to render. Nor shall the advertiser use
8 statements that contain false, fraudulent, deceptive, or
9 misleading material or guarantees of success, statements that
10 play upon the vanity or fears of the public, or statements that
11 promote or produce unfair competition.

12 (d) It is unlawful and punishable under the penalty
13 provisions of this Act for a person licensed under this Article
14 to knowingly advertise that the licensee will accept as payment
15 for services rendered by assignment from any third party payor
16 the amount the third party payor covers as payment in full, if
17 the effect is to give the impression of eliminating the need of
18 payment by the patient of any required deductible or copayment
19 applicable in the patient's health benefit plan.

20 (e) A licensee shall include in every advertisement for
21 services regulated under this Act his or her title as it
22 appears on the license or the initials authorized under this
23 Act.

24 (f) As used in this Section, "advertise" means solicitation
25 by the licensee or through another person or entity by means of
26 handbills, posters, circulars, motion pictures, radio,

1 newspapers, or television or any other manner.

2 (Source: P.A. 98-214, eff. 8-9-13.)

3 (225 ILCS 65/65-60) (was 225 ILCS 65/15-45)

4 (Section scheduled to be repealed on January 1, 2018)

5 Sec. 65-60. Continuing education. The Department shall
6 adopt rules of continuing education for persons licensed under
7 this Article as advanced practice registered nurses that
8 require 80 ~~50~~ hours of continuing education per 2-year license
9 renewal cycle. Completion of the 80 ~~50~~ hours of continuing
10 education shall be deemed to satisfy the continuing education
11 requirements for renewal of a registered professional nurse
12 license as required by this Act.

13 The 80 hours of continuing education required under this
14 Section shall be completed as follows:

15 (1) A minimum of 50 hours of the continuing education
16 shall be obtained in continuing education programs as
17 determined by rule that shall include no less than 20 hours
18 of pharmacotherapeutics, including 10 hours of opioid
19 prescribing or substance abuse education. Continuing
20 education programs may be conducted or endorsed by
21 educational institutions, hospitals, specialist
22 associations, facilities, or other organizations approved
23 to offer continuing education under this Act or rules and
24 shall be in the advanced practice registered nurse's
25 specialty.

1 (2) A maximum of 30 hours of credit may be obtained by
2 presentations in the advanced practice registered nurse's
3 clinical specialty, evidence-based practice, or quality
4 improvement projects, publications, research projects, or
5 preceptor hours as determined by rule.

6 The rules adopted regarding continuing education shall be
7 consistent to the extent possible with requirements of relevant
8 national certifying bodies or State or national professional
9 associations.

10 The rules shall not be inconsistent with requirements of
11 relevant national certifying bodies or State or national
12 professional associations. The rules shall also address
13 variances in part or in whole for good cause, including but not
14 limited to illness or hardship. The continuing education rules
15 shall assure that licensees are given the opportunity to
16 participate in programs sponsored by or through their State or
17 national professional associations, hospitals, or other
18 providers of continuing education. Each licensee is
19 responsible for maintaining records of completion of
20 continuing education and shall be prepared to produce the
21 records when requested by the Department.

22 (Source: P.A. 95-639, eff. 10-5-07.)

23 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

24 (Section scheduled to be repealed on January 1, 2018)

25 Sec. 65-65. Reports relating to APRN ~~APN~~ professional

1 conduct and capacity.

2 (a) Entities Required to Report.

3 (1) Health Care Institutions. The chief administrator
4 or executive officer of a health care institution licensed
5 by the Department of Public Health, which provides the
6 minimum due process set forth in Section 10.4 of the
7 Hospital Licensing Act, shall report to the Board when an
8 advanced practice registered nurse's organized
9 professional staff clinical privileges are terminated or
10 are restricted based on a final determination, in
11 accordance with that institution's bylaws or rules and
12 regulations, that (i) a person has either committed an act
13 or acts that may directly threaten patient care and that
14 are not of an administrative nature or (ii) that a person
15 may have a mental or physical disability that may endanger
16 patients under that person's care. The chief administrator
17 or officer shall also report if an advanced practice
18 registered nurse accepts voluntary termination or
19 restriction of clinical privileges in lieu of formal action
20 based upon conduct related directly to patient care and not
21 of an administrative nature, or in lieu of formal action
22 seeking to determine whether a person may have a mental or
23 physical disability that may endanger patients under that
24 person's care. The Department Board shall provide by rule
25 for the reporting to it of all instances in which a person
26 licensed under this Article, who is impaired by reason of

1 age, drug, or alcohol abuse or physical or mental
2 impairment, is under supervision and, where appropriate,
3 is in a program of rehabilitation. Reports submitted under
4 this subsection shall be strictly confidential and may be
5 reviewed and considered only by the members of the Board or
6 authorized staff as provided by rule of the Department
7 ~~Board~~. Provisions shall be made for the periodic report of
8 the status of any such reported person not less than twice
9 annually in order that the Board shall have current
10 information upon which to determine the status of that
11 person. Initial and periodic reports of impaired advanced
12 practice registered nurses shall not be considered records
13 within the meaning of the State Records Act and shall be
14 disposed of, following a determination by the Board that
15 such reports are no longer required, in a manner and at an
16 appropriate time as the Board shall determine by rule. The
17 filing of reports submitted under this subsection shall be
18 construed as the filing of a report for purposes of
19 subsection (c) of this Section.

20 (2) Professional Associations. The President or chief
21 executive officer of an association or society of persons
22 licensed under this Article, operating within this State,
23 shall report to the Board when the association or society
24 renders a final determination that a person licensed under
25 this Article has committed unprofessional conduct related
26 directly to patient care or that a person may have a mental

1 or physical disability that may endanger patients under the
2 person's care.

3 (3) Professional Liability Insurers. Every insurance
4 company that offers policies of professional liability
5 insurance to persons licensed under this Article, or any
6 other entity that seeks to indemnify the professional
7 liability of a person licensed under this Article, shall
8 report to the Board the settlement of any claim or cause of
9 action, or final judgment rendered in any cause of action,
10 that alleged negligence in the furnishing of patient care
11 by the licensee when the settlement or final judgment is in
12 favor of the plaintiff.

13 (4) State's Attorneys. The State's Attorney of each
14 county shall report to the Board all instances in which a
15 person licensed under this Article is convicted or
16 otherwise found guilty of the commission of a felony.

17 (5) State Agencies. All agencies, boards, commissions,
18 departments, or other instrumentalities of the government
19 of this State shall report to the Board any instance
20 arising in connection with the operations of the agency,
21 including the administration of any law by the agency, in
22 which a person licensed under this Article has either
23 committed an act or acts that may constitute a violation of
24 this Article, that may constitute unprofessional conduct
25 related directly to patient care, or that indicates that a
26 person licensed under this Article may have a mental or

1 physical disability that may endanger patients under that
2 person's care.

3 (b) Mandatory Reporting. All reports required under items
4 (16) and (17) of subsection (a) of Section 70-5 shall be
5 submitted to the Board in a timely fashion. The reports shall
6 be filed in writing within 60 days after a determination that a
7 report is required under this Article. All reports shall
8 contain the following information:

9 (1) The name, address, and telephone number of the
10 person making the report.

11 (2) The name, address, and telephone number of the
12 person who is the subject of the report.

13 (3) The name or other means of identification of any
14 patient or patients whose treatment is a subject of the
15 report, except that no medical records may be revealed
16 without the written consent of the patient or patients.

17 (4) A brief description of the facts that gave rise to
18 the issuance of the report, including, but not limited to,
19 the dates of any occurrences deemed to necessitate the
20 filing of the report.

21 (5) If court action is involved, the identity of the
22 court in which the action is filed, the docket number, and
23 date of filing of the action.

24 (6) Any further pertinent information that the
25 reporting party deems to be an aid in the evaluation of the
26 report.

1 Nothing contained in this Section shall be construed to in
2 any way waive or modify the confidentiality of medical reports
3 and committee reports to the extent provided by law. Any
4 information reported or disclosed shall be kept for the
5 confidential use of the Board, the Board's attorneys, the
6 investigative staff, and authorized clerical staff and shall be
7 afforded the same status as is provided information concerning
8 medical studies in Part 21 of Article VIII of the Code of Civil
9 Procedure.

10 (c) Immunity from Prosecution. An individual or
11 organization acting in good faith, and not in a willful ~~wilful~~
12 and wanton manner, in complying with this Section by providing
13 a report or other information to the Board, by assisting in the
14 investigation or preparation of a report or information, by
15 participating in proceedings of the Board, or by serving as a
16 member of the Board shall not, as a result of such actions, be
17 subject to criminal prosecution or civil damages.

18 (d) Indemnification. Members of the Board, the Board's
19 attorneys, the investigative staff, advanced practice
20 registered nurses or physicians retained under contract to
21 assist and advise in the investigation, and authorized clerical
22 staff shall be indemnified by the State for any actions (i)
23 occurring within the scope of services on the Board, (ii)
24 performed in good faith, and (iii) not willful ~~wilful~~ and
25 wanton in nature. The Attorney General shall defend all actions
26 taken against those persons unless he or she determines either

1 that there would be a conflict of interest in the
2 representation or that the actions complained of were not
3 performed in good faith or were willful ~~wilful~~ and wanton in
4 nature. If the Attorney General declines representation, the
5 member shall have the right to employ counsel of his or her
6 choice, whose fees shall be provided by the State, after
7 approval by the Attorney General, unless there is a
8 determination by a court that the member's actions were not
9 performed in good faith or were willful ~~wilful~~ and wanton in
10 nature. The member shall notify the Attorney General within 7
11 days of receipt of notice of the initiation of an action
12 involving services of the Board. Failure to so notify the
13 Attorney General shall constitute an absolute waiver of the
14 right to a defense and indemnification. The Attorney General
15 shall determine within 7 days after receiving the notice
16 whether he or she will undertake to represent the member.

17 (e) Deliberations of Board. Upon the receipt of a report
18 called for by this Section, other than those reports of
19 impaired persons licensed under this Article required pursuant
20 to the rules of the Board, the Board shall notify in writing by
21 certified or registered mail or by email to the email address
22 of record the person who is the subject of the report. The
23 notification shall be made within 30 days of receipt by the
24 Board of the report. The notification shall include a written
25 notice setting forth the person's right to examine the report.
26 Included in the notification shall be the address at which the

1 file is maintained, the name of the custodian of the reports,
2 and the telephone number at which the custodian may be reached.
3 The person who is the subject of the report shall submit a
4 written statement responding to, clarifying, adding to, or
5 proposing to amend the report previously filed. The statement
6 shall become a permanent part of the file and shall be received
7 by the Board no more than 30 days after the date on which the
8 person was notified of the existence of the original report.
9 The Board shall review all reports received by it and any
10 supporting information and responding statements submitted by
11 persons who are the subject of reports. The review by the Board
12 shall be in a timely manner but in no event shall the Board's
13 initial review of the material contained in each disciplinary
14 file be less than 61 days nor more than 180 days after the
15 receipt of the initial report by the Board. When the Board
16 makes its initial review of the materials contained within its
17 disciplinary files, the Board shall, in writing, make a
18 determination as to whether there are sufficient facts to
19 warrant further investigation or action. Failure to make that
20 determination within the time provided shall be deemed to be a
21 determination that there are not sufficient facts to warrant
22 further investigation or action. Should the Board find that
23 there are not sufficient facts to warrant further investigation
24 or action, the report shall be accepted for filing and the
25 matter shall be deemed closed and so reported. The individual
26 or entity filing the original report or complaint and the

1 person who is the subject of the report or complaint shall be
2 notified in writing by the Board of any final action on their
3 report or complaint.

4 (f) (Blank). ~~Summary Reports. The Board shall prepare, on a~~
5 ~~timely basis, but in no event less than one every other month,~~
6 ~~a summary report of final actions taken upon disciplinary files~~
7 ~~maintained by the Board. The summary reports shall be made~~
8 ~~available to the public upon request and payment of the fees~~
9 ~~set by the Department. This publication may be made available~~
10 ~~to the public on the Department's Internet website.~~

11 (g) Any violation of this Section shall constitute a Class
12 A misdemeanor.

13 (h) If a person violates the provisions of this Section, an
14 action may be brought in the name of the People of the State of
15 Illinois, through the Attorney General of the State of
16 Illinois, for an order enjoining the violation or for an order
17 enforcing compliance with this Section. Upon filing of a
18 ~~verified~~ petition in court, the court may issue a temporary
19 restraining order without notice or bond and may preliminarily
20 or permanently enjoin the violation, and if it is established
21 that the person has violated or is violating the injunction,
22 the court may punish the offender for contempt of court.
23 Proceedings under this subsection shall be in addition to, and
24 not in lieu of, all other remedies and penalties provided for
25 by this Section.

26 (Source: P.A. 99-143, eff. 7-27-15.)

1 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)
2 (Section scheduled to be repealed on January 1, 2018)
3 Sec. 70-5. Grounds for disciplinary action.

4 (a) The Department may refuse to issue or to renew, or may
5 revoke, suspend, place on probation, reprimand, or take other
6 disciplinary or non-disciplinary action as the Department may
7 deem appropriate, including fines not to exceed \$10,000 per
8 violation, with regard to a license for any one or combination
9 of the causes set forth in subsection (b) below. All fines
10 collected under this Section shall be deposited in the Nursing
11 Dedicated and Professional Fund.

12 (b) Grounds for disciplinary action include the following:

13 (1) Material deception in furnishing information to
14 the Department.

15 (2) Material violations of any provision of this Act or
16 violation of the rules of or final administrative action of
17 the Secretary, after consideration of the recommendation
18 of the Board.

19 (3) Conviction by plea of guilty or nolo contendere,
20 finding of guilt, jury verdict, or entry of judgment or by
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: (i) that
25 is a felony; or (ii) that is a misdemeanor, an essential

1 element of which is dishonesty, or that is directly related
2 to the practice of the profession.

3 (4) A pattern of practice or other behavior which
4 demonstrates incapacity or incompetency to practice under
5 this Act.

6 (5) Knowingly aiding or assisting another person in
7 violating any provision of this Act or rules.

8 (6) Failing, within 90 days, to provide a response to a
9 request for information in response to a written request
10 made by the Department by certified or registered mail or
11 by email to the email address of record.

12 (7) Engaging in dishonorable, unethical or
13 unprofessional conduct of a character likely to deceive,
14 defraud or harm the public, as defined by rule.

15 (8) Unlawful taking, theft, selling, distributing, or
16 manufacturing of any drug, narcotic, or prescription
17 device.

18 (9) Habitual or excessive use or addiction to alcohol,
19 narcotics, stimulants, or any other chemical agent or drug
20 that could result in a licensee's inability to practice
21 with reasonable judgment, skill or safety.

22 (10) Discipline by another U.S. jurisdiction or
23 foreign nation, if at least one of the grounds for the
24 discipline is the same or substantially equivalent to those
25 set forth in this Section.

26 (11) A finding that the licensee, after having her or

1 his license placed on probationary status or subject to
2 conditions or restrictions, has violated the terms of
3 probation or failed to comply with such terms or
4 conditions.

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

12 (13) Willful omission to file or record, or willfully
13 impeding the filing or recording or inducing another person
14 to omit to file or record medical reports as required by
15 law.

16 (13.5) Willfully ~~or willfully~~ failing to report an
17 instance of suspected child abuse or neglect as required by
18 the Abused and Neglected Child Reporting Act.

19 (14) Gross negligence in the practice of practical,
20 professional, or advanced practice registered nursing.

21 (15) Holding oneself out to be practicing nursing under
22 any name other than one's own.

23 (16) Failure of a licensee to report to the Department
24 any adverse final action taken against him or her by
25 another licensing jurisdiction of the United States or any
26 foreign state or country, any peer review body, any health

1 care institution, any professional or nursing society or
2 association, any governmental agency, any law enforcement
3 agency, or any court or a nursing liability claim related
4 to acts or conduct similar to acts or conduct that would
5 constitute grounds for action as defined in this Section.

6 (17) Failure of a licensee to report to the Department
7 surrender by the licensee of a license or authorization to
8 practice nursing or advanced practice registered nursing
9 in another state or jurisdiction or current surrender by
10 the licensee of membership on any nursing staff or in any
11 nursing or advanced practice registered nursing or
12 professional association or society while under
13 disciplinary investigation by any of those authorities or
14 bodies for acts or conduct similar to acts or conduct that
15 would constitute grounds for action as defined by this
16 Section.

17 (18) Failing, within 60 days, to provide information in
18 response to a written request made by the Department.

19 (19) Failure to establish and maintain records of
20 patient care and treatment as required by law.

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

24 (21) Allowing another person or organization to use the
25 licensees' license to deceive the public.

26 (22) Willfully making or filing false records or

1 reports in the licensee's practice, including but not
2 limited to false records to support claims against the
3 medical assistance program of the Department of Healthcare
4 and Family Services (formerly Department of Public Aid)
5 under the Illinois Public Aid Code.

6 (23) Attempting to subvert or cheat on a licensing
7 examination administered under this Act.

8 (24) Immoral conduct in the commission of an act,
9 including, but not limited to, sexual abuse, sexual
10 misconduct, or sexual exploitation, related to the
11 licensee's practice.

12 (25) Willfully or negligently violating the
13 confidentiality between nurse and patient except as
14 required by law.

15 (26) Practicing under a false or assumed name, except
16 as provided by law.

17 (27) The use of any false, fraudulent, or deceptive
18 statement in any document connected with the licensee's
19 practice.

20 (28) Directly or indirectly giving to or receiving from
21 a person, firm, corporation, partnership, or association a
22 fee, commission, rebate, or other form of compensation for
23 professional services not actually or personally rendered.
24 Nothing in this paragraph (28) 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 (28) shall be construed to
7 require an employment arrangement to receive professional
8 fees for services rendered.

9 (29) A violation of the Health Care Worker
10 Self-Referral Act.

11 (30) Physical illness, ~~including but not limited to~~
12 ~~deterioration through the aging process or loss of motor~~
13 ~~skill,~~ mental illness, or disability that results in the
14 inability to practice the profession with reasonable
15 judgment, skill, or safety.

16 (31) Exceeding the terms of a collaborative agreement
17 or the prescriptive authority delegated to a licensee by
18 his or her collaborating physician or podiatric physician
19 in guidelines established under a written collaborative
20 agreement.

21 (32) Making a false or misleading statement regarding a
22 licensee's skill or the efficacy or value of the medicine,
23 treatment, or remedy prescribed by him or her in the course
24 of treatment.

25 (33) Prescribing, selling, administering,
26 distributing, giving, or self-administering a drug

1 classified as a controlled substance (designated product)
2 or narcotic for other than medically accepted therapeutic
3 purposes.

4 (34) Promotion of the sale of drugs, devices,
5 appliances, or goods provided for a patient in a manner to
6 exploit the patient for financial gain.

7 (35) Violating State or federal laws, rules, or
8 regulations relating to controlled substances.

9 (36) Willfully or negligently violating the
10 confidentiality between an advanced practice registered
11 nurse, collaborating physician, dentist, or podiatric
12 physician and a patient, except as required by law.

13 (37) Willfully failing to report an instance of
14 suspected abuse, neglect, financial exploitation, or
15 self-neglect of an eligible adult as defined in and
16 required by the Adult Protective Services Act.

17 (38) Being named as an abuser in a verified report by
18 the Department on Aging and under the Adult Protective
19 Services Act, and upon proof by clear and convincing
20 evidence that the licensee abused, neglected, or
21 financially exploited an eligible adult as defined in the
22 Adult Protective Services Act.

23 (39) ~~(37)~~ A violation of any provision of this Act or
24 any rules adopted ~~promulgated~~ under this Act.

25 (c) The determination by a circuit court that a licensee is
26 subject to involuntary admission or judicial admission as

1 provided in the Mental Health and Developmental Disabilities
2 Code, as amended, operates as an automatic suspension. The
3 suspension will end only upon a finding by a court that the
4 patient is no longer subject to involuntary admission or
5 judicial admission and issues an order so finding and
6 discharging the patient; and upon the recommendation of the
7 Board to the Secretary that the licensee be allowed to resume
8 his or her practice.

9 (d) The Department may refuse to issue or may suspend or
10 otherwise discipline the license of any person who fails to
11 file a return, or to pay the tax, penalty or interest shown in
12 a filed return, or to pay any final assessment of the tax,
13 penalty, or interest as required by any tax Act administered by
14 the Department of Revenue, until such time as the requirements
15 of any such tax Act are satisfied.

16 (e) In enforcing this Act, the Department ~~or Board~~, upon a
17 showing of a possible violation, may compel an individual
18 licensed to practice under this Act or who has applied for
19 licensure under this Act, to submit to a mental or physical
20 examination, or both, as required by and at the expense of the
21 Department. The Department ~~or Board~~ may order the examining
22 physician to present testimony concerning the mental or
23 physical examination of the licensee or applicant. No
24 information shall be excluded by reason of any common law or
25 statutory privilege relating to communications between the
26 licensee or applicant and the examining physician. The

1 examining physicians shall be specifically designated by the
2 ~~Board or~~ Department. The individual to be examined may have, at
3 his or her own expense, another physician of his or her choice
4 present during all aspects of this examination. Failure of an
5 individual to submit to a mental or physical examination, when
6 directed, shall result in an automatic suspension without
7 hearing.

8 All substance-related violations shall mandate an
9 automatic substance abuse assessment. Failure to submit to an
10 assessment by a licensed physician who is certified as an
11 addictionist or an advanced practice registered nurse with
12 specialty certification in addictions may be grounds for an
13 automatic suspension, as defined by rule.

14 If the Department ~~or Board~~ finds an individual unable to
15 practice or unfit for duty because of the reasons set forth in
16 this subsection (e) ~~Section~~, the Department ~~or Board~~ may
17 require that individual to submit to a substance abuse
18 evaluation or treatment by individuals or programs approved or
19 designated by the Department ~~or Board~~, as a condition, term, or
20 restriction for continued, restored ~~reinstated~~, or renewed
21 licensure to practice; or, in lieu of evaluation or treatment,
22 the Department may file, or the Board may recommend to the
23 Department to file, a complaint to immediately suspend, revoke,
24 or otherwise discipline the license of the individual. An
25 individual whose license was granted, continued, restored
26 ~~reinstated~~, renewed, disciplined or supervised subject to such

1 terms, conditions, or restrictions, and who fails to comply
2 with such terms, conditions, or restrictions, shall be referred
3 to the Secretary for a determination as to whether the
4 individual shall have his or her license suspended immediately,
5 pending a hearing by the Department.

6 In instances in which the Secretary immediately suspends a
7 person's license under this subsection (e) ~~Section~~, a hearing
8 on that person's license must be convened by the Department
9 within 15 days after the suspension and completed without
10 appreciable delay. The Department and Board shall have the
11 authority to review the subject individual's record of
12 treatment and counseling regarding the impairment to the extent
13 permitted by applicable federal statutes and regulations
14 safeguarding the confidentiality of medical records.

15 An individual licensed under this Act and affected under
16 this subsection (e) ~~Section~~ shall be afforded an opportunity to
17 demonstrate to the Department that he or she can resume
18 practice in compliance with nursing standards under the
19 provisions of his or her license.

20 (Source: P.A. 98-214, eff. 8-9-13.)

21 (225 ILCS 65/70-10) (was 225 ILCS 65/10-50)

22 (Section scheduled to be repealed on January 1, 2018)

23 Sec. 70-10. Intoxication and drug abuse.

24 (a) Any nurse who is an administrator or officer in any
25 hospital, nursing home, other health care agency or facility,

1 or nurse agency and has knowledge of any action or condition
2 which reasonably indicates that a registered professional
3 nurse or licensed practical nurse is impaired due to the use of
4 alcohol or mood altering drugs to the extent that such
5 impairment adversely affects such nurse's professional
6 performance, or unlawfully possesses, uses, distributes or
7 converts mood altering drugs belonging to the place of
8 employment, shall promptly report the individual to the
9 Department or designee of the Department; provided however, an
10 administrator or officer need not file the report if the nurse
11 participates in a course of remedial professional counseling or
12 medical treatment for substance abuse, as long as such nurse
13 actively pursues such treatment under monitoring by the
14 administrator or officer or by the hospital, nursing home,
15 health care agency or facility, or nurse agency and the nurse
16 continues to be employed by such hospital, nursing home, health
17 care agency or facility, or nurse agency. The Department shall
18 review all reports received by it in a timely manner. Its
19 initial review shall be completed no later than 60 days after
20 receipt of the report. Within this 60 day period, the
21 Department shall, in writing, make a determination as to
22 whether there are sufficient facts to warrant further
23 investigation or action. Any nurse participating in mandatory
24 reporting to the Department under this Section or in good faith
25 assisting another person in making such a report shall have
26 immunity from any liability, either criminal or civil, that

1 might result by reason of such action.

2 Should the Department find insufficient facts to warrant
3 further investigation, or action, the report shall be accepted
4 for filing and the matter shall be deemed closed and so
5 reported.

6 Should the Department find sufficient facts to warrant
7 further investigation, such investigation shall be completed
8 within 60 days of the date of the determination of sufficient
9 facts to warrant further investigation or action. Final action
10 shall be determined no later than 30 days after the completion
11 of the investigation. If there is a finding which verifies
12 habitual intoxication or drug addiction which adversely
13 affects professional performance or the unlawful possession,
14 use, distribution or conversion of habit-forming drugs by the
15 reported nurse, the Department may refuse to issue or renew or
16 may suspend or revoke that nurse's license as a registered
17 professional nurse or a licensed practical nurse.

18 Any of the aforementioned actions or a determination that
19 there are insufficient facts to warrant further investigation
20 or action shall be considered a final action. The nurse
21 administrator or officer who filed the original report or
22 complaint, and the nurse who is the subject of the report,
23 shall be notified in writing by the Department within 15 days
24 of any final action taken by the Department.

25 (b) (Blank). ~~Each year on March 1, the Department shall~~
26 ~~submit a report to the General Assembly. The report shall~~

1 ~~include the number of reports made under this Section to the~~
2 ~~Department during the previous year, the number of reports~~
3 ~~reviewed and found insufficient to warrant further~~
4 ~~investigation, the number of reports not completed and the~~
5 ~~reasons for incompleteness. This report shall be made available~~
6 ~~also to nurses requesting the report.~~

7 (c) Any person making a report under this Section or in
8 good faith assisting another person in making such a report
9 shall have immunity from any liability, either criminal or
10 civil, that might result by reason of such action. For the
11 purpose of any legal proceeding, criminal or civil, there shall
12 be a rebuttable presumption that any person making a report
13 under this Section or assisting another person in making such
14 report was acting in good faith. All such reports and any
15 information disclosed to or collected by the Department
16 pursuant to this Section shall remain confidential records of
17 the Department and shall not be disclosed nor be subject to any
18 law or rule ~~regulation~~ of this State relating to freedom of
19 information or public disclosure of records.

20 (Source: P.A. 95-639, eff. 10-5-07.)

21 (225 ILCS 65/70-20) (was 225 ILCS 65/20-13)

22 (Section scheduled to be repealed on January 1, 2018)

23 Sec. 70-20. Suspension of license ~~or registration~~ for
24 failure to pay restitution. The Department, without further
25 process or hearing, shall suspend the license or other

1 authorization to practice of any person issued under this Act
2 who has been certified by court order as not having paid
3 restitution to a person under Section 8A-3.5 of the Illinois
4 Public Aid Code or under Section 17-10.5 or 46-1 of the
5 Criminal Code of 1961 or the Criminal Code of 2012. A person
6 whose license or other authorization to practice is suspended
7 under this Section is prohibited from practicing until the
8 restitution is made in full.

9 (Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

10 (225 ILCS 65/70-35) (was 225 ILCS 65/20-31)

11 (Section scheduled to be repealed on January 1, 2018)

12 Sec. 70-35. Licensure requirements; internet site. The
13 Department shall make available to the public the requirements
14 for licensure ~~in English and Spanish~~ on the internet through
15 the Department's World Wide Web site. This information shall
16 include the requirements for licensure of individuals
17 currently residing in another state or territory of the United
18 States or a foreign country, territory, or province. The
19 Department shall establish an e-mail link to the Department for
20 information on the requirements for licensure, ~~with replies~~
21 ~~available in English and Spanish.~~

22 (Source: P.A. 95-639, eff. 10-5-07.)

23 (225 ILCS 65/70-40) (was 225 ILCS 65/20-32)

24 (Section scheduled to be repealed on January 1, 2018)

1 Sec. 70-40. Educational resources; internet link. The
2 Department may ~~shall~~ work with the Board, the Board of Higher
3 Education, the Illinois Student Assistance Commission,
4 Statewide organizations, and community-based organizations to
5 develop a list of Department-approved nursing programs and
6 other educational resources related to the Test of English as a
7 Foreign Language and the Commission on Graduates of Foreign
8 Nursing Schools Examination. The Department shall provide a
9 link to a list of these resources, ~~in English and Spanish,~~ on
10 the Department's World Wide Web site.

11 (Source: P.A. 95-639, eff. 10-5-07.)

12 (225 ILCS 65/70-50) (was 225 ILCS 65/20-40)

13 (Section scheduled to be repealed on January 1, 2018)

14 Sec. 70-50. Fund.

15 (a) There is hereby created within the State Treasury the
16 Nursing Dedicated and Professional Fund. The monies in the Fund
17 may be used by and at the direction of the Department for the
18 administration and enforcement of this Act, including, but not
19 limited to:

20 (1) Distribution and publication of this Act and rules.

21 (2) Employment of secretarial, nursing,
22 administrative, enforcement, and other staff for the
23 administration of this Act.

24 (b) Disposition of fees:

25 (1) \$5 of every licensure fee shall be placed in a fund

1 for assistance to nurses enrolled in a diversionary program
2 as approved by the Department.

3 (2) All of the fees, fines, and penalties collected
4 pursuant to this Act shall be deposited in the Nursing
5 Dedicated and Professional Fund.

6 (3) Each fiscal year, the moneys deposited in the
7 Nursing Dedicated and Professional Fund shall be
8 appropriated to the Department for expenses of the
9 Department and the Board in the administration of this Act.
10 All earnings received from investment of moneys in the
11 Nursing Dedicated and Professional Fund shall be deposited
12 in the Nursing Dedicated and Professional Fund and shall be
13 used for the same purposes as fees deposited in the Fund.

14 (4) For the fiscal year beginning July 1, 2009 and for
15 each fiscal year thereafter, \$2,000,000 of the moneys
16 deposited in the Nursing Dedicated and Professional Fund
17 each year shall be set aside and appropriated to the
18 Department of Public Health for nursing scholarships
19 awarded pursuant to the Nursing Education Scholarship Law.
20 ~~Representatives of the Department and the Nursing~~
21 ~~Education Scholarship Program Advisory Council shall~~
22 ~~review this requirement and the scholarship awards every 2~~
23 ~~years.~~

24 (5) Moneys in the Fund may be transferred to the
25 Professions Indirect Cost Fund as authorized under Section
26 2105-300 of the Department of Professional Regulation Law

1 (20 ILCS 2105/2105-300).

2 (c) Moneys set aside for nursing scholarships awarded
3 pursuant to the Nursing Education Scholarship Law as provided
4 in item (4) of subsection (b) of this Section may not be
5 transferred under Section 8h of the State Finance Act.

6 (Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07;
7 96-328, eff. 8-11-09; 96-805, eff. 10-30-09.)

8 (225 ILCS 65/70-60) (was 225 ILCS 65/20-55)

9 (Section scheduled to be repealed on January 1, 2018)

10 Sec. 70-60. Summary suspension; imminent danger. The
11 Secretary of the Department may, upon receipt of a written
12 communication from the Secretary of Human Services, the
13 Director of Healthcare and Family Services (formerly Director
14 of Public Aid), or the Director of Public Health that
15 continuation of practice of a person licensed under this Act
16 constitutes an immediate danger to the public, immediately
17 suspend the license of such person without a hearing. In
18 instances in which the Secretary immediately suspends a license
19 under this Section, a hearing upon such person's license must
20 be convened by the Department within 30 days after such
21 suspension and completed without appreciable delay, such
22 hearing held to determine whether to recommend to the Secretary
23 that the person's license be revoked, suspended, placed on
24 probationary status or restored ~~reinstated~~, or such person be
25 subject to other disciplinary action. In such hearing, the

1 written communication and any other evidence submitted
2 therewith may be introduced as evidence against such person;
3 provided, however, the person, or his or her counsel, shall
4 have the opportunity to discredit or impeach and submit
5 evidence rebutting such evidence.

6 (Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07.)

7 (225 ILCS 65/70-75) (was 225 ILCS 65/20-75)

8 (Section scheduled to be repealed on January 1, 2018)

9 Sec. 70-75. Injunctive remedies.

10 (a) If any person violates the provision of this Act, the
11 Secretary may, in the name of the People of the State of
12 Illinois, through the Attorney General of the State of
13 Illinois, or the State's Attorney of any county in which the
14 action is brought, petition for an order enjoining such
15 violation or for an order enforcing compliance with this Act.
16 Upon the filing of a ~~verified~~ petition in court, the court may
17 issue a temporary restraining order, without notice or bond,
18 and may preliminarily and permanently enjoin such violation,
19 and if it is established that such person has violated or is
20 violating the injunction, the court may punish the offender for
21 contempt of court. Proceedings under this Section shall be in
22 addition to, and not in lieu of, all other remedies and
23 penalties provided by this Act.

24 (b) If any person shall practice as a nurse or hold herself
25 or himself out as a nurse without being licensed under the

1 provisions of this Act, then any licensed nurse, any interested
2 party, or any person injured thereby may, in addition to the
3 Secretary, petition for relief as provided in subsection (a) of
4 this Section.

5 (b-5) Whoever knowingly practices or offers to practice
6 nursing in this State without a license for that purpose shall
7 be guilty of a Class A misdemeanor and for each subsequent
8 conviction, shall be guilty of a Class 4 felony. All criminal
9 fines, monies, or other property collected or received by the
10 Department under this Section or any other State or federal
11 statute, including, but not limited to, property forfeited to
12 the Department under Section 505 of the Illinois Controlled
13 Substances Act or Section 85 of the Methamphetamine Control and
14 Community Protection Act, shall be deposited into the
15 Professional Regulation Evidence Fund.

16 (c) Whenever in the opinion of the Department any person
17 violates any provision of this Act, the Department may issue a
18 rule to show cause why an order to cease and desist should not
19 be entered against him. The rule shall clearly set forth the
20 grounds relied upon by the Department and shall provide a
21 period of 7 days from the date of the rule to file an answer to
22 the satisfaction of the Department. Failure to answer to the
23 satisfaction of the Department shall cause an order to cease
24 and desist to be issued forthwith.

25 (Source: P.A. 94-556, eff. 9-11-05; 95-639, eff. 10-5-07.)

1 (225 ILCS 65/70-80) (was 225 ILCS 65/20-80)
2 (Section scheduled to be repealed on January 1, 2018)
3 Sec. 70-80. Investigation; notice; hearing.

4 ~~(a) The~~ Prior to bringing an action before the Board, the
5 Department may investigate the actions of any applicant or of
6 any person or persons holding or claiming to hold a license
7 under this Act.

8 (b) The Department shall, before ~~suspending, revoking,~~
9 ~~placing on probationary status, or taking any other~~
10 ~~disciplinary action as the Department may deem proper with~~
11 ~~regard to any license~~ disciplining a license under this Section
12 or refusing to issue a license, at least 30 days prior to the
13 date set for the hearing, (i) notify the accused in writing of
14 any charges made and the time and place for the ~~a~~ hearing of
15 the charges ~~before the Board,~~ (ii) direct her or him to file a
16 written answer to the charges ~~thereto to the Board~~ under oath
17 within 20 days after ~~the service; of such notice~~ and (iii)
18 inform the applicant or licensee that failure if she or he
19 ~~fails to file such~~ answer will result in a default being
20 entered ~~default will be taken~~ against the applicant or
21 licensee. As a result of the default, ~~and~~ such license may be
22 suspended, revoked, placed on probationary status, or have
23 other disciplinary action, including limiting the scope,
24 nature or extent of her or his practice, as the Department may
25 deem proper taken with regard thereto. ~~Such written notice may~~
26 ~~be served by personal delivery or certified or registered mail~~

1 ~~to the respondent at the address of her or his last~~
2 ~~notification to the Department.~~

3 (c) At the time and place fixed in the notice, the
4 Department shall proceed to hear the charges and the parties or
5 their counsel shall be accorded ample opportunity to present
6 any pertinent ~~such~~ statements, testimony, evidence and
7 arguments. ~~argument as may be pertinent to the charges or to~~
8 ~~the defense to the charges.~~ The Department may continue a
9 hearing from time to time. In case the accused person, after
10 receiving notice, fails to file an answer, her or his license
11 may in the discretion of the Secretary, having received first
12 the recommendation of the Board, be suspended, revoked, placed
13 on probationary status, or be subject to whatever disciplinary
14 action the Secretary considers proper ~~the Secretary may take~~
15 ~~whatever disciplinary action as he or she may deem proper,~~
16 including limiting the scope, nature, or extent of said
17 person's practice or the imposition of a fine, without a
18 hearing, if the act or acts charged constitute sufficient
19 grounds for such action under this Act.

20 (d) The written notice and any notice in the subsequent
21 proceeding may be served by personal delivery or regular or
22 certified mail to the respondent at the respondent's address of
23 record or by email to the respondent's email address of record.

24 (e) The Secretary has the authority to appoint any attorney
25 licensed to practice law in the State of Illinois to serve as
26 the hearing officer in any action for refusal to issue,

1 restore, or renew a license or to discipline a licensee. The
2 hearing officer has full authority to conduct the hearing. The
3 Board may have a member or members present at any hearing. The
4 Board members shall have equal or greater licensing
5 qualifications than those of the licensee being prosecuted.

6 (Source: P.A. 95-639, eff. 10-5-07.)

7 (225 ILCS 65/70-81 new)

8 Sec. 70-81. Confidentiality. All information collected by
9 the Department in the course of an examination or investigation
10 of a licensee or applicant, including, but not limited to, any
11 complaint against a licensee filed with the Department and
12 information collected to investigate any such complaint, shall
13 be maintained for the confidential use of the Department and
14 shall not be disclosed. The Department may not disclose the
15 information to anyone other than law enforcement officials,
16 other regulatory agencies that have an appropriate regulatory
17 interest as determined by the Secretary of the Department, or a
18 party presenting a lawful subpoena to the Department.
19 Information and documents disclosed to a federal, State,
20 county, or local law enforcement agency shall not be disclosed
21 by the agency for any purpose to any other agency or person. A
22 formal complaint filed by the Department against a licensee or
23 applicant shall be a public record, except as otherwise
24 prohibited by law.

1 (225 ILCS 65/70-85) (was 225 ILCS 65/20-85)

2 (Section scheduled to be repealed on January 1, 2018)

3 Sec. 70-85. Stenographer; transcript. The Department, at
4 its expense, shall provide a stenographer to take down the
5 testimony and preserve a record of all formal hearing
6 proceedings if a license may be revoked, suspended, or placed
7 on probationary status or other disciplinary action may be
8 taken at the hearing of any case wherein any disciplinary
9 action is taken regarding a license. Any licensee who is found
10 to have violated this Act or who fails to appear for a hearing
11 to refuse to issue, restore, or renew a license or to
12 discipline a license may be required by the Department to pay
13 for the costs of the proceeding. These costs are limited to
14 costs for court reporters, transcripts, and witness attendance
15 and mileage fees. The Secretary may waive payment of costs by a
16 licensee in whole or in part where there is an undue financial
17 hardship. The notice of hearing, complaint and all other
18 documents in the nature of pleadings and written motions filed
19 in the proceedings, the transcript of testimony, the report of
20 the Board and the orders of the Department shall be the record
21 of the proceedings. The Department shall furnish a transcript
22 of the record to any person interested in the hearing upon
23 payment of the fee required under Section 2105-115 of the
24 Department of Professional Regulation Law (20 ILCS
25 2105/2105-115).

26 (Source: P.A. 95-639, eff. 10-5-07.)

1 (225 ILCS 65/70-100) (was 225 ILCS 65/20-100)

2 (Section scheduled to be repealed on January 1, 2018)

3 Sec. 70-100. Hearing; findings and recommendations;
4 rehearing ~~Board report~~.

5 (a) The Board or the hearing officer authorized by the
6 Department shall hear evidence in support of the formal charges
7 and evidence produced by the licensee. At the conclusion of the
8 hearing the Board shall present to the Secretary a written
9 report of its findings of fact, conclusions of law, and
10 recommendations. The report shall contain a finding whether or
11 not the accused person violated this Act or failed to comply
12 with the conditions required in this Act. The report shall
13 specify the nature of the violation or failure to comply, and
14 the Board shall make its recommendations to the Secretary.

15 (b) At the conclusion of the hearing, a copy of the Board's
16 or hearing officer's report shall be served upon the applicant
17 or licensee by the Department, either personally or as provided
18 in this Act for the service of a notice of hearing. Within 20
19 calendar days after service, the applicant or licensee may
20 present to the Department a motion in writing for a rehearing,
21 which shall specify the particular grounds for hearing. The
22 Department shall respond to the motion for rehearing within 20
23 calendar days after its service on the Department. If no motion
24 for rehearing is filed, then upon the expiration of the time
25 specified for filing such a motion, or upon denial of a motion

1 for rehearing, the Secretary may enter an order in accordance
2 with the recommendations of the Board or hearing officer. If
3 the applicant or licensee orders from the reporting service and
4 pays for a transcript of the record within the time for filing
5 a motion for rehearing, the 20-day period within which a motion
6 may be filed shall commence upon the delivery of the transcript
7 to the applicant or licensee.

8 (c) If the Secretary disagrees in any regard with the
9 report of the Board, the Secretary may issue an order contrary
10 to the report. ~~The report of findings of fact, conclusions of~~
11 ~~law, and recommendation of the Board shall be the basis for the~~
12 ~~Department's order of refusal or for the granting of a license~~
13 ~~or permit unless the Secretary shall determine that the report~~
14 ~~is contrary to the manifest weight of the evidence, in which~~
15 ~~case the Secretary may issue an order in contravention of the~~
16 ~~report.~~ The findings are not admissible in evidence against the
17 person in a criminal prosecution brought for the violation of
18 this Act, but the hearing and findings are not a bar to a
19 criminal prosecution brought for the violation of this Act.

20 (d) Whenever the Secretary is not satisfied that
21 substantial justice has been done, the Secretary may order a
22 rehearing by the same or another hearing officer.

23 (e) All proceedings under this Section are matters of
24 public record and shall be preserved.

25 (f) Upon the suspension or revocation of a license, the
26 licensee shall surrender the license to the Department, and,

1 upon failure to do so, the Department shall seize the same.

2 (Source: P.A. 95-639, eff. 10-5-07.)

3 (225 ILCS 65/70-103 new)

4 Sec. 70-103. Disposition by consent order. At any point in
5 any investigation or disciplinary proceeding provided for in
6 this Act, both parties may agree to a negotiated consent order.
7 The consent order shall be final upon signature of the
8 Secretary.

9 (225 ILCS 65/70-140) (was 225 ILCS 65/20-140)

10 (Section scheduled to be repealed on January 1, 2018)

11 Sec. 70-140. Review under Administrative Review Law. All
12 final administrative decisions of the Department ~~are hereunder~~
13 ~~shall be~~ subject to judicial review pursuant to the provisions
14 ~~revisions~~ of the Administrative Review Law, and all rules
15 ~~amendments and modifications thereof, and the rule~~ adopted
16 under the Administrative Review Law pursuant thereto. The term
17 "administrative decision" is defined as in Section 3-101 of the
18 Code of Civil Procedure.

19 Proceedings for judicial review shall be commenced in the
20 circuit court of the county in which the party applying for
21 review resides; however, if the party is not a resident of this
22 State, the venue shall be Sangamon County.

23 (Source: P.A. 95-639, eff. 10-5-07.)

1 (225 ILCS 65/70-145) (was 225 ILCS 65/20-145)

2 (Section scheduled to be repealed on January 1, 2018)

3 Sec. 70-145. Certification of record. The Department shall
4 not be required to certify any record to the court, ~~Court~~ or
5 file any answer in court, or otherwise appear in any court in a
6 judicial review proceeding, unless and until the Department has
7 received from the plaintiff payment of the costs of furnishing
8 and certifying the record, which costs shall be determined by
9 the Department. Exhibits shall be certified without cost there
10 is filed in the court, with the complaint, a receipt from the
11 Department acknowledging payment of the costs of furnishing and
12 certifying the record. Failure on the part of the plaintiff to
13 file such receipt in Court shall be grounds for dismissal of
14 the action.

15 (Source: P.A. 95-639, eff. 10-5-07.)

16 (225 ILCS 65/70-160) (was 225 ILCS 65/20-160)

17 (Section scheduled to be repealed on January 1, 2018)

18 Sec. 70-160. Illinois Administrative Procedure Act. The
19 Illinois Administrative Procedure Act is hereby expressly
20 adopted and incorporated herein as if all of the provisions of
21 that Act were included in this Act, except that the provision
22 of subsection (d) of Section 10-65 of the Illinois
23 Administrative Procedure Act that provides that at hearings the
24 licensee has the right to show compliance with all lawful
25 requirements for retention, continuation or renewal of the

1 license is specifically excluded. For the purposes of this Act,
2 the notice required under Section 10-25 of the Illinois
3 Administrative Procedure Act is deemed sufficient when mailed
4 to the address of record ~~last known address of a party~~.

5 (Source: P.A. 95-639, eff. 10-5-07.)

6 (225 ILCS 65/Art. 75 heading)

7 ARTICLE 75. ILLINOIS NURSING WORKFORCE CENTER ~~FOR NURSING~~

8 (Article scheduled to be repealed on January 1, 2018)

9 (Source: P.A. 94-1020, eff. 7-11-06; 95-639, eff. 10-5-07.)

10 (225 ILCS 65/75-10) (was 225 ILCS 65/17-10)

11 (Section scheduled to be repealed on January 1, 2018)

12 Sec. 75-10. Illinois Nursing Workforce Center ~~for Nursing~~.

13 The purpose of ~~There is created~~ the Illinois Nursing Workforce

14 Center ~~for Nursing~~ to address issues of supply and demand in

15 the nursing profession, including issues of recruitment,

16 retention, and utilization of nurse manpower resources. The

17 General Assembly finds that the Center will enhance the access

18 to and delivery of quality health care services by providing an

19 ongoing strategy for the allocation of the State's resources

20 directed towards nursing. Each of the following objectives

21 shall serve as the primary goals for the Center:

22 (1) To develop a strategic plan for nursing manpower in

23 Illinois by selecting priorities that must be addressed.

24 (2) To convene various groups of representatives of

1 nurses, other health care providers, businesses and
2 industries, consumers, legislators, and educators to:

3 (A) review and comment on data analysis prepared
4 for the Center; and

5 (B) recommend systemic changes, including
6 strategies for implementation of recommended changes. ~~†~~
7 ~~and~~

8 ~~(C) evaluate and report the results of the Advisory~~
9 ~~Board's efforts to the General Assembly and others.~~

10 (3) To enhance and promote recognition, reward, and
11 renewal activities for nurses in Illinois by:

12 (A) proposing and creating reward, recognition,
13 and renewal activities for nursing; and

14 (B) promoting media and positive image-building
15 efforts for nursing.

16 (Source: P.A. 94-1020, eff. 7-11-06; 95-639, eff. 10-5-07.)

17 (225 ILCS 65/75-15) (was 225 ILCS 65/17-15)

18 (Section scheduled to be repealed on January 1, 2018)

19 Sec. 75-15. Illinois Center for Nursing Workforce Center
20 Advisory Board.

21 (a) There is created the Illinois Center for Nursing
22 Workforce Center Advisory Board, which shall consist of 11
23 members appointed by the Secretary Governor, with 6 members of
24 the Advisory Board being nurses representative of various
25 nursing specialty areas. The other 5 members may include

1 representatives of associations, health care providers,
2 nursing educators, and consumers.

3 (b) The membership of the Advisory Board shall reasonably
4 reflect representation from the geographic areas in this State.

5 (c) Members of the Advisory Board appointed by the
6 Secretary ~~Governor~~ shall serve for terms of 4 years, with no
7 member serving more than 10 successive years, ~~except that,~~
8 ~~initially, 4 members shall be appointed to the Advisory Board~~
9 ~~for terms that expire on June 30, 2009, 4 members shall be~~
10 ~~appointed to the Advisory Board for terms that expire on June~~
11 ~~30, 2008, and 3 members shall be appointed to the Advisory~~
12 ~~Board for terms that expire on June 30, 2007.~~ A member shall
13 serve until his or her successor is appointed and has
14 qualified. Vacancies shall be filled in the same manner as
15 original appointments, and any member so appointed shall serve
16 during the remainder of the term for which the vacancy
17 occurred.

18 (d) A quorum of the Advisory Board shall consist of a
19 majority of Advisory Board members currently serving. A
20 majority vote of the quorum is required for Advisory Board
21 decisions. A vacancy in the membership of the Advisory Board
22 shall not impair the right of a quorum to exercise all of the
23 rights and perform all of the duties of the Advisory Board.

24 (e) The Secretary ~~Governor~~ may remove any appointed member
25 of the Advisory Board for misconduct, incapacity, or neglect of
26 duty and shall be the sole judge of the sufficiency of the

1 cause for removal.

2 (f) Members of the Advisory Board are immune from suit in
3 any action based upon any activities performed in good faith as
4 members of the Advisory Board.

5 (g) Members of the Advisory Board shall not receive
6 compensation, but shall be reimbursed for actual traveling,
7 incidentals, and expenses necessarily incurred in carrying out
8 their duties as members of the Advisory Board, as approved by
9 the Department.

10 (h) The Advisory Board shall meet annually to elect a
11 chairperson and vice chairperson.

12 (Source: P.A. 97-813, eff. 7-13-12; 98-247, eff. 8-9-13.)

13 (225 ILCS 65/75-20) (was 225 ILCS 65/17-20)

14 (Section scheduled to be repealed on January 1, 2018)

15 Sec. 75-20. Powers and duties of the Advisory Board.

16 (a) The Advisory Board shall be advisory to the Department
17 and shall possess and perform each of the following powers and
18 duties:

19 (1) determine operational policy;

20 (2) (blank); ~~administer grants, scholarships,~~
21 ~~internships, and other programs, as defined by rule,~~
22 ~~including the administration of programs, as determined by~~
23 ~~law, that further those goals set forth in Section 75-10 of~~
24 ~~this Article, in consultation with other State agencies, as~~
25 ~~provided by law;~~

1 (3) establish committees of the Advisory Board as
2 needed;

3 (4) recommend the adoption and, from time to time, the
4 revision of those rules that may be adopted and necessary
5 to carry out the provisions of this Act;

6 (5) implement the major functions of the Center, as
7 established in the goals set forth in Section 75-10 of this
8 Article; and

9 (6) seek and accept non-State funds for carrying out
10 the policy of the Center.

11 (b) The Center shall work in consultation with other State
12 agencies as necessary.

13 (Source: P.A. 94-1020, eff. 7-11-06; 95-639, eff. 10-5-07.)

14 (225 ILCS 65/80-15)

15 (Section scheduled to be repealed on January 1, 2018)

16 Sec. 80-15. Licensure requirement; exempt activities.

17 (a) On and after January 1, 2015, no person shall practice
18 as a medication aide or hold himself or herself out as a
19 licensed medication aide in this State unless he or she is
20 licensed under this Article.

21 (b) Nothing in this Article shall be construed as
22 preventing or restricting the practice, services, or
23 activities of:

24 (1) any person licensed in this State by any other law
25 from engaging in the profession or occupation for which he

1 or she is licensed;

2 (2) any person employed as a medication aide by the
3 government of the United States, if such person practices
4 as a medication aide solely under the direction or control
5 of the organization by which he or she is employed; or

6 (3) any person pursuing a course of study leading to a
7 certificate in medication aide at an accredited or approved
8 educational program if such activities and services
9 constitute a part of a supervised course of study and if
10 such person is designated by a title which clearly
11 indicates his or her status as a student or trainee.

12 (c) Nothing in this Article shall be construed to limit the
13 delegation of tasks or duties by a physician, dentist, advanced
14 practice registered nurse, or podiatric physician as
15 authorized by law.

16 (Source: P.A. 98-990, eff. 8-18-14.)

17 (225 ILCS 65/80-35)

18 (Section scheduled to be repealed on January 1, 2018)

19 Sec. 80-35. Examinations. The Department shall authorize
20 examinations of applicants for a license under this Article at
21 the times and place as it may designate. The examination shall
22 be of a character to give a fair test of the qualifications of
23 the applicant to practice as a medication aide.

24 Applicants for examination as a medication aide shall be
25 required to pay, either to the Department or the designated

1 testing service, a fee covering the cost of providing the
2 examination. Failure to appear for the examination on the
3 scheduled date, at the time and place specified, after the
4 applicant's 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 fee.

7 If an applicant fails to pass an examination for licensure
8 ~~registration~~ under this Act within 3 years after filing his or
9 her application, the application shall be denied. The applicant
10 may thereafter make a new application accompanied by the
11 required fee; however, the applicant shall meet all
12 requirements in effect at the time of subsequent application
13 before obtaining licensure. The Department may employ
14 consultants for the purposes of preparing and conducting
15 examinations.

16 (Source: P.A. 98-990, eff. 8-18-14.)

17 (225 ILCS 65/60-15 rep.)

18 (225 ILCS 65/70-30 rep.)

19 (225 ILCS 65/70-65 rep.)

20 (225 ILCS 65/70-105 rep.)

21 (225 ILCS 65/70-110 rep.)

22 (225 ILCS 65/70-115 rep.)

23 (225 ILCS 65/75-5 rep.)

24 Section 165. The Nurse Practice Act is amended by repealing
25 Sections 60-15, 70-30, 70-65, 70-105, 70-110, 70-115, and 75-5.

1 Section 170. The Illinois Occupational Therapy Practice
2 Act is amended by changing Sections 3.1 and 19 as follows:

3 (225 ILCS 75/3.1)

4 (Section scheduled to be repealed on January 1, 2024)

5 Sec. 3.1. Referrals.

6 (a) A licensed occupational therapist or licensed
7 occupational therapy assistant may consult with, educate,
8 evaluate, and monitor services for individuals, groups, and
9 populations concerning occupational therapy needs. Except as
10 indicated in subsections (b) and (c) of this Section,
11 implementation of direct occupational therapy treatment to
12 individuals for their specific health care conditions shall be
13 based upon a referral from a licensed physician, dentist,
14 podiatric physician, advanced practice registered nurse,
15 physician assistant, or optometrist.

16 (b) A referral is not required for the purpose of providing
17 consultation, habilitation, screening, education, wellness,
18 prevention, environmental assessments, and work-related
19 ergonomic services to individuals, groups, or populations.

20 (c) Referral from a physician or other health care provider
21 is not required for evaluation or intervention for children and
22 youths if an occupational therapist or occupational therapy
23 assistant provides services in a school-based or educational
24 environment, including the child's home.

1 (d) An occupational therapist shall refer to a licensed
2 physician, dentist, optometrist, advanced practice registered
3 nurse, physician assistant, or podiatric physician any patient
4 whose medical condition should, at the time of evaluation or
5 treatment, be determined to be beyond the scope of practice of
6 the occupational therapist.

7 (Source: P.A. 98-214, eff. 8-9-13; 98-264, eff. 12-31-13;
8 98-756, eff. 7-16-14; 99-173, eff. 7-29-15.)

9 (225 ILCS 75/19) (from Ch. 111, par. 3719)

10 (Section scheduled to be repealed on January 1, 2024)

11 Sec. 19. Grounds for discipline.

12 (a) The Department may refuse to issue or renew, or may
13 revoke, suspend, place on probation, reprimand or take other
14 disciplinary or non-disciplinary action as the Department may
15 deem proper, including imposing fines not to exceed \$10,000 for
16 each violation and the assessment of costs as provided under
17 Section 19.3 of this Act, with regard to any license for any
18 one or combination of the following:

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

21 (2) Violations of this Act, or of the rules promulgated
22 thereunder;

23 (3) Conviction by plea of guilty or nolo contendere,
24 finding of guilt, jury verdict, or entry of judgment or
25 sentencing of any crime, including, but not limited to,

1 convictions, preceding sentences of supervision,
2 conditional discharge, or first offender probation, under
3 the laws of any jurisdiction of the United States that is
4 (i) a felony or (ii) a misdemeanor, an essential element of
5 which is dishonesty, or that is directly related to the
6 practice of the profession;

7 (4) Fraud or any misrepresentation in applying for or
8 procuring a license under this Act, or in connection with
9 applying for renewal of a license under this Act;

10 (5) Professional incompetence;

11 (6) Aiding or assisting another person, firm,
12 partnership or corporation in violating any provision of
13 this Act or rules;

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

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

19 (9) Habitual or excessive use or abuse of drugs defined
20 in law as controlled substances, alcohol, or any other
21 substance that results in the inability to practice with
22 reasonable judgment, skill, or safety;

23 (10) Discipline by another state, unit of government,
24 government agency, the District of Columbia, a territory,
25 or foreign nation, if at least one of the grounds for the
26 discipline is the same or substantially equivalent to those

1 set forth herein;

2 (11) Directly or indirectly giving to or receiving from
3 any person, firm, corporation, partnership, or association
4 any fee, commission, rebate or other form of compensation
5 for professional services not actually or personally
6 rendered. Nothing in this paragraph (11) affects any bona
7 fide independent contractor or employment arrangements
8 among health care professionals, health facilities, health
9 care providers, or other entities, except as otherwise
10 prohibited by law. Any employment arrangements may include
11 provisions for compensation, health insurance, pension, or
12 other employment benefits for the provision of services
13 within the scope of the licensee's practice under this Act.
14 Nothing in this paragraph (11) shall be construed to
15 require an employment arrangement to receive professional
16 fees for services rendered;

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

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

24 (14) Physical illness, including but not limited to,
25 deterioration through the aging process, or loss of motor
26 skill which results in the inability to practice under this

1 Act with reasonable judgment, skill, or safety;

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

4 (16) Allowing one's license under this Act to be used
5 by an unlicensed person in violation of this Act;

6 (17) Practicing under a false or, except as provided by
7 law, assumed name;

8 (18) Professional incompetence or gross negligence;

9 (19) Malpractice;

10 (20) Promotion of the sale of drugs, devices,
11 appliances, or goods provided for a patient in any manner
12 to exploit the client for financial gain of the licensee;

13 (21) Gross, willful, or continued overcharging for
14 professional services;

15 (22) Mental illness or disability that results in the
16 inability to practice under this Act with reasonable
17 judgment, skill, or safety;

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

20 (24) Having treated patients other than by the practice
21 of occupational therapy as defined in this Act, or having
22 treated patients as a licensed occupational therapist
23 independent of a referral from a physician, advanced
24 practice registered nurse or physician assistant in
25 accordance with Section 3.1, dentist, podiatric physician,
26 or optometrist, or having failed to notify the physician,

1 advanced practice registered nurse, physician assistant,
2 dentist, podiatric physician, or optometrist who
3 established a diagnosis that the patient is receiving
4 occupational therapy pursuant to that diagnosis;

5 (25) Cheating on or attempting to subvert the licensing
6 examination administered under this Act; and

7 (26) Charging for professional services not rendered,
8 including filing false statements for the collection of
9 fees for which services are not rendered.

10 All fines imposed under this Section shall be paid within
11 60 days after the effective date of the order imposing the fine
12 or in accordance with the terms set forth in the order imposing
13 the fine.

14 (b) The determination by a circuit court that a license
15 holder is subject to involuntary admission or judicial
16 admission as provided in the Mental Health and Developmental
17 Disabilities Code, as now or hereafter amended, operates as an
18 automatic suspension. Such suspension will end only upon a
19 finding by a court that the patient is no longer subject to
20 involuntary admission or judicial admission and an order by the
21 court so finding and discharging the patient. In any case where
22 a license is suspended under this provision, the licensee shall
23 file a petition for restoration and shall include evidence
24 acceptable to the Department that the licensee can resume
25 practice in compliance with acceptable and prevailing
26 standards of their profession.

1 (c) The Department may refuse to issue or may suspend
2 without hearing, as provided for in the Code of Civil
3 Procedure, the license of any person who fails to file a
4 return, to pay the tax, penalty, or interest shown in a filed
5 return, or to pay any final assessment of tax, penalty, or
6 interest as required by any tax Act administered by the
7 Illinois Department of Revenue, until such time as the
8 requirements of any such tax Act are satisfied in accordance
9 with subsection (a) of Section 2105-15 of the Department of
10 Professional Regulation Law of the Civil Administrative Code of
11 Illinois.

12 (d) In enforcing this Section, the Department, upon a
13 showing of a possible violation, may compel any individual who
14 is licensed under this Act or any individual who has applied
15 for licensure to submit to a mental or physical examination or
16 evaluation, or both, which may include a substance abuse or
17 sexual offender evaluation, at the expense of the Department.
18 The Department shall specifically designate the examining
19 physician licensed to practice medicine in all of its branches
20 or, if applicable, the multidisciplinary team involved in
21 providing the mental or physical examination and evaluation.
22 The multidisciplinary team shall be led by a physician licensed
23 to practice medicine in all of its branches and may consist of
24 one or more or a combination of physicians licensed to practice
25 medicine in all of its branches, licensed chiropractic
26 physicians, licensed clinical psychologists, licensed clinical

1 social workers, licensed clinical professional counselors, and
2 other professional and administrative staff. Any examining
3 physician or member of the multidisciplinary team may require
4 any person ordered to submit to an examination and evaluation
5 pursuant to this Section to submit to any additional
6 supplemental testing deemed necessary to complete any
7 examination or evaluation process, including, but not limited
8 to, blood testing, urinalysis, psychological testing, or
9 neuropsychological testing.

10 The Department may order the examining physician or any
11 member of the multidisciplinary team to provide to the
12 Department any and all records, including business records,
13 that relate to the examination and evaluation, including any
14 supplemental testing performed. The Department may order the
15 examining physician or any member of the multidisciplinary team
16 to present testimony concerning this examination and
17 evaluation of the licensee or applicant, including testimony
18 concerning any supplemental testing or documents relating to
19 the examination and evaluation. No information, report,
20 record, or other documents in any way related to the
21 examination and evaluation shall be excluded by reason of any
22 common law or statutory privilege relating to communication
23 between the licensee or applicant and the examining physician
24 or any member of the multidisciplinary team. No authorization
25 is necessary from the licensee or applicant ordered to undergo
26 an evaluation and examination for the examining physician or

1 any member of the multidisciplinary team to provide
2 information, reports, records, or other documents or to provide
3 any 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.

7 Failure of any individual to submit to mental or physical
8 examination or evaluation, or both, when directed, shall result
9 in an automatic suspension without hearing, until such time as
10 the individual submits to the examination. If the Department
11 finds a licensee unable to practice because of the reasons set
12 forth in this Section, the Department shall require the
13 licensee to submit to care, counseling, or treatment by
14 physicians approved or designated by the Department as a
15 condition for continued, reinstated, or renewed licensure.

16 When the Secretary immediately suspends a license under
17 this Section, a hearing upon such person's license must be
18 convened by the Department within 15 days after the suspension
19 and completed without appreciable delay. The Department shall
20 have the authority to review the licensee's record of treatment
21 and counseling regarding the impairment to the extent permitted
22 by applicable federal statutes and regulations safeguarding
23 the confidentiality of medical records.

24 Individuals licensed under this Act that are affected under
25 this Section, shall be afforded an opportunity to demonstrate
26 to the Department that they can resume practice in compliance

1 with acceptable and prevailing standards under the provisions
2 of their license.

3 (e) The Department shall deny a license or renewal
4 authorized by this Act to a person who has defaulted on an
5 educational loan or scholarship provided or guaranteed by the
6 Illinois Student Assistance Commission or any governmental
7 agency of this State in accordance with paragraph (5) of
8 subsection (a) of Section 2105-15 of the Department of
9 Professional Regulation Law of the Civil Administrative Code of
10 Illinois.

11 (f) In cases where the Department of Healthcare and Family
12 Services has previously determined a licensee or a potential
13 licensee is more than 30 days delinquent in the payment of
14 child support and has subsequently certified the delinquency to
15 the Department, the Department may refuse to issue or renew or
16 may revoke or suspend that person's license or may take other
17 disciplinary action against that person based solely upon the
18 certification of delinquency made by the Department of
19 Healthcare and Family Services in accordance with paragraph (5)
20 of subsection (a) of Section 2105-15 of the Department of
21 Professional Regulation Law of the Civil Administrative Code of
22 Illinois.

23 (Source: P.A. 98-214, eff. 8-9-13; 98-264, eff. 12-31-13;
24 98-756, eff. 7-16-14.)

25 Section 175. The Orthotics, Prosthetics, and Pedorthics

1 Practice Act is amended by changing Sections 15 and 57 as
2 follows:

3 (225 ILCS 84/15)

4 (Section scheduled to be repealed on January 1, 2020)

5 Sec. 15. Exceptions. This Act shall not be construed to
6 prohibit:

7 (1) a physician licensed in this State from engaging in the
8 practice for which he or she is licensed;

9 (2) a person licensed in this State under any other Act
10 from engaging in the practice for which he or she is licensed;

11 (3) the practice of orthotics, prosthetics, or pedorthics
12 by a person who is employed by the federal government or any
13 bureau, division, or agency of the federal government while in
14 the discharge of the employee's official duties;

15 (4) the practice of orthotics, prosthetics, or pedorthics
16 by (i) a student enrolled in a school of orthotics,
17 prosthetics, or pedorthics, (ii) a resident continuing his or
18 her clinical education in a residency accredited by the
19 National Commission on Orthotic and Prosthetic Education, or
20 (iii) a student in a qualified work experience program or
21 internship in pedorthics;

22 (5) the practice of orthotics, prosthetics, or pedorthics
23 by one who is an orthotist, prosthetist, or pedorthist licensed
24 under the laws of another state or territory of the United
25 States or another country and has applied in writing to the

1 Department, in a form and substance satisfactory to the
2 Department, for a license as orthotist, prosthetist, or
3 pedorthist and who is qualified to receive the license under
4 Section 40 until (i) the expiration of 6 months after the
5 filing of the written application, (ii) the withdrawal of the
6 application, or (iii) the denial of the application by the
7 Department;

8 (6) a person licensed by this State as a physical
9 therapist, occupational therapist, or advanced practice
10 registered nurse from engaging in his or her profession; or

11 (7) a physician licensed under the Podiatric Medical
12 Practice Act of 1987 from engaging in his or her profession.

13 (Source: P.A. 96-682, eff. 8-25-09; 96-1000, eff. 7-2-10.)

14 (225 ILCS 84/57)

15 (Section scheduled to be repealed on January 1, 2020)

16 Sec. 57. Limitation on provision of care and services. A
17 licensed orthotist, prosthetist, or pedorthist may provide
18 care or services only if the care or services are provided
19 pursuant to an order from (i) a licensed physician, (ii) a
20 licensed podiatric physician, (iii) a licensed advanced
21 practice registered nurse, or (iv) a licensed physician
22 assistant. A licensed podiatric physician or advanced practice
23 registered nurse collaborating with a podiatric physician may
24 only order care or services concerning the foot from a licensed
25 prosthetist.

1 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15.)

2 Section 180. The Pharmacy Practice Act is amended by
3 changing Sections 3, 4, and 16b as follows:

4 (225 ILCS 85/3)

5 (Section scheduled to be repealed on January 1, 2018)

6 Sec. 3. Definitions. For the purpose of this Act, except
7 where otherwise limited therein:

8 (a) "Pharmacy" or "drugstore" means and includes every
9 store, shop, pharmacy department, or other place where
10 pharmacist care is provided by a pharmacist (1) where drugs,
11 medicines, or poisons are dispensed, sold or offered for sale
12 at retail, or displayed for sale at retail; or (2) where
13 prescriptions of physicians, dentists, advanced practice
14 registered nurses, physician assistants, veterinarians,
15 podiatric physicians, or optometrists, within the limits of
16 their licenses, are compounded, filled, or dispensed; or (3)
17 which has upon it or displayed within it, or affixed to or used
18 in connection with it, a sign bearing the word or words
19 "Pharmacist", "Druggist", "Pharmacy", "Pharmaceutical Care",
20 "Apothecary", "Drugstore", "Medicine Store", "Prescriptions",
21 "Drugs", "Dispensary", "Medicines", or any word or words of
22 similar or like import, either in the English language or any
23 other language; or (4) where the characteristic prescription
24 sign (Rx) or similar design is exhibited; or (5) any store, or

1 shop, or other place with respect to which any of the above
2 words, objects, signs or designs are used in any advertisement.

3 (b) "Drugs" means and includes (1) articles recognized in
4 the official United States Pharmacopoeia/National Formulary
5 (USP/NF), or any supplement thereto and being intended for and
6 having for their main use the diagnosis, cure, mitigation,
7 treatment or prevention of disease in man or other animals, as
8 approved by the United States Food and Drug Administration, but
9 does not include devices or their components, parts, or
10 accessories; and (2) all other articles intended for and having
11 for their main use the diagnosis, cure, mitigation, treatment
12 or prevention of disease in man or other animals, as approved
13 by the United States Food and Drug Administration, but does not
14 include devices or their components, parts, or accessories; and
15 (3) articles (other than food) having for their main use and
16 intended to affect the structure or any function of the body of
17 man or other animals; and (4) articles having for their main
18 use and intended for use as a component or any articles
19 specified in clause (1), (2) or (3); but does not include
20 devices or their components, parts or accessories.

21 (c) "Medicines" means and includes all drugs intended for
22 human or veterinary use approved by the United States Food and
23 Drug Administration.

24 (d) "Practice of pharmacy" means (1) the interpretation and
25 the provision of assistance in the monitoring, evaluation, and
26 implementation of prescription drug orders; (2) the dispensing

1 of prescription drug orders; (3) participation in drug and
2 device selection; (4) drug administration limited to the
3 administration of oral, topical, injectable, and inhalation as
4 follows: in the context of patient education on the proper use
5 or delivery of medications; vaccination of patients 14 years of
6 age and older pursuant to a valid prescription or standing
7 order, by a physician licensed to practice medicine in all its
8 branches, upon completion of appropriate training, including
9 how to address contraindications and adverse reactions set
10 forth by rule, with notification to the patient's physician and
11 appropriate record retention, or pursuant to hospital pharmacy
12 and therapeutics committee policies and procedures; (5)
13 vaccination of patients ages 10 through 13 limited to the
14 Influenza (inactivated influenza vaccine and live attenuated
15 influenza intranasal vaccine) and Tdap (defined as tetanus,
16 diphtheria, acellular pertussis) vaccines, pursuant to a valid
17 prescription or standing order, by a physician licensed to
18 practice medicine in all its branches, upon completion of
19 appropriate training, including how to address
20 contraindications and adverse reactions set forth by rule, with
21 notification to the patient's physician and appropriate record
22 retention, or pursuant to hospital pharmacy and therapeutics
23 committee policies and procedures; (6) drug regimen review; (7)
24 drug or drug-related research; (8) the provision of patient
25 counseling; (9) the practice of telepharmacy; (10) the
26 provision of those acts or services necessary to provide

1 pharmacist care; (11) medication therapy management; and (12)
2 the responsibility for compounding and labeling of drugs and
3 devices (except labeling by a manufacturer, repackager, or
4 distributor of non-prescription drugs and commercially
5 packaged legend drugs and devices), proper and safe storage of
6 drugs and devices, and maintenance of required records. A
7 pharmacist who performs any of the acts defined as the practice
8 of pharmacy in this State must be actively licensed as a
9 pharmacist under this Act.

10 (e) "Prescription" means and includes any written, oral,
11 facsimile, or electronically transmitted order for drugs or
12 medical devices, issued by a physician licensed to practice
13 medicine in all its branches, dentist, veterinarian, podiatric
14 physician, or optometrist, within the limits of their licenses,
15 by a physician assistant in accordance with subsection (f) of
16 Section 4, or by an advanced practice registered nurse in
17 accordance with subsection (g) of Section 4, containing the
18 following: (1) name of the patient; (2) date when prescription
19 was issued; (3) name and strength of drug or description of the
20 medical device prescribed; and (4) quantity; (5) directions for
21 use; (6) prescriber's name, address, and signature; and (7) DEA
22 number where required, for controlled substances. The
23 prescription may, but is not required to, list the illness,
24 disease, or condition for which the drug or device is being
25 prescribed. DEA numbers shall not be required on inpatient drug
26 orders.

1 (f) "Person" means and includes a natural person,
2 copartnership, association, corporation, government entity, or
3 any other legal entity.

4 (g) "Department" means the Department of Financial and
5 Professional Regulation.

6 (h) "Board of Pharmacy" or "Board" means the State Board of
7 Pharmacy of the Department of Financial and Professional
8 Regulation.

9 (i) "Secretary" means the Secretary of Financial and
10 Professional Regulation.

11 (j) "Drug product selection" means the interchange for a
12 prescribed pharmaceutical product in accordance with Section
13 25 of this Act and Section 3.14 of the Illinois Food, Drug and
14 Cosmetic Act.

15 (k) "Inpatient drug order" means an order issued by an
16 authorized prescriber for a resident or patient of a facility
17 licensed under the Nursing Home Care Act, the ID/DD Community
18 Care Act, the MC/DD Act, the Specialized Mental Health
19 Rehabilitation Act of 2013, or the Hospital Licensing Act, or
20 "An Act in relation to the founding and operation of the
21 University of Illinois Hospital and the conduct of University
22 of Illinois health care programs", approved July 3, 1931, as
23 amended, or a facility which is operated by the Department of
24 Human Services (as successor to the Department of Mental Health
25 and Developmental Disabilities) or the Department of
26 Corrections.

1 (k-5) "Pharmacist" means an individual health care
2 professional and provider currently licensed by this State to
3 engage in the practice of pharmacy.

4 (1) "Pharmacist in charge" means the licensed pharmacist
5 whose name appears on a pharmacy license and who is responsible
6 for all aspects of the operation related to the practice of
7 pharmacy.

8 (m) "Dispense" or "dispensing" means the interpretation,
9 evaluation, and implementation of a prescription drug order,
10 including the preparation and delivery of a drug or device to a
11 patient or patient's agent in a suitable container
12 appropriately labeled for subsequent administration to or use
13 by a patient in accordance with applicable State and federal
14 laws and regulations. "Dispense" or "dispensing" does not mean
15 the physical delivery to a patient or a patient's
16 representative in a home or institution by a designee of a
17 pharmacist or by common carrier. "Dispense" or "dispensing"
18 also does not mean the physical delivery of a drug or medical
19 device to a patient or patient's representative by a
20 pharmacist's designee within a pharmacy or drugstore while the
21 pharmacist is on duty and the pharmacy is open.

22 (n) "Nonresident pharmacy" means a pharmacy that is located
23 in a state, commonwealth, or territory of the United States,
24 other than Illinois, that delivers, dispenses, or distributes,
25 through the United States Postal Service, commercially
26 acceptable parcel delivery service, or other common carrier, to

1 Illinois residents, any substance which requires a
2 prescription.

3 (o) "Compounding" means the preparation and mixing of
4 components, excluding flavorings, (1) as the result of a
5 prescriber's prescription drug order or initiative based on the
6 prescriber-patient-pharmacist relationship in the course of
7 professional practice or (2) for the purpose of, or incident
8 to, research, teaching, or chemical analysis and not for sale
9 or dispensing. "Compounding" includes the preparation of drugs
10 or devices in anticipation of receiving prescription drug
11 orders based on routine, regularly observed dispensing
12 patterns. Commercially available products may be compounded
13 for dispensing to individual patients only if all of the
14 following conditions are met: (i) the commercial product is not
15 reasonably available from normal distribution channels in a
16 timely manner to meet the patient's needs and (ii) the
17 prescribing practitioner has requested that the drug be
18 compounded.

19 (p) (Blank).

20 (q) (Blank).

21 (r) "Patient counseling" means the communication between a
22 pharmacist or a student pharmacist under the supervision of a
23 pharmacist and a patient or the patient's representative about
24 the patient's medication or device for the purpose of
25 optimizing proper use of prescription medications or devices.
26 "Patient counseling" may include without limitation (1)

1 obtaining a medication history; (2) acquiring a patient's
2 allergies and health conditions; (3) facilitation of the
3 patient's understanding of the intended use of the medication;
4 (4) proper directions for use; (5) significant potential
5 adverse events; (6) potential food-drug interactions; and (7)
6 the need to be compliant with the medication therapy. A
7 pharmacy technician may only participate in the following
8 aspects of patient counseling under the supervision of a
9 pharmacist: (1) obtaining medication history; (2) providing
10 the offer for counseling by a pharmacist or student pharmacist;
11 and (3) acquiring a patient's allergies and health conditions.

12 (s) "Patient profiles" or "patient drug therapy record"
13 means the obtaining, recording, and maintenance of patient
14 prescription information, including prescriptions for
15 controlled substances, and personal information.

16 (t) (Blank).

17 (u) "Medical device" means an instrument, apparatus,
18 implement, machine, contrivance, implant, in vitro reagent, or
19 other similar or related article, including any component part
20 or accessory, required under federal law to bear the label
21 "Caution: Federal law requires dispensing by or on the order of
22 a physician". A seller of goods and services who, only for the
23 purpose of retail sales, compounds, sells, rents, or leases
24 medical devices shall not, by reasons thereof, be required to
25 be a licensed pharmacy.

26 (v) "Unique identifier" means an electronic signature,

1 handwritten signature or initials, thumb print, or other
2 acceptable biometric or electronic identification process as
3 approved by the Department.

4 (w) "Current usual and customary retail price" means the
5 price that a pharmacy charges to a non-third-party payor.

6 (x) "Automated pharmacy system" means a mechanical system
7 located within the confines of the pharmacy or remote location
8 that performs operations or activities, other than compounding
9 or administration, relative to storage, packaging, dispensing,
10 or distribution of medication, and which collects, controls,
11 and maintains all transaction information.

12 (y) "Drug regimen review" means and includes the evaluation
13 of prescription drug orders and patient records for (1) known
14 allergies; (2) drug or potential therapy contraindications;
15 (3) reasonable dose, duration of use, and route of
16 administration, taking into consideration factors such as age,
17 gender, and contraindications; (4) reasonable directions for
18 use; (5) potential or actual adverse drug reactions; (6)
19 drug-drug interactions; (7) drug-food interactions; (8)
20 drug-disease contraindications; (9) therapeutic duplication;
21 (10) patient laboratory values when authorized and available;
22 (11) proper utilization (including over or under utilization)
23 and optimum therapeutic outcomes; and (12) abuse and misuse.

24 (z) "Electronic transmission prescription" means any
25 prescription order for which a facsimile or electronic image of
26 the order is electronically transmitted from a licensed

1 prescriber to a pharmacy. "Electronic transmission
2 prescription" includes both data and image prescriptions.

3 (aa) "Medication therapy management services" means a
4 distinct service or group of services offered by licensed
5 pharmacists, physicians licensed to practice medicine in all
6 its branches, advanced practice registered nurses authorized
7 in a written agreement with a physician licensed to practice
8 medicine in all its branches, or physician assistants
9 authorized in guidelines by a supervising physician that
10 optimize therapeutic outcomes for individual patients through
11 improved medication use. In a retail or other non-hospital
12 pharmacy, medication therapy management services shall consist
13 of the evaluation of prescription drug orders and patient
14 medication records to resolve conflicts with the following:

- 15 (1) known allergies;
- 16 (2) drug or potential therapy contraindications;
- 17 (3) reasonable dose, duration of use, and route of
18 administration, taking into consideration factors such as
19 age, gender, and contraindications;
- 20 (4) reasonable directions for use;
- 21 (5) potential or actual adverse drug reactions;
- 22 (6) drug-drug interactions;
- 23 (7) drug-food interactions;
- 24 (8) drug-disease contraindications;
- 25 (9) identification of therapeutic duplication;
- 26 (10) patient laboratory values when authorized and

1 available;

2 (11) proper utilization (including over or under
3 utilization) and optimum therapeutic outcomes; and

4 (12) drug abuse and misuse.

5 "Medication therapy management services" includes the
6 following:

7 (1) documenting the services delivered and
8 communicating the information provided to patients'
9 prescribers within an appropriate time frame, not to exceed
10 48 hours;

11 (2) providing patient counseling designed to enhance a
12 patient's understanding and the appropriate use of his or
13 her medications; and

14 (3) providing information, support services, and
15 resources designed to enhance a patient's adherence with
16 his or her prescribed therapeutic regimens.

17 "Medication therapy management services" may also include
18 patient care functions authorized by a physician licensed to
19 practice medicine in all its branches for his or her identified
20 patient or groups of patients under specified conditions or
21 limitations in a standing order from the physician.

22 "Medication therapy management services" in a licensed
23 hospital may also include the following:

24 (1) reviewing assessments of the patient's health
25 status; and

26 (2) following protocols of a hospital pharmacy and

1 therapeutics committee with respect to the fulfillment of
2 medication orders.

3 (bb) "Pharmacist care" means the provision by a pharmacist
4 of medication therapy management services, with or without the
5 dispensing of drugs or devices, intended to achieve outcomes
6 that improve patient health, quality of life, and comfort and
7 enhance patient safety.

8 (cc) "Protected health information" means individually
9 identifiable health information that, except as otherwise
10 provided, is:

11 (1) transmitted by electronic media;

12 (2) maintained in any medium set forth in the
13 definition of "electronic media" in the federal Health
14 Insurance Portability and Accountability Act; or

15 (3) transmitted or maintained in any other form or
16 medium.

17 "Protected health information" does not include
18 individually identifiable health information found in:

19 (1) education records covered by the federal Family
20 Educational Right and Privacy Act; or

21 (2) employment records held by a licensee in its role
22 as an employer.

23 (dd) "Standing order" means a specific order for a patient
24 or group of patients issued by a physician licensed to practice
25 medicine in all its branches in Illinois.

26 (ee) "Address of record" means the address recorded by the

1 Department in the applicant's or licensee's application file or
2 license file, as maintained by the Department's licensure
3 maintenance unit.

4 (ff) "Home pharmacy" means the location of a pharmacy's
5 primary operations.

6 (Source: P.A. 98-104, eff. 7-22-13; 98-214, eff. 8-9-13;
7 98-756, eff. 7-16-14; 99-180, eff. 7-29-15.)

8 (225 ILCS 85/4) (from Ch. 111, par. 4124)

9 (Section scheduled to be repealed on January 1, 2018)

10 Sec. 4. Exemptions. Nothing contained in any Section of
11 this Act shall apply to, or in any manner interfere with:

12 (a) the lawful practice of any physician licensed to
13 practice medicine in all of its branches, dentist, podiatric
14 physician, veterinarian, or therapeutically or diagnostically
15 certified optometrist within the limits of his or her license,
16 or prevent him or her from supplying to his or her bona fide
17 patients such drugs, medicines, or poisons as may seem to him
18 appropriate;

19 (b) the sale of compressed gases;

20 (c) the sale of patent or proprietary medicines and
21 household remedies when sold in original and unbroken packages
22 only, if such patent or proprietary medicines and household
23 remedies be properly and adequately labeled as to content and
24 usage and generally considered and accepted as harmless and
25 nonpoisonous when used according to the directions on the

1 label, and also do not contain opium or coca leaves, or any
2 compound, salt or derivative thereof, or any drug which,
3 according to the latest editions of the following authoritative
4 pharmaceutical treatises and standards, namely, The United
5 States Pharmacopoeia/National Formulary (USP/NF), the United
6 States Dispensatory, and the Accepted Dental Remedies of the
7 Council of Dental Therapeutics of the American Dental
8 Association or any or either of them, in use on the effective
9 date of this Act, or according to the existing provisions of
10 the Federal Food, Drug, and Cosmetic Act and Regulations of the
11 Department of Health and Human Services, Food and Drug
12 Administration, promulgated thereunder now in effect, is
13 designated, described or considered as a narcotic, hypnotic,
14 habit forming, dangerous, or poisonous drug;

15 (d) the sale of poultry and livestock remedies in original
16 and unbroken packages only, labeled for poultry and livestock
17 medication;

18 (e) the sale of poisonous substances or mixture of
19 poisonous substances, in unbroken packages, for nonmedicinal
20 use in the arts or industries or for insecticide purposes;
21 provided, they are properly and adequately labeled as to
22 content and such nonmedicinal usage, in conformity with the
23 provisions of all applicable federal, state and local laws and
24 regulations promulgated thereunder now in effect relating
25 thereto and governing the same, and those which are required
26 under such applicable laws and regulations to be labeled with

1 the word "Poison", are also labeled with the word "Poison"
2 printed thereon in prominent type and the name of a readily
3 obtainable antidote with directions for its administration;

4 (f) the delegation of limited prescriptive authority by a
5 physician licensed to practice medicine in all its branches to
6 a physician assistant under Section 7.5 of the Physician
7 Assistant Practice Act of 1987. This delegated authority under
8 Section 7.5 of the Physician Assistant Practice Act of 1987
9 may, but is not required to, include prescription of controlled
10 substances, as defined in Article II of the Illinois Controlled
11 Substances Act, in accordance with a written supervision
12 agreement; and

13 (g) the delegation of prescriptive authority by a physician
14 licensed to practice medicine in all its branches or a licensed
15 podiatric physician to an advanced practice registered nurse in
16 accordance with a written collaborative agreement under
17 Sections 65-35 and 65-40 of the Nurse Practice Act.

18 (Source: P.A. 98-214, eff. 8-9-13.)

19 (225 ILCS 85/16b)

20 (Section scheduled to be repealed on January 1, 2018)

21 Sec. 16b. Prescription pick up and drop off. Nothing
22 contained in this Act shall prohibit a pharmacist or pharmacy,
23 by means of its employee or by use of a common carrier or the
24 U.S. mail, at the request of the patient, from picking up
25 prescription orders from the prescriber or delivering

1 prescription drugs to the patient or the patient's agent,
2 including an advanced practice registered nurse, practical
3 nurse, or registered nurse licensed under the Nurse Practice
4 Act, or a physician assistant licensed under the Physician
5 Assistant Practice Act of 1987, who provides hospice services
6 to a hospice patient or who provides home health services to a
7 person, at the residence or place of employment of the person
8 for whom the prescription was issued or at the hospital or
9 medical care facility in which the patient is confined.
10 Conversely, the patient or patient's agent may drop off
11 prescriptions at a designated area. In this Section, "home
12 health services" has the meaning ascribed to it in the Home
13 Health, Home Services, and Home Nursing Agency Licensing Act;
14 and "hospice patient" and "hospice services" have the meanings
15 ascribed to them in the Hospice Program Licensing Act.

16 (Source: P.A. 99-163, eff. 1-1-16.)

17 Section 185. The Illinois Physical Therapy Act is amended
18 by changing Sections 1 and 17 as follows:

19 (225 ILCS 90/1) (from Ch. 111, par. 4251)

20 (Section scheduled to be repealed on January 1, 2026)

21 Sec. 1. Definitions. As used in this Act:

22 (1) "Physical therapy" means all of the following:

23 (A) Examining, evaluating, and testing individuals who
24 may have mechanical, physiological, or developmental

1 impairments, functional limitations, disabilities, or
2 other health and movement-related conditions, classifying
3 these disorders, determining a rehabilitation prognosis
4 and plan of therapeutic intervention, and assessing the
5 on-going effects of the interventions.

6 (B) Alleviating impairments, functional limitations,
7 or disabilities by designing, implementing, and modifying
8 therapeutic interventions that may include, but are not
9 limited to, the evaluation or treatment of a person through
10 the use of the effective properties of physical measures
11 and heat, cold, light, water, radiant energy, electricity,
12 sound, and air and use of therapeutic massage, therapeutic
13 exercise, mobilization, and rehabilitative procedures,
14 with or without assistive devices, for the purposes of
15 preventing, correcting, or alleviating a physical or
16 mental impairment, functional limitation, or disability.

17 (C) Reducing the risk of injury, impairment,
18 functional limitation, or disability, including the
19 promotion and maintenance of fitness, health, and
20 wellness.

21 (D) Engaging in administration, consultation,
22 education, and research.

23 "Physical therapy" includes, but is not limited to: (a)
24 performance of specialized tests and measurements, (b)
25 administration of specialized treatment procedures, (c)
26 interpretation of referrals from physicians, dentists,

1 advanced practice registered nurses, physician assistants, and
2 podiatric physicians, (d) establishment, and modification of
3 physical therapy treatment programs, (e) administration of
4 topical medication used in generally accepted physical therapy
5 procedures when such medication is either prescribed by the
6 patient's physician, licensed to practice medicine in all its
7 branches, the patient's physician licensed to practice
8 podiatric medicine, the patient's advanced practice registered
9 nurse, the patient's physician assistant, or the patient's
10 dentist or used following the physician's orders or written
11 instructions, and (f) supervision or teaching of physical
12 therapy. Physical therapy does not include radiology,
13 electrosurgery, chiropractic technique or determination of a
14 differential diagnosis; provided, however, the limitation on
15 determining a differential diagnosis shall not in any manner
16 limit a physical therapist licensed under this Act from
17 performing an evaluation pursuant to such license. Nothing in
18 this Section shall limit a physical therapist from employing
19 appropriate physical therapy techniques that he or she is
20 educated and licensed to perform. A physical therapist shall
21 refer to a licensed physician, advanced practice registered
22 nurse, physician assistant, dentist, podiatric physician,
23 other physical therapist, or other health care provider any
24 patient whose medical condition should, at the time of
25 evaluation or treatment, be determined to be beyond the scope
26 of practice of the physical therapist.

1 (2) "Physical therapist" means a person who practices
2 physical therapy and who has met all requirements as provided
3 in this Act.

4 (3) "Department" means the Department of Professional
5 Regulation.

6 (4) "Director" means the Director of Professional
7 Regulation.

8 (5) "Board" means the Physical Therapy Licensing and
9 Disciplinary Board approved by the Director.

10 (6) "Referral" means a written or oral authorization for
11 physical therapy services for a patient by a physician,
12 dentist, advanced practice registered nurse, physician
13 assistant, or podiatric physician who maintains medical
14 supervision of the patient and makes a diagnosis or verifies
15 that the patient's condition is such that it may be treated by
16 a physical therapist.

17 (7) "Documented current and relevant diagnosis" for the
18 purpose of this Act means a diagnosis, substantiated by
19 signature or oral verification of a physician, dentist,
20 advanced practice registered nurse, physician assistant, or
21 podiatric physician, that a patient's condition is such that it
22 may be treated by physical therapy as defined in this Act,
23 which diagnosis shall remain in effect until changed by the
24 physician, dentist, advanced practice registered nurse,
25 physician assistant, or podiatric physician.

26 (8) "State" includes:

1 (a) the states of the United States of America;

2 (b) the District of Columbia; and

3 (c) the Commonwealth of Puerto Rico.

4 (9) "Physical therapist assistant" means a person licensed
5 to assist a physical therapist and who has met all requirements
6 as provided in this Act and who works under the supervision of
7 a licensed physical therapist to assist in implementing the
8 physical therapy treatment program as established by the
9 licensed physical therapist. The patient care activities
10 provided by the physical therapist assistant shall not include
11 the interpretation of referrals, evaluation procedures, or the
12 planning or major modification of patient programs.

13 (10) "Physical therapy aide" means a person who has
14 received on the job training, specific to the facility in which
15 he is employed.

16 (11) "Advanced practice registered nurse" means a person
17 licensed as an advanced practice registered nurse under the
18 Nurse Practice Act.

19 (12) "Physician assistant" means a person licensed under
20 the Physician Assistant Practice Act of 1987.

21 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15;
22 99-229, eff. 8-3-15; 99-642, eff. 7-28-16; revised 10-27-16.)

23 (225 ILCS 90/17) (from Ch. 111, par. 4267)

24 (Section scheduled to be repealed on January 1, 2026)

25 Sec. 17. (1) The Department may refuse to issue or to

1 renew, or may revoke, suspend, place on probation, reprimand,
2 or take other disciplinary action as the Department deems
3 appropriate, including the issuance of fines not to exceed
4 \$5000, with regard to a license for any one or a combination of
5 the following:

6 A. Material misstatement in furnishing information to
7 the Department or otherwise making misleading, deceptive,
8 untrue, or fraudulent representations in violation of this
9 Act or otherwise in the practice of the profession;

10 B. Violations of this Act, or of the rules or
11 regulations promulgated hereunder;

12 C. Conviction of any crime under the laws of the United
13 States or any state or territory thereof which is a felony
14 or which is a misdemeanor, an essential element of which is
15 dishonesty, or of any crime which is directly related to
16 the practice of the profession; conviction, as used in this
17 paragraph, shall include a finding or verdict of guilty, an
18 admission of guilt or a plea of nolo contendere;

19 D. Making any misrepresentation for the purpose of
20 obtaining licenses, or violating any provision of this Act
21 or the rules promulgated thereunder pertaining to
22 advertising;

23 E. A pattern of practice or other behavior which
24 demonstrates incapacity or incompetency to practice under
25 this Act;

26 F. Aiding or assisting another person in violating any

1 provision of this Act or Rules;

2 G. Failing, within 60 days, to provide information in
3 response to a written request made by the Department;

4 H. Engaging in dishonorable, unethical or
5 unprofessional conduct of a character likely to deceive,
6 defraud or harm the public. Unprofessional conduct shall
7 include any departure from or the failure to conform to the
8 minimal standards of acceptable and prevailing physical
9 therapy practice, in which proceeding actual injury to a
10 patient need not be established;

11 I. Unlawful distribution of any drug or narcotic, or
12 unlawful conversion of any drug or narcotic not belonging
13 to the person for such person's own use or benefit or for
14 other than medically accepted therapeutic purposes;

15 J. Habitual or excessive use or addiction to alcohol,
16 narcotics, stimulants, or any other chemical agent or drug
17 which results in a physical therapist's or physical
18 therapist assistant's inability to practice with
19 reasonable judgment, skill or safety;

20 K. Revocation or suspension of a license to practice
21 physical therapy as a physical therapist or physical
22 therapist assistant or the taking of other disciplinary
23 action by the proper licensing authority of another state,
24 territory or country;

25 L. Directly or indirectly giving to or receiving from
26 any person, firm, corporation, partnership, or association

1 any fee, commission, rebate or other form of compensation
2 for any professional services not actually or personally
3 rendered. Nothing contained in this paragraph prohibits
4 persons holding valid and current licenses under this Act
5 from practicing physical therapy in partnership under a
6 partnership agreement, including a limited liability
7 partnership, a limited liability company, or a corporation
8 under the Professional Service Corporation Act or from
9 pooling, sharing, dividing, or apportioning the fees and
10 monies received by them or by the partnership, company, or
11 corporation in accordance with the partnership agreement
12 or the policies of the company or professional corporation.
13 Nothing in this paragraph (L) affects any bona fide
14 independent contractor or employment arrangements among
15 health care professionals, health facilities, health care
16 providers, or other entities, except as otherwise
17 prohibited by law. Any employment arrangements may include
18 provisions for compensation, health insurance, pension, or
19 other employment benefits for the provision of services
20 within the scope of the licensee's practice under this Act.
21 Nothing in this paragraph (L) shall be construed to require
22 an employment arrangement to receive professional fees for
23 services rendered;

24 M. A finding by the Board that the licensee after
25 having his or her license placed on probationary status has
26 violated the terms of probation;

1 N. Abandonment of a patient;

2 O. Willfully failing to report an instance of suspected
3 child abuse or neglect as required by the Abused and
4 Neglected Child Reporting Act;

5 P. Willfully failing to report an instance of suspected
6 elder abuse or neglect as required by the Elder Abuse
7 Reporting Act;

8 Q. Physical illness, including but not limited to,
9 deterioration through the aging process, or loss of motor
10 skill which results in the inability to practice the
11 profession with reasonable judgement, skill or safety;

12 R. The use of any words (such as physical therapy,
13 physical therapist physiotherapy or physiotherapist),
14 abbreviations, figures or letters with the intention of
15 indicating practice as a licensed physical therapist
16 without a valid license as a physical therapist issued
17 under this Act;

18 S. The use of the term physical therapist assistant, or
19 abbreviations, figures, or letters with the intention of
20 indicating practice as a physical therapist assistant
21 without a valid license as a physical therapist assistant
22 issued under this Act;

23 T. Willfully violating or knowingly assisting in the
24 violation of any law of this State relating to the practice
25 of abortion;

26 U. Continued practice by a person knowingly having an

1 infectious, communicable or contagious disease;

2 V. Having treated ailments of human beings otherwise
3 than by the practice of physical therapy as defined in this
4 Act, or having treated ailments of human beings as a
5 licensed physical therapist independent of a documented
6 referral or a documented current and relevant diagnosis
7 from a physician, dentist, advanced practice registered
8 nurse, physician assistant, or podiatric physician, or
9 having failed to notify the physician, dentist, advanced
10 practice registered nurse, physician assistant, or
11 podiatric physician who established a documented current
12 and relevant diagnosis that the patient is receiving
13 physical therapy pursuant to that diagnosis;

14 W. Being named as a perpetrator in an indicated report
15 by the Department of Children and Family Services pursuant
16 to the Abused and Neglected Child Reporting Act, and upon
17 proof by clear and convincing evidence that the licensee
18 has caused a child to be an abused child or neglected child
19 as defined in the Abused and Neglected Child Reporting Act;

20 X. Interpretation of referrals, performance of
21 evaluation procedures, planning or making major
22 modifications of patient programs by a physical therapist
23 assistant;

24 Y. Failure by a physical therapist assistant and
25 supervising physical therapist to maintain continued
26 contact, including periodic personal supervision and

1 instruction, to insure safety and welfare of patients;

2 Z. Violation of the Health Care Worker Self-Referral
3 Act.

4 (2) The determination by a circuit court that a licensee is
5 subject to involuntary admission or judicial admission as
6 provided in the Mental Health and Developmental Disabilities
7 Code operates as an automatic suspension. Such suspension will
8 end only upon a finding by a court that the patient is no
9 longer subject to involuntary admission or judicial admission
10 and the issuance of an order so finding and discharging the
11 patient; and upon the recommendation of the Board to the
12 Director that the licensee be allowed to resume his practice.

13 (3) The Department may refuse to issue or may suspend the
14 license of any person who fails to file a return, or to pay the
15 tax, penalty or interest shown in a filed return, or to pay any
16 final assessment of tax, penalty or interest, as required by
17 any tax Act administered by the Illinois Department of Revenue,
18 until such time as the requirements of any such tax Act are
19 satisfied.

20 (Source: P.A. 98-214, eff. 8-9-13.)

21 Section 190. The Podiatric Medical Practice Act of 1987 is
22 amended by changing Section 20.5 as follows:

23 (225 ILCS 100/20.5)

24 (Section scheduled to be repealed on January 1, 2018)

1 Sec. 20.5. Delegation of authority to advanced practice
2 registered nurses.

3 (a) A podiatric physician in active clinical practice may
4 collaborate with an advanced practice registered nurse in
5 accordance with the requirements of the Nurse Practice Act.
6 Collaboration shall be for the purpose of providing podiatric
7 care and no employment relationship shall be required. A
8 written collaborative agreement shall conform to the
9 requirements of Section 65-35 of the Nurse Practice Act. A
10 written collaborative agreement and podiatric physician
11 collaboration and consultation shall be adequate with respect
12 to advanced practice registered nurses if all of the following
13 apply:

14 (1) With respect to the provision of anesthesia
15 services by a certified registered nurse anesthetist, the
16 collaborating podiatric physician must have training and
17 experience in the delivery of anesthesia consistent with
18 Department rules.

19 (2) Methods of communication are available with the
20 collaborating podiatric physician in person or through
21 telecommunications or electronic communications for
22 consultation, collaboration, and referral as needed to
23 address patient care needs.

24 (3) With respect to the provision of anesthesia
25 services by a certified registered nurse anesthetist, an
26 anesthesiologist, physician, or podiatric physician shall

1 participate through discussion of and agreement with the
2 anesthesia plan and shall remain physically present and be
3 available on the premises during the delivery of anesthesia
4 services for diagnosis, consultation, and treatment of
5 emergency medical conditions. The anesthesiologist or
6 operating podiatric physician must agree with the
7 anesthesia plan prior to the delivery of services.

8 (b) The collaborating podiatric physician shall have
9 access to the records of all patients attended to by an
10 advanced practice registered nurse.

11 (c) Nothing in this Section shall be construed to limit the
12 delegation of tasks or duties by a podiatric physician to a
13 licensed practical nurse, a registered professional nurse, or
14 other appropriately trained persons.

15 (d) A podiatric physician shall not be liable for the acts
16 or omissions of an advanced practice registered nurse solely on
17 the basis of having signed guidelines or a collaborative
18 agreement, an order, a standing order, a standing delegation
19 order, or other order or guideline authorizing an advanced
20 practice registered nurse to perform acts, unless the podiatric
21 physician has reason to believe the advanced practice
22 registered nurse lacked the competency to perform the act or
23 acts or commits willful or wanton misconduct.

24 (e) A podiatric physician, may, but is not required to
25 delegate prescriptive authority to an advanced practice
26 registered nurse as part of a written collaborative agreement

1 and the delegation of prescriptive authority shall conform to
2 the requirements of Section 65-40 of the Nurse Practice Act.

3 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15.)

4 Section 195. The Respiratory Care Practice Act is amended
5 by changing Sections 10 and 15 as follows:

6 (225 ILCS 106/10)

7 (Section scheduled to be repealed on January 1, 2026)

8 Sec. 10. Definitions. In this Act:

9 "Address of record" means the designated address recorded
10 by the Department in the applicant's or licensee's application
11 file or license file as maintained by the Department's
12 licensure maintenance unit. It is the duty of the applicant or
13 licensee to inform the Department of any change of address and
14 those changes must be made either through the Department's
15 website or by contacting the Department.

16 "Advanced practice registered nurse" means an advanced
17 practice registered nurse licensed under the Nurse Practice
18 Act.

19 "Board" means the Respiratory Care Board appointed by the
20 Secretary.

21 "Basic respiratory care activities" means and includes all
22 of the following activities:

23 (1) Cleaning, disinfecting, and sterilizing equipment
24 used in the practice of respiratory care as delegated by a

1 licensed health care professional or other authorized
2 licensed personnel.

3 (2) Assembling equipment used in the practice of
4 respiratory care as delegated by a licensed health care
5 professional or other authorized licensed personnel.

6 (3) Collecting and reviewing patient data through
7 non-invasive means, provided that the collection and
8 review does not include the individual's interpretation of
9 the clinical significance of the data. Collecting and
10 reviewing patient data includes the performance of pulse
11 oximetry and non-invasive monitoring procedures in order
12 to obtain vital signs and notification to licensed health
13 care professionals and other authorized licensed personnel
14 in a timely manner.

15 (4) Maintaining a nasal cannula or face mask for oxygen
16 therapy in the proper position on the patient's face.

17 (5) Assembling a nasal cannula or face mask for oxygen
18 therapy at patient bedside in preparation for use.

19 (6) Maintaining a patient's natural airway by
20 physically manipulating the jaw and neck, suctioning the
21 oral cavity, or suctioning the mouth or nose with a bulb
22 syringe.

23 (7) Performing assisted ventilation during emergency
24 resuscitation using a manual resuscitator.

25 (8) Using a manual resuscitator at the direction of a
26 licensed health care professional or other authorized

1 licensed personnel who is present and performing routine
2 airway suctioning. These activities do not include care of
3 a patient's artificial airway or the adjustment of
4 mechanical ventilator settings while a patient is
5 connected to the ventilator.

6 "Basic respiratory care activities" does not mean
7 activities that involve any of the following:

8 (1) Specialized knowledge that results from a course of
9 education or training in respiratory care.

10 (2) An unreasonable risk of a negative outcome for the
11 patient.

12 (3) The assessment or making of a decision concerning
13 patient care.

14 (4) The administration of aerosol medication or
15 medical gas.

16 (5) The insertion and maintenance of an artificial
17 airway.

18 (6) Mechanical ventilatory support.

19 (7) Patient assessment.

20 (8) Patient education.

21 (9) The transferring of oxygen devices, for purposes of
22 patient transport, with a liter flow greater than 6 liters
23 per minute, and the transferring of oxygen devices at any
24 liter flow being delivered to patients less than 12 years
25 of age.

26 "Department" means the Department of Financial and

1 Professional Regulation.

2 "Licensed" means that which is required to hold oneself out
3 as a respiratory care practitioner as defined in this Act.

4 "Licensed health care professional" means a physician
5 licensed to practice medicine in all its branches, a licensed
6 advanced practice registered nurse, or a licensed physician
7 assistant.

8 "Order" means a written, oral, or telecommunicated
9 authorization for respiratory care services for a patient by
10 (i) a licensed health care professional who maintains medical
11 supervision of the patient and makes a diagnosis or verifies
12 that the patient's condition is such that it may be treated by
13 a respiratory care practitioner or (ii) a certified registered
14 nurse anesthetist in a licensed hospital or ambulatory surgical
15 treatment center.

16 "Other authorized licensed personnel" means a licensed
17 respiratory care practitioner, a licensed registered nurse, or
18 a licensed practical nurse whose scope of practice authorizes
19 the professional to supervise an individual who is not
20 licensed, certified, or registered as a health professional.

21 "Proximate supervision" means a situation in which an
22 individual is responsible for directing the actions of another
23 individual in the facility and is physically close enough to be
24 readily available, if needed, by the supervised individual.

25 "Respiratory care" and "cardiorespiratory care" mean
26 preventative services, evaluation and assessment services,

1 therapeutic services, cardiopulmonary disease management, and
2 rehabilitative services under the order of a licensed health
3 care professional for an individual with a disorder, disease,
4 or abnormality of the cardiopulmonary system. These terms
5 include, but are not limited to, measuring, observing,
6 assessing, and monitoring signs and symptoms, reactions,
7 general behavior, and general physical response of individuals
8 to respiratory care services, including the determination of
9 whether those signs, symptoms, reactions, behaviors, or
10 general physical responses exhibit abnormal characteristics;
11 the administration of pharmacological and therapeutic agents
12 and procedures related to respiratory care services; the
13 collection of blood specimens and other bodily fluids and
14 tissues for, and the performance of, cardiopulmonary
15 diagnostic testing procedures, including, but not limited to,
16 blood gas analysis; development, implementation, and
17 modification of respiratory care treatment plans based on
18 assessed abnormalities of the cardiopulmonary system,
19 respiratory care guidelines, referrals, and orders of a
20 licensed health care professional; application, operation, and
21 management of mechanical ventilatory support and other means of
22 life support, including, but not limited to, hemodynamic
23 cardiovascular support; and the initiation of emergency
24 procedures under the rules promulgated by the Department. A
25 respiratory care practitioner shall refer to a physician
26 licensed to practice medicine in all its branches any patient

1 whose condition, at the time of evaluation or treatment, is
2 determined to be beyond the scope of practice of the
3 respiratory care practitioner.

4 "Respiratory care education program" means a course of
5 academic study leading to eligibility for registry or
6 certification in respiratory care. The training is to be
7 approved by an accrediting agency recognized by the Board and
8 shall include an evaluation of competence through a
9 standardized testing mechanism that is determined by the Board
10 to be both valid and reliable.

11 "Respiratory care practitioner" means a person who is
12 licensed by the Department of Professional Regulation and meets
13 all of the following criteria:

14 (1) The person is engaged in the practice of
15 cardiorespiratory care and has the knowledge and skill
16 necessary to administer respiratory care.

17 (2) The person is capable of serving as a resource to
18 the licensed health care professional in relation to the
19 technical aspects of cardiorespiratory care and the safe
20 and effective methods for administering cardiorespiratory
21 care modalities.

22 (3) The person is able to function in situations of
23 unsupervised patient contact requiring great individual
24 judgment.

25 "Secretary" means the Secretary of Financial and
26 Professional Regulation.

1 (Source: P.A. 99-173, eff. 7-29-15; 99-230, eff. 8-3-15;
2 99-642, eff. 7-28-16.)

3 (225 ILCS 106/15)

4 (Section scheduled to be repealed on January 1, 2026)

5 Sec. 15. Exemptions.

6 (a) This Act does not prohibit a person legally regulated
7 in this State by any other Act from engaging in any practice
8 for which he or she is authorized.

9 (b) Nothing in this Act shall prohibit the practice of
10 respiratory care by a person who is employed by the United
11 States government or any bureau, division, or agency thereof
12 while in the discharge of the employee's official duties.

13 (c) Nothing in this Act shall be construed to limit the
14 activities and services of a person enrolled in an approved
15 course of study leading to a degree or certificate of registry
16 or certification eligibility in respiratory care if these
17 activities and services constitute a part of a supervised
18 course of study and if the person is designated by a title
19 which clearly indicates his or her status as a student or
20 trainee. Status as a student or trainee shall not exceed 3
21 years from the date of enrollment in an approved course.

22 (d) Nothing in this Act shall prohibit a person from
23 treating ailments by spiritual means through prayer alone in
24 accordance with the tenets and practices of a recognized church
25 or religious denomination.

1 (e) Nothing in this Act shall be construed to prevent a
2 person who is a registered nurse, an advanced practice
3 registered nurse, a licensed practical nurse, a physician
4 assistant, or a physician licensed to practice medicine in all
5 its branches from providing respiratory care.

6 (f) Nothing in this Act shall limit a person who is
7 credentialed by the National Society for Cardiopulmonary
8 Technology or the National Board for Respiratory Care from
9 performing pulmonary function tests and respiratory care
10 procedures related to the pulmonary function test. Individuals
11 who do not possess a license to practice respiratory care or a
12 license in another health care field may perform basic
13 screening spirometry limited to peak flow, forced vital
14 capacity, slow vital capacity, and maximum voluntary
15 ventilation if they possess spirometry certification from the
16 National Institute for Occupational Safety and Health, an
17 Office Spirometry Certificate from the American Association
18 for Respiratory Care, or other similarly accepted
19 certification training.

20 (g) Nothing in this Act shall prohibit the collection and
21 analysis of blood by clinical laboratory personnel meeting the
22 personnel standards of the Illinois Clinical Laboratory Act.

23 (h) Nothing in this Act shall prohibit a polysomnographic
24 technologist, technician, or trainee, as defined in the job
25 descriptions jointly accepted by the American Academy of Sleep
26 Medicine, the Association of Polysomnographic Technologists,

1 the Board of Registered Polysomnographic Technologists, and
2 the American Society of Electroneurodiagnostic Technologists,
3 from performing activities within the scope of practice of
4 polysomnographic technology while under the direction of a
5 physician licensed in this State.

6 (i) Nothing in this Act shall prohibit a family member from
7 providing respiratory care services to an ill person.

8 (j) Nothing in this Act shall be construed to limit an
9 unlicensed practitioner in a licensed hospital who is working
10 under the proximate supervision of a licensed health care
11 professional or other authorized licensed personnel and
12 providing direct patient care services from performing basic
13 respiratory care activities if the unlicensed practitioner (i)
14 has been trained to perform the basic respiratory care
15 activities at the facility that employs or contracts with the
16 individual and (ii) at a minimum, has annually received an
17 evaluation of the unlicensed practitioner's performance of
18 basic respiratory care activities documented by the facility.

19 (k) Nothing in this Act shall be construed to prohibit a
20 person enrolled in a respiratory care education program or an
21 approved course of study leading to a degree or certification
22 in a health care-related discipline that provides respiratory
23 care activities within his or her scope of practice and
24 employed in a licensed hospital in order to provide direct
25 patient care services under the direction of other authorized
26 licensed personnel from providing respiratory care activities.

1 (1) Nothing in this Act prohibits a person licensed as a
2 respiratory care practitioner in another jurisdiction from
3 providing respiratory care: (i) in a declared emergency in this
4 State; (ii) as a member of an organ procurement team; or (iii)
5 as part of a medical transport team that is transporting a
6 patient into or out of this State.

7 (Source: P.A. 99-230, eff. 8-3-15.)

8 Section 200. The Sex Offender Evaluation and Treatment
9 Provider Act is amended by changing Sections 35 and 40 as
10 follows:

11 (225 ILCS 109/35)

12 Sec. 35. Qualifications for licensure.

13 (a) (1) A person is qualified for licensure as a sex
14 offender evaluator if that person:

15 (A) has applied in writing on forms prepared and
16 furnished by the Department;

17 (B) has not engaged or is not engaged in any practice
18 or conduct that would be grounds for disciplining a
19 licensee under Section 75 of this Act; and

20 (C) satisfies the licensure and experience
21 requirements of paragraph (2) of this subsection (a).

22 (2) A person who applies to the Department shall be issued
23 a sex offender evaluator license by the Department if the
24 person meets the qualifications set forth in paragraph (1) of

1 this subsection (a) and provides evidence to the Department
2 that the person:

3 (A) is a physician licensed to practice medicine in all
4 of its branches under the Medical Practice Act of 1987 or
5 licensed under the laws of another state; an advanced
6 practice registered nurse with psychiatric specialty
7 licensed under the Nurse Practice Act or licensed under the
8 laws of another state; a clinical psychologist licensed
9 under the Clinical Psychologist Licensing Act or licensed
10 under the laws of another state; a licensed clinical social
11 worker licensed under the Clinical Social Work and Social
12 Work Practice Act or licensed under the laws of another
13 state; a licensed clinical professional counselor licensed
14 under the Professional Counselor and Clinical Professional
15 Counselor Licensing and Practice Act or licensed under the
16 laws of another state; or a licensed marriage and family
17 therapist licensed under the Marriage and Family Therapy
18 ~~Therapist~~ Licensing Act or licensed under the laws of
19 another state;

20 (B) has 400 hours of supervised experience in the
21 treatment or evaluation of sex offenders in the last 4
22 years, at least 200 of which are face-to-face therapy or
23 evaluation with sex offenders;

24 (C) has completed at least 10 sex offender evaluations
25 under supervision in the past 4 years; and

26 (D) has at least 40 hours of documented training in the

1 specialty of sex offender evaluation, treatment, or
2 management.

3 Until January 1, 2015, the requirements of subparagraphs
4 (B) and (D) of paragraph (2) of this subsection (a) are
5 satisfied if the applicant has been listed on the Sex Offender
6 Management Board's Approved Provider List for a minimum of 2
7 years before application for licensure. Until January 1, 2015,
8 the requirements of subparagraph (C) of paragraph (2) of this
9 subsection (a) are satisfied if the applicant has completed at
10 least 10 sex offender evaluations within the 4 years before
11 application for licensure.

12 (b)(1) A person is qualified for licensure as a sex
13 offender treatment provider if that person:

14 (A) has applied in writing on forms prepared and
15 furnished by the Department;

16 (B) has not engaged or is not engaged in any practice
17 or conduct that would be grounds for disciplining a
18 licensee under Section 75 of this Act; and

19 (C) satisfies the licensure and experience
20 requirements of paragraph (2) of this subsection (b).

21 (2) A person who applies to the Department shall be issued
22 a sex offender treatment provider license by the Department if
23 the person meets the qualifications set forth in paragraph (1)
24 of this subsection (b) and provides evidence to the Department
25 that the person:

26 (A) is a physician licensed to practice medicine in all

1 of its branches under the Medical Practice Act of 1987 or
2 licensed under the laws of another state; an advanced
3 practice registered nurse with psychiatric specialty
4 licensed under the Nurse Practice Act or licensed under the
5 laws of another state; a clinical psychologist licensed
6 under the Clinical Psychologist Licensing Act or licensed
7 under the laws of another state; a licensed clinical social
8 worker licensed under the Clinical Social Work and Social
9 Work Practice Act or licensed under the laws of another
10 state; a licensed clinical professional counselor licensed
11 under the Professional Counselor and Clinical Professional
12 Counselor Licensing and Practice Act or licensed under the
13 laws of another state; or a licensed marriage and family
14 therapist licensed under the Marriage and Family Therapy
15 ~~Therapist~~ Licensing Act or licensed under the laws of
16 another state;

17 (B) has 400 hours of supervised experience in the
18 treatment of sex offenders in the last 4 years, at least
19 200 of which are face-to-face therapy with sex offenders;
20 and

21 (C) has at least 40 hours documented training in the
22 specialty of sex offender evaluation, treatment, or
23 management.

24 Until January 1, 2015, the requirements of subparagraphs
25 (B) and (C) of paragraph (2) of this subsection (b) are
26 satisfied if the applicant has been listed on the Sex Offender

1 Management Board's Approved Provider List for a minimum of 2
2 years before application.

3 (c) (1) A person is qualified for licensure as an associate
4 sex offender provider if that person:

5 (A) has applied in writing on forms prepared and
6 furnished by the Department;

7 (B) has not engaged or is not engaged in any practice
8 or conduct that would be grounds for disciplining a
9 licensee under Section 75 of this Act; and

10 (C) satisfies the education and experience
11 requirements of paragraph (2) of this subsection (c).

12 (2) A person who applies to the Department shall be issued
13 an associate sex offender provider license by the Department if
14 the person meets the qualifications set forth in paragraph (1)
15 of this subsection (c) and provides evidence to the Department
16 that the person holds a master's degree or higher in social
17 work, psychology, marriage and family therapy, counseling or
18 closely related behavioral science degree, or psychiatry.

19 (Source: P.A. 97-1098, eff. 7-1-13; 98-612, eff. 12-27-13;
20 revised 9-14-16.)

21 (225 ILCS 109/40)

22 Sec. 40. Application; exemptions.

23 (a) No person may act as a sex offender evaluator, sex
24 offender treatment provider, or associate sex offender
25 provider as defined in this Act for the provision of sex

1 offender evaluations or sex offender treatment pursuant to the
2 Sex Offender Management Board Act, the Sexually Dangerous
3 Persons Act, or the Sexually Violent Persons Commitment Act
4 unless the person is licensed to do so by the Department. Any
5 evaluation or treatment services provided by a licensed health
6 care professional not licensed under this Act shall not be
7 valid under the Sex Offender Management Board Act, the Sexually
8 Dangerous Persons Act, or the Sexually Violent Persons
9 Commitment Act. No business shall provide, attempt to provide,
10 or offer to provide sex offender evaluation services unless it
11 is organized under the Professional Service Corporation Act,
12 the Medical Corporation Act, or the Professional Limited
13 Liability Company Act.

14 (b) Nothing in this Act shall be construed to require any
15 licensed physician, advanced practice registered nurse,
16 physician assistant, or other health care professional to be
17 licensed under this Act for the provision of services for which
18 the person is otherwise licensed. This Act does not prohibit a
19 person licensed under any other Act in this State from engaging
20 in the practice for which he or she is licensed. This Act only
21 applies to the provision of sex offender evaluations or sex
22 offender treatment provided for the purposes of complying with
23 the Sex Offender Management Board Act, the Sexually Dangerous
24 Persons Act, or the Sexually Violent Persons Commitment Act.

25 (Source: P.A. 99-227, eff. 8-3-15.)

1 Section 205. The Registered Surgical Assistant and
2 Registered Surgical Technologist Title Protection Act is
3 amended by changing Section 40 as follows:

4 (225 ILCS 130/40)

5 (Section scheduled to be repealed on January 1, 2024)

6 Sec. 40. Application of Act. This Act shall not be
7 construed to prohibit the following:

8 (1) A person licensed in this State under any other Act
9 from engaging in the practice for which he or she is
10 licensed, including but not limited to a physician licensed
11 to practice medicine in all its branches, physician
12 assistant, advanced practice registered nurse, or nurse
13 performing surgery-related tasks within the scope of his or
14 her license, nor are these individuals required to be
15 registered under this Act.

16 (2) A person from engaging in practice as a surgical
17 assistant or surgical technologist in the discharge of his
18 or her official duties as an employee of the United States
19 government.

20 (3) One or more registered surgical assistants or
21 surgical technologists from forming a professional service
22 corporation in accordance with the Professional Service
23 Corporation Act and applying for licensure as a corporation
24 providing surgical assistant or surgical technologist
25 services.

1 (4) A student engaging in practice as a surgical
2 assistant or surgical technologist under the direct
3 supervision of a physician licensed to practice medicine in
4 all of its branches as part of his or her program of study
5 at a school approved by the Department or in preparation to
6 qualify for the examination as prescribed under Sections 45
7 and 50 of this Act.

8 (5) A person from assisting in surgery at a physician's
9 discretion, including but not limited to medical students
10 and residents, nor are medical students and residents
11 required to be registered under this Act.

12 (6) A hospital, health system or network, ambulatory
13 surgical treatment center, physician licensed to practice
14 medicine in all its branches, physician medical group, or
15 other entity that provides surgery-related services from
16 employing individuals that the entity considers competent
17 to assist in surgery. These entities are not required to
18 utilize registered surgical assistants or registered
19 surgical technologists when providing surgery-related
20 services to patients. Nothing in this subsection shall be
21 construed to limit the ability of an employer to utilize
22 the services of any person to assist in surgery within the
23 employment setting consistent with the individual's skill
24 and training.

25 (Source: P.A. 98-364, eff. 12-31-13.)

1 Section 210. The Genetic Counselor Licensing Act is amended
2 by changing Sections 90 and 95 as follows:

3 (225 ILCS 135/90)

4 (Section scheduled to be repealed on January 1, 2025)

5 Sec. 90. Privileged communications and exceptions.

6 (a) With the exception of disclosure to the physician
7 performing or supervising a genetic test and to the referring
8 physician licensed to practice medicine in all its branches,
9 advanced practice registered nurse, or physician assistant, no
10 licensed genetic counselor shall disclose any information
11 acquired from persons consulting the counselor in a
12 professional capacity, except that which may be voluntarily
13 disclosed under any of the following circumstances:

14 (1) In the course of formally reporting, conferring, or
15 consulting with administrative superiors, colleagues, or
16 consultants who share professional responsibility, in
17 which instance all recipients of the information are
18 similarly bound to regard the communication as privileged.

19 (2) With the written consent of the person who provided
20 the information and about whom the information concerns.

21 (3) In the case of death or disability, with the
22 written consent of a personal representative.

23 (4) When a communication reveals the intended
24 commission of a crime or harmful act and such disclosure is
25 judged necessary in the professional judgment of the

1 licensed genetic counselor to protect any person from a
2 clear risk of serious mental or physical harm or injury or
3 to forestall a serious threat to the public safety.

4 (5) When the person waives the privilege by bringing
5 any public charges or filing a lawsuit against the
6 licensee.

7 (b) Any person having access to records or anyone who
8 participates in providing genetic counseling services, or in
9 providing any human services, or is supervised by a licensed
10 genetic counselor is similarly bound to regard all information
11 and communications as privileged in accord with this Section.

12 (c) The Mental Health and Developmental Disabilities
13 Confidentiality Act is incorporated herein as if all of its
14 provisions were included in this Act. In the event of a
15 conflict between the application of this Section and the Mental
16 Health and Developmental Disabilities Confidentiality Act to a
17 specific situation, the provisions of the Mental Health and
18 Developmental Disabilities Confidentiality Act shall control.

19 (Source: P.A. 96-1313, eff. 7-27-10.)

20 (225 ILCS 135/95)

21 (Section scheduled to be repealed on January 1, 2025)

22 Sec. 95. Grounds for discipline.

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

1 deems appropriate, including the issuance of fines not to
2 exceed \$10,000 for each violation, with regard to any license
3 for any one or more of the following:

4 (1) Material misstatement in furnishing information to
5 the Department or to any other State agency.

6 (2) Violations or negligent or intentional disregard
7 of this Act, or any of its rules.

8 (3) Conviction by plea of guilty or nolo contendere,
9 finding of guilt, jury verdict, or entry of judgment or
10 sentencing, including, but not limited to, convictions,
11 preceding sentences of supervision, conditional discharge,
12 or first offender probation, under the laws of any
13 jurisdiction of the United States: (i) that is a felony or
14 (ii) that is a misdemeanor, an essential element of which
15 is dishonesty, or that is directly related to the practice
16 of genetic counseling.

17 (4) Making any misrepresentation for the purpose of
18 obtaining a license, or violating any provision of this Act
19 or its rules.

20 (5) Negligence in the rendering of genetic counseling
21 services.

22 (6) Failure to provide genetic testing results and any
23 requested information to a referring physician licensed to
24 practice medicine in all its branches, advanced practice
25 registered nurse, or physician assistant.

26 (7) Aiding or assisting another person in violating any

1 provision of this Act or any rules.

2 (8) Failing to provide information within 60 days in
3 response to a written request made by the Department.

4 (9) Engaging in dishonorable, unethical, or
5 unprofessional conduct of a character likely to deceive,
6 defraud, or harm the public and violating the rules of
7 professional conduct adopted by the Department.

8 (10) Failing to maintain the confidentiality of any
9 information received from a client, unless otherwise
10 authorized or required by law.

11 (10.5) Failure to maintain client records of services
12 provided and provide copies to clients upon request.

13 (11) Exploiting a client for personal advantage,
14 profit, or interest.

15 (12) Habitual or excessive use or addiction to alcohol,
16 narcotics, stimulants, or any other chemical agent or drug
17 which results in inability to practice with reasonable
18 skill, judgment, or safety.

19 (13) Discipline by another governmental agency or unit
20 of government, by any jurisdiction of the United States, or
21 by a foreign nation, if at least one of the grounds for the
22 discipline is the same or substantially equivalent to those
23 set forth in this Section.

24 (14) 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 any professional service not actually rendered.
2 Nothing in this paragraph (14) affects any bona fide
3 independent contractor or employment arrangements among
4 health care professionals, health facilities, health care
5 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 (14) shall be construed to
11 require an employment arrangement to receive professional
12 fees for services rendered.

13 (15) A finding by the Department that the licensee,
14 after having the license placed on probationary status has
15 violated the terms of probation.

16 (16) Failing to refer a client to other health care
17 professionals when the licensee is unable or unwilling to
18 adequately support or serve the client.

19 (17) Willfully filing false reports relating to a
20 licensee's practice, including but not limited to false
21 records filed with federal or State agencies or
22 departments.

23 (18) Willfully failing to report an instance of
24 suspected child abuse or neglect as required by the Abused
25 and Neglected Child Reporting Act.

26 (19) Being named as a perpetrator in an indicated

1 report by the Department of Children and Family Services
2 pursuant to the Abused and Neglected Child Reporting Act,
3 and upon proof by clear and convincing evidence that the
4 licensee has caused a child to be an abused child or
5 neglected child as defined in the Abused and Neglected
6 Child Reporting Act.

7 (20) Physical or mental disability, including
8 deterioration through the aging process or loss of
9 abilities and skills which results in the inability to
10 practice the profession with reasonable judgment, skill,
11 or safety.

12 (21) Solicitation of professional services by using
13 false or misleading advertising.

14 (22) Failure to file a return, or to pay the tax,
15 penalty of interest shown in a filed return, or to pay any
16 final assessment of tax, penalty or interest, as required
17 by any tax Act administered by the Illinois Department of
18 Revenue or any successor agency or the Internal Revenue
19 Service or any successor agency.

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

23 (24) Practicing or attempting to practice under a name
24 other than the full name as shown on the license or any
25 other legally authorized name.

26 (25) Gross overcharging for professional services,

1 including filing statements for collection of fees or
2 monies for which services are not rendered.

3 (26) (Blank).

4 (27) Charging for professional services not rendered,
5 including filing false statements for the collection of
6 fees for which services are not rendered.

7 (28) Allowing one's license under this Act to be used
8 by an unlicensed person in violation of this Act.

9 (b) The Department shall deny, without hearing, any
10 application or renewal for a license under this Act to any
11 person who has defaulted on an educational loan guaranteed by
12 the Illinois Student ~~State~~ Assistance Commission; however, the
13 Department may issue a license or renewal if the person in
14 default has established a satisfactory repayment record as
15 determined by the Illinois Student Assistance Commission.

16 (c) The determination by a court that a licensee is subject
17 to involuntary admission or judicial admission as provided in
18 the Mental Health and Developmental Disabilities Code will
19 result in an automatic suspension of his or her license. The
20 suspension will end upon a finding by a court that the licensee
21 is no longer subject to involuntary admission or judicial
22 admission, the issuance of an order so finding and discharging
23 the patient, and the determination of the Secretary that the
24 licensee be allowed to resume professional practice.

25 (d) The Department may refuse to issue or renew or may
26 suspend without hearing the license of any person who fails to

1 file a return, to pay the tax penalty or interest shown in a
2 filed return, or to pay any final assessment of the tax,
3 penalty, or interest as required by any Act regarding the
4 payment of taxes administered by the Illinois Department of
5 Revenue until the requirements of the Act are satisfied in
6 accordance with subsection (g) of Section 2105-15 of the Civil
7 Administrative Code of Illinois.

8 (e) In cases where the Department of Healthcare and Family
9 Services has previously determined that a licensee or a
10 potential licensee is more than 30 days delinquent in the
11 payment of child support and has subsequently certified the
12 delinquency to the Department, the Department may refuse to
13 issue or renew or may revoke or suspend that person's license
14 or may take other disciplinary action against that person based
15 solely upon the certification of delinquency made by the
16 Department of Healthcare and Family Services in accordance with
17 item (5) of subsection (a) of Section 2105-15 of the Department
18 of Professional Regulation Law of the Civil Administrative Code
19 of Illinois.

20 (f) All fines or costs imposed under this Section shall be
21 paid within 60 days after the effective date of the order
22 imposing the fine or costs or in accordance with the terms set
23 forth in the order imposing the fine.

24 (Source: P.A. 98-813, eff. 1-1-15; 99-173, eff. 7-29-15;
25 99-633, eff. 1-1-17; revised 10-27-16.)

1 Section 215. The Illinois Public Aid Code is amended by
2 changing Sections 5-8 and 12-4.37 as follows:

3 (305 ILCS 5/5-8) (from Ch. 23, par. 5-8)

4 Sec. 5-8. Practitioners. In supplying medical assistance,
5 the Illinois Department may provide for the legally authorized
6 services of (i) persons licensed under the Medical Practice Act
7 of 1987, as amended, except as hereafter in this Section
8 stated, whether under a general or limited license, (ii)
9 persons licensed under the Nurse Practice Act as advanced
10 practice registered nurses, regardless of whether or not the
11 persons have written collaborative agreements, (iii) persons
12 licensed or registered under other laws of this State to
13 provide dental, medical, pharmaceutical, optometric,
14 podiatric, or nursing services, or other remedial care
15 recognized under State law, and (iv) persons licensed under
16 other laws of this State as a clinical social worker. The
17 Department shall adopt rules, no later than 90 days after the
18 effective date of this amendatory Act of the 99th General
19 Assembly, for the legally authorized services of persons
20 licensed under other laws of this State as a clinical social
21 worker. The Department may not provide for legally authorized
22 services of any physician who has been convicted of having
23 performed an abortion procedure in a wilful and wanton manner
24 on a woman who was not pregnant at the time such abortion
25 procedure was performed. The utilization of the services of

1 persons engaged in the treatment or care of the sick, which
2 persons are not required to be licensed or registered under the
3 laws of this State, is not prohibited by this Section.

4 (Source: P.A. 99-173, eff. 7-29-15; 99-621, eff. 1-1-17.)

5 (305 ILCS 5/12-4.37)

6 Sec. 12-4.37. Children's Healthcare Partnership Pilot
7 Program.

8 (a) The Department of Healthcare and Family Services, in
9 cooperation with the Department of Human Services, shall
10 establish a Children's Healthcare Partnership Pilot Program in
11 Sangamon County to fund the provision of various health care
12 services by a single provider, or a group of providers that
13 have entered into an agreement for that purpose, at a single
14 location in the county. Services covered under the pilot
15 program shall include, but need not be limited to, family
16 practice, pediatric, nursing (including advanced practice
17 registered nursing), psychiatric, dental, and vision services.

18 The Departments shall fund the provision of all services
19 provided under the pilot program using a rate structure that is
20 cost-based. To be selected by the Departments as the provider
21 of health care services under the pilot program, a provider or
22 group of providers must serve a disproportionate share of
23 low-income or indigent patients, including recipients of
24 medical assistance under Article V of this Code. The
25 Departments shall adopt rules as necessary to implement this

1 Section.

2 (b) Implementation of this Section is contingent on federal
3 approval. The Department of Healthcare and Family Services
4 shall take appropriate action by January 1, 2010 to seek
5 federal approval.

6 (c) This Section is inoperative if the provider of health
7 care services under the pilot program receives designation as a
8 Federally Qualified Health Center (FQHC) or FQHC Look-Alike.

9 (Source: P.A. 96-691, eff. 8-25-09; 96-1000, eff. 7-2-10.)

10 Section 220. The Older Adult Services Act is amended by
11 changing Section 35 as follows:

12 (320 ILCS 42/35)

13 Sec. 35. Older Adult Services Advisory Committee.

14 (a) The Older Adult Services Advisory Committee is created
15 to advise the directors of Aging, Healthcare and Family
16 Services, and Public Health on all matters related to this Act
17 and the delivery of services to older adults in general.

18 (b) The Advisory Committee shall be comprised of the
19 following:

20 (1) The Director of Aging or his or her designee, who
21 shall serve as chair and shall be an ex officio and
22 nonvoting member.

23 (2) The Director of Healthcare and Family Services and
24 the Director of Public Health or their designees, who shall

1 serve as vice-chairs and shall be ex officio and nonvoting
2 members.

3 (3) One representative each of the Governor's Office,
4 the Department of Healthcare and Family Services, the
5 Department of Public Health, the Department of Veterans'
6 Affairs, the Department of Human Services, the Department
7 of Insurance, the Department of Commerce and Economic
8 Opportunity, the Department on Aging, the Department on
9 Aging's State Long Term Care Ombudsman, the Illinois
10 Housing Finance Authority, and the Illinois Housing
11 Development Authority, each of whom shall be selected by
12 his or her respective director and shall be an ex officio
13 and nonvoting member.

14 (4) Thirty members appointed by the Director of Aging
15 in collaboration with the directors of Public Health and
16 Healthcare and Family Services, and selected from the
17 recommendations of statewide associations and
18 organizations, as follows:

19 (A) One member representing the Area Agencies on
20 Aging;

21 (B) Four members representing nursing homes or
22 licensed assisted living establishments;

23 (C) One member representing home health agencies;

24 (D) One member representing case management
25 services;

26 (E) One member representing statewide senior

1 center associations;

2 (F) One member representing Community Care Program
3 homemaker services;

4 (G) One member representing Community Care Program
5 adult day services;

6 (H) One member representing nutrition project
7 directors;

8 (I) One member representing hospice programs;

9 (J) One member representing individuals with
10 Alzheimer's disease and related dementias;

11 (K) Two members representing statewide trade or
12 labor unions;

13 (L) One advanced practice registered nurse with
14 experience in gerontological nursing;

15 (M) One physician specializing in gerontology;

16 (N) One member representing regional long-term
17 care ombudsmen;

18 (O) One member representing municipal, township,
19 or county officials;

20 (P) (Blank);

21 (Q) (Blank);

22 (R) One member representing the parish nurse
23 movement;

24 (S) One member representing pharmacists;

25 (T) Two members representing statewide
26 organizations engaging in advocacy or legal

- 1 representation on behalf of the senior population;
- 2 (U) Two family caregivers;
- 3 (V) Two citizen members over the age of 60;
- 4 (W) One citizen with knowledge in the area of
5 gerontology research or health care law;
- 6 (X) One representative of health care facilities
7 licensed under the Hospital Licensing Act; and
- 8 (Y) One representative of primary care service
9 providers.

10 The Director of Aging, in collaboration with the Directors
11 of Public Health and Healthcare and Family Services, may
12 appoint additional citizen members to the Older Adult Services
13 Advisory Committee. Each such additional member must be either
14 an individual age 60 or older or an uncompensated caregiver for
15 a family member or friend who is age 60 or older.

16 (c) Voting members of the Advisory Committee shall serve
17 for a term of 3 years or until a replacement is named. All
18 members shall be appointed no later than January 1, 2005. Of
19 the initial appointees, as determined by lot, 10 members shall
20 serve a term of one year; 10 shall serve for a term of 2 years;
21 and 12 shall serve for a term of 3 years. Any member appointed
22 to fill a vacancy occurring prior to the expiration of the term
23 for which his or her predecessor was appointed shall be
24 appointed for the remainder of that term. The Advisory
25 Committee shall meet at least quarterly and may meet more
26 frequently at the call of the Chair. A simple majority of those

1 appointed shall constitute a quorum. The affirmative vote of a
2 majority of those present and voting shall be necessary for
3 Advisory Committee action. Members of the Advisory Committee
4 shall receive no compensation for their services.

5 (d) The Advisory Committee shall have an Executive
6 Committee comprised of the Chair, the Vice Chairs, and up to 15
7 members of the Advisory Committee appointed by the Chair who
8 have demonstrated expertise in developing, implementing, or
9 coordinating the system restructuring initiatives defined in
10 Section 25. The Executive Committee shall have responsibility
11 to oversee and structure the operations of the Advisory
12 Committee and to create and appoint necessary subcommittees and
13 subcommittee members.

14 (e) The Advisory Committee shall study and make
15 recommendations related to the implementation of this Act,
16 including but not limited to system restructuring initiatives
17 as defined in Section 25 or otherwise related to this Act.

18 (Source: P.A. 95-331, eff. 8-21-07; 96-916, eff. 6-9-10.)

19 Section 225. The Abused and Neglected Child Reporting Act
20 is amended by changing Section 4 as follows:

21 (325 ILCS 5/4)

22 Sec. 4. Persons required to report; privileged
23 communications; transmitting false report. Any physician,
24 resident, intern, hospital, hospital administrator and

1 personnel engaged in examination, care and treatment of
2 persons, surgeon, dentist, dentist hygienist, osteopath,
3 chiropractor, podiatric physician, physician assistant,
4 substance abuse treatment personnel, funeral home director or
5 employee, coroner, medical examiner, emergency medical
6 technician, acupuncturist, crisis line or hotline personnel,
7 school personnel (including administrators and both certified
8 and non-certified school employees), personnel of institutions
9 of higher education, educational advocate assigned to a child
10 pursuant to the School Code, member of a school board or the
11 Chicago Board of Education or the governing body of a private
12 school (but only to the extent required in accordance with
13 other provisions of this Section expressly concerning the duty
14 of school board members to report suspected child abuse),
15 truant officers, social worker, social services administrator,
16 domestic violence program personnel, registered nurse,
17 licensed practical nurse, genetic counselor, respiratory care
18 practitioner, advanced practice registered nurse, home health
19 aide, director or staff assistant of a nursery school or a
20 child day care center, recreational or athletic program or
21 facility personnel, early intervention provider as defined in
22 the Early Intervention Services System Act, law enforcement
23 officer, licensed professional counselor, licensed clinical
24 professional counselor, registered psychologist and assistants
25 working under the direct supervision of a psychologist,
26 psychiatrist, or field personnel of the Department of

1 Healthcare and Family Services, Juvenile Justice, Public
2 Health, Human Services (acting as successor to the Department
3 of Mental Health and Developmental Disabilities,
4 Rehabilitation Services, or Public Aid), Corrections, Human
5 Rights, or Children and Family Services, supervisor and
6 administrator of general assistance under the Illinois Public
7 Aid Code, probation officer, animal control officer or Illinois
8 Department of Agriculture Bureau of Animal Health and Welfare
9 field investigator, or any other foster parent, homemaker or
10 child care worker having reasonable cause to believe a child
11 known to them in their professional or official capacity may be
12 an abused child or a neglected child shall immediately report
13 or cause a report to be made to the Department.

14 Any member of the clergy having reasonable cause to believe
15 that a child known to that member of the clergy in his or her
16 professional capacity may be an abused child as defined in item
17 (c) of the definition of "abused child" in Section 3 of this
18 Act shall immediately report or cause a report to be made to
19 the Department.

20 Any physician, physician's assistant, registered nurse,
21 licensed practical nurse, medical technician, certified
22 nursing assistant, social worker, or licensed professional
23 counselor of any office, clinic, or any other physical location
24 that provides abortions, abortion referrals, or contraceptives
25 having reasonable cause to believe a child known to him or her
26 in his or her professional or official capacity may be an

1 abused child or a neglected child shall immediately report or
2 cause a report to be made to the Department.

3 If an allegation is raised to a school board member during
4 the course of an open or closed school board meeting that a
5 child who is enrolled in the school district of which he or she
6 is a board member is an abused child as defined in Section 3 of
7 this Act, the member shall direct or cause the school board to
8 direct the superintendent of the school district or other
9 equivalent school administrator to comply with the
10 requirements of this Act concerning the reporting of child
11 abuse. For purposes of this paragraph, a school board member is
12 granted the authority in his or her individual capacity to
13 direct the superintendent of the school district or other
14 equivalent school administrator to comply with the
15 requirements of this Act concerning the reporting of child
16 abuse.

17 Notwithstanding any other provision of this Act, if an
18 employee of a school district has made a report or caused a
19 report to be made to the Department under this Act involving
20 the conduct of a current or former employee of the school
21 district and a request is made by another school district for
22 the provision of information concerning the job performance or
23 qualifications of the current or former employee because he or
24 she is an applicant for employment with the requesting school
25 district, the general superintendent of the school district to
26 which the request is being made must disclose to the requesting

1 school district the fact that an employee of the school
2 district has made a report involving the conduct of the
3 applicant or caused a report to be made to the Department, as
4 required under this Act. Only the fact that an employee of the
5 school district has made a report involving the conduct of the
6 applicant or caused a report to be made to the Department may
7 be disclosed by the general superintendent of the school
8 district to which the request for information concerning the
9 applicant is made, and this fact may be disclosed only in cases
10 where the employee and the general superintendent have not been
11 informed by the Department that the allegations were unfounded.
12 An employee of a school district who is or has been the subject
13 of a report made pursuant to this Act during his or her
14 employment with the school district must be informed by that
15 school district that if he or she applies for employment with
16 another school district, the general superintendent of the
17 former school district, upon the request of the school district
18 to which the employee applies, shall notify that requesting
19 school district that the employee is or was the subject of such
20 a report.

21 Whenever such person is required to report under this Act
22 in his capacity as a member of the staff of a medical or other
23 public or private institution, school, facility or agency, or
24 as a member of the clergy, he shall make report immediately to
25 the Department in accordance with the provisions of this Act
26 and may also notify the person in charge of such institution,

1 school, facility or agency, or church, synagogue, temple,
2 mosque, or other religious institution, or his designated agent
3 that such report has been made. Under no circumstances shall
4 any person in charge of such institution, school, facility or
5 agency, or church, synagogue, temple, mosque, or other
6 religious institution, or his designated agent to whom such
7 notification has been made, exercise any control, restraint,
8 modification or other change in the report or the forwarding of
9 such report to the Department.

10 The privileged quality of communication between any
11 professional person required to report and his patient or
12 client shall not apply to situations involving abused or
13 neglected children and shall not constitute grounds for failure
14 to report as required by this Act or constitute grounds for
15 failure to share information or documents with the Department
16 during the course of a child abuse or neglect investigation. If
17 requested by the professional, the Department shall confirm in
18 writing that the information or documents disclosed by the
19 professional were gathered in the course of a child abuse or
20 neglect investigation.

21 The reporting requirements of this Act shall not apply to
22 the contents of a privileged communication between an attorney
23 and his or her client or to confidential information within the
24 meaning of Rule 1.6 of the Illinois Rules of Professional
25 Conduct relating to the legal representation of an individual
26 client.

1 A member of the clergy may claim the privilege under
2 Section 8-803 of the Code of Civil Procedure.

3 Any office, clinic, or any other physical location that
4 provides abortions, abortion referrals, or contraceptives
5 shall provide to all office personnel copies of written
6 information and training materials about abuse and neglect and
7 the requirements of this Act that are provided to employees of
8 the office, clinic, or physical location who are required to
9 make reports to the Department under this Act, and instruct
10 such office personnel to bring to the attention of an employee
11 of the office, clinic, or physical location who is required to
12 make reports to the Department under this Act any reasonable
13 suspicion that a child known to him or her in his or her
14 professional or official capacity may be an abused child or a
15 neglected child. In addition to the above persons required to
16 report suspected cases of abused or neglected children, any
17 other person may make a report if such person has reasonable
18 cause to believe a child may be an abused child or a neglected
19 child.

20 Any person who enters into employment on and after July 1,
21 1986 and is mandated by virtue of that employment to report
22 under this Act, shall sign a statement on a form prescribed by
23 the Department, to the effect that the employee has knowledge
24 and understanding of the reporting requirements of this Act.
25 The statement shall be signed prior to commencement of the
26 employment. The signed statement shall be retained by the

1 employer. The cost of printing, distribution, and filing of the
2 statement shall be borne by the employer.

3 Within one year of initial employment and at least every 5
4 years thereafter, school personnel required to report child
5 abuse as provided under this Section must complete mandated
6 reporter training by a provider or agency with expertise in
7 recognizing and reporting child abuse.

8 The Department shall provide copies of this Act, upon
9 request, to all employers employing persons who shall be
10 required under the provisions of this Section to report under
11 this Act.

12 Any person who knowingly transmits a false report to the
13 Department commits the offense of disorderly conduct under
14 subsection (a) (7) of Section 26-1 of the Criminal Code of 2012.
15 A violation of this provision is a Class 4 felony.

16 Any person who knowingly and willfully violates any
17 provision of this Section other than a second or subsequent
18 violation of transmitting a false report as described in the
19 preceding paragraph, is guilty of a Class A misdemeanor for a
20 first violation and a Class 4 felony for a second or subsequent
21 violation; except that if the person acted as part of a plan or
22 scheme having as its object the prevention of discovery of an
23 abused or neglected child by lawful authorities for the purpose
24 of protecting or insulating any person or entity from arrest or
25 prosecution, the person is guilty of a Class 4 felony for a
26 first offense and a Class 3 felony for a second or subsequent

1 offense (regardless of whether the second or subsequent offense
2 involves any of the same facts or persons as the first or other
3 prior offense).

4 A child whose parent, guardian or custodian in good faith
5 selects and depends upon spiritual means through prayer alone
6 for the treatment or cure of disease or remedial care may be
7 considered neglected or abused, but not for the sole reason
8 that his parent, guardian or custodian accepts and practices
9 such beliefs.

10 A child shall not be considered neglected or abused solely
11 because the child is not attending school in accordance with
12 the requirements of Article 26 of the School Code, as amended.

13 Nothing in this Act prohibits a mandated reporter who
14 reasonably believes that an animal is being abused or neglected
15 in violation of the Humane Care for Animals Act from reporting
16 animal abuse or neglect to the Department of Agriculture's
17 Bureau of Animal Health and Welfare.

18 A home rule unit may not regulate the reporting of child
19 abuse or neglect in a manner inconsistent with the provisions
20 of this Section. This Section is a limitation under subsection
21 (i) of Section 6 of Article VII of the Illinois Constitution on
22 the concurrent exercise by home rule units of powers and
23 functions exercised by the State.

24 For purposes of this Section "child abuse or neglect"
25 includes abuse or neglect of an adult resident as defined in
26 this Act.

1 (Source: P.A. 97-189, eff. 7-22-11; 97-254, eff. 1-1-12;
2 97-387, eff. 8-15-11; 97-711, eff. 6-27-12; 97-813, eff.
3 7-13-12; 97-1150, eff. 1-25-13; 98-67, eff. 7-15-13; 98-214,
4 eff. 8-9-13; 98-408, eff. 7-1-14; 98-756, eff. 7-16-14.)

5 Section 230. The Health Care Workplace Violence Prevention
6 Act is amended by changing Section 10 as follows:

7 (405 ILCS 90/10)

8 Sec. 10. Definitions. In this Act:

9 "Department" means (i) the Department of Human Services, in
10 the case of a health care workplace that is operated or
11 regulated by the Department of Human Services, or (ii) the
12 Department of Public Health, in the case of a health care
13 workplace that is operated or regulated by the Department of
14 Public Health.

15 "Director" means the Secretary of Human Services or the
16 Director of Public Health, as appropriate.

17 "Employee" means any individual who is employed on a
18 full-time, part-time, or contractual basis by a health care
19 workplace.

20 "Health care workplace" means a mental health facility or
21 developmental disability facility as defined in the Mental
22 Health and Developmental Disabilities Code, other than a
23 hospital or unit thereof licensed under the Hospital Licensing
24 Act or operated under the University of Illinois Hospital Act.

1 "Health care workplace" does not include, and shall not be
2 construed to include, any office of a physician licensed to
3 practice medicine in all its branches, an advanced practice
4 registered nurse, or a physician assistant, regardless of the
5 form of such office.

6 "Imminent danger" means a preliminary determination of
7 immediate, threatened, or impending risk of physical injury as
8 determined by the employee.

9 "Responsible agency" means the State agency that (i)
10 licenses, certifies, registers, or otherwise regulates or
11 exercises jurisdiction over a health care workplace or a health
12 care workplace's activities or (ii) contracts with a health
13 care workplace for the delivery of health care services.

14 "Violence" or "violent act" means any act by a patient or
15 resident that causes or threatens to cause an injury to another
16 person.

17 (Source: P.A. 94-347, eff. 7-28-05.)

18 Section 235. The Perinatal Mental Health Disorders
19 Prevention and Treatment Act is amended by changing Section 10
20 as follows:

21 (405 ILCS 95/10)

22 Sec. 10. Definitions. In this Act:

23 "Hospital" has the meaning given to that term in the
24 Hospital Licensing Act.

1 "Licensed health care professional" means a physician
2 licensed to practice medicine in all its branches, a licensed
3 advanced practice registered nurse, or a licensed physician
4 assistant.

5 "Postnatal care" means an office visit to a licensed health
6 care professional occurring after birth, with reference to the
7 infant or mother.

8 "Prenatal care" means an office visit to a licensed health
9 care professional for pregnancy-related care occurring before
10 birth.

11 "Questionnaire" means an assessment tool administered by a
12 licensed health care professional to detect perinatal mental
13 health disorders, such as the Edinburgh Postnatal Depression
14 Scale, the Postpartum Depression Screening Scale, the Beck
15 Depression Inventory, the Patient Health Questionnaire, or
16 other validated assessment methods.

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

18 Section 240. The Epinephrine Auto-Injector Act is amended
19 by changing Section 5 as follows:

20 (410 ILCS 27/5)

21 Sec. 5. Definitions. As used in this Act:

22 "Administer" means to directly apply an epinephrine
23 auto-injector to the body of an individual.

24 "Authorized entity" means any entity or organization,

1 other than a school covered under Section 22-30 of the School
2 Code, in connection with or at which allergens capable of
3 causing anaphylaxis may be present, including, but not limited
4 to, independent contractors who provide student transportation
5 to schools, recreation camps, colleges and universities, day
6 care facilities, youth sports leagues, amusement parks,
7 restaurants, sports arenas, and places of employment. The
8 Department shall, by rule, determine what constitutes a day
9 care facility under this definition.

10 "Department" means the Department of Public Health.

11 "Epinephrine auto-injector" means a single-use device used
12 for the automatic injection of a pre-measured dose of
13 epinephrine into the human body.

14 "Health care practitioner" means a physician licensed to
15 practice medicine in all its branches under the Medical
16 Practice Act of 1987, a physician assistant under the Physician
17 Assistant Practice Act of 1987 with prescriptive authority, or
18 an advanced practice registered nurse with prescribing
19 authority under Article 65 of the Nurse Practice Act.

20 "Pharmacist" has the meaning given to that term under
21 subsection (k-5) of Section 3 of the Pharmacy Practice Act.

22 "Undesignated epinephrine auto-injector" means an
23 epinephrine auto-injector prescribed in the name of an
24 authorized entity.

25 (Source: P.A. 99-711, eff. 1-1-17.)

1 Section 245. The Lead Poisoning Prevention Act is amended
2 by changing Section 6.2 as follows:

3 (410 ILCS 45/6.2) (from Ch. 111 1/2, par. 1306.2)

4 Sec. 6.2. Testing children and pregnant persons.

5 (a) Any physician licensed to practice medicine in all its
6 branches or health care provider who sees or treats children 6
7 years of age or younger shall test those children for lead
8 poisoning when those children reside in an area defined as high
9 risk by the Department. Children residing in areas defined as
10 low risk by the Department shall be evaluated for risk by the
11 Childhood Lead Risk Questionnaire developed by the Department
12 and tested if indicated. Children shall be evaluated in
13 accordance with rules adopted by the Department.

14 (b) Each licensed, registered, or approved health care
15 facility serving children 6 years of age or younger, including,
16 but not limited to, health departments, hospitals, clinics, and
17 health maintenance organizations approved, registered, or
18 licensed by the Department, shall take the appropriate steps to
19 ensure that children 6 years of age or younger be evaluated for
20 risk or tested for lead poisoning or both.

21 (c) Children 7 years and older and pregnant persons may
22 also be tested by physicians or health care providers, in
23 accordance with rules adopted by the Department. Physicians and
24 health care providers shall also evaluate children for lead
25 poisoning in conjunction with the school health examination, as

1 required under the School Code, when, in the medical judgment
2 of the physician, advanced practice registered nurse, or
3 physician assistant, the child is potentially at high risk of
4 lead poisoning.

5 (d) (Blank).

6 (Source: P.A. 98-690, eff. 1-1-15; 99-78, eff. 7-20-15; 99-173,
7 eff. 7-29-15.)

8 Section 250. The Medical Patient Rights Act is amended by
9 changing Section 7 as follows:

10 (410 ILCS 50/7)

11 Sec. 7. Patient examination. Any physician, medical
12 student, resident, advanced practice registered nurse,
13 registered nurse, or physician assistant who provides
14 treatment or care to a patient shall inform the patient of his
15 or her profession upon providing the treatment or care, which
16 includes but is not limited to any physical examination, such
17 as a pelvic examination. In the case of an unconscious patient,
18 any care or treatment must be related to the patient's illness,
19 condition, or disease.

20 (Source: P.A. 93-771, eff. 7-21-04.)

21 Section 255. The Sexual Assault Survivors Emergency
22 Treatment Act is amended by changing Sections 1a, 2.2, 5, 5.5,
23 and 6.5 as follows:

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

2 Sec. 1a. Definitions. In this Act:

3 "Ambulance provider" means an individual or entity that
4 owns and operates a business or service using ambulances or
5 emergency medical services vehicles to transport emergency
6 patients.

7 "Areawide sexual assault treatment plan" means a plan,
8 developed by the hospitals in the community or area to be
9 served, which provides for hospital emergency services to
10 sexual assault survivors that shall be made available by each
11 of the participating hospitals.

12 "Department" means the Department of Public Health.

13 "Emergency contraception" means medication as approved by
14 the federal Food and Drug Administration (FDA) that can
15 significantly reduce the risk of pregnancy if taken within 72
16 hours after sexual assault.

17 "Follow-up healthcare" means healthcare services related
18 to a sexual assault, including laboratory services and pharmacy
19 services, rendered within 90 days of the initial visit for
20 hospital emergency services.

21 "Forensic services" means the collection of evidence
22 pursuant to a statewide sexual assault evidence collection
23 program administered by the Department of State Police, using
24 the Illinois State Police Sexual Assault Evidence Collection
25 Kit.

1 "Health care professional" means a physician, a physician
2 assistant, or an advanced practice registered nurse.

3 "Hospital" has the meaning given to that term in the
4 Hospital Licensing Act.

5 "Hospital emergency services" means healthcare delivered
6 to outpatients within or under the care and supervision of
7 personnel working in a designated emergency department of a
8 hospital, including, but not limited to, care ordered by such
9 personnel for a sexual assault survivor in the emergency
10 department.

11 "Illinois State Police Sexual Assault Evidence Collection
12 Kit" means a prepackaged set of materials and forms to be used
13 for the collection of evidence relating to sexual assault. The
14 standardized evidence collection kit for the State of Illinois
15 shall be the Illinois State Police Sexual Assault Evidence
16 Collection Kit.

17 "Law enforcement agency having jurisdiction" means the law
18 enforcement agency in the jurisdiction where an alleged sexual
19 assault or sexual abuse occurred.

20 "Nurse" means a nurse licensed under the Nurse Practice
21 Act.

22 "Physician" means a person licensed to practice medicine in
23 all its branches.

24 "Sexual assault" means an act of nonconsensual sexual
25 conduct or sexual penetration, as defined in Section 11-0.1 of
26 the Criminal Code of 2012, including, without limitation, acts

1 prohibited under Sections 11-1.20 through 11-1.60 of the
2 Criminal Code of 2012.

3 "Sexual assault survivor" means a person who presents for
4 hospital emergency services in relation to injuries or trauma
5 resulting from a sexual assault.

6 "Sexual assault transfer plan" means a written plan
7 developed by a hospital and approved by the Department, which
8 describes the hospital's procedures for transferring sexual
9 assault survivors to another hospital in order to receive
10 emergency treatment.

11 "Sexual assault treatment plan" means a written plan
12 developed by a hospital that describes the hospital's
13 procedures and protocols for providing hospital emergency
14 services and forensic services to sexual assault survivors who
15 present themselves for such services, either directly or
16 through transfer from another hospital.

17 "Transfer services" means the appropriate medical
18 screening examination and necessary stabilizing treatment
19 prior to the transfer of a sexual assault survivor to a
20 hospital that provides hospital emergency services and
21 forensic services to sexual assault survivors pursuant to a
22 sexual assault treatment plan or areawide sexual assault
23 treatment plan.

24 "Voucher" means a document generated by a hospital at the
25 time the sexual assault survivor receives hospital emergency
26 and forensic services that a sexual assault survivor may

1 present to providers for follow-up healthcare.

2 (Source: P.A. 99-454, eff. 1-1-16; 99-801, eff. 1-1-17.)

3 (410 ILCS 70/2.2)

4 Sec. 2.2. Emergency contraception.

5 (a) The General Assembly finds:

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

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

14 (3) As approved for use by the Federal Food and Drug
15 Administration (FDA), emergency contraception can
16 significantly reduce the risk of pregnancy if taken within
17 72 hours after the sexual assault.

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

21 (b) Within 120 days after the effective date of this
22 amendatory Act of the 92nd General Assembly, every hospital
23 providing services to sexual assault survivors in accordance
24 with a plan approved under Section 2 must develop a protocol
25 that ensures that each survivor of sexual assault will receive

1 medically and factually accurate and written and oral
2 information about emergency contraception; the indications and
3 counter-indications and risks associated with the use of
4 emergency contraception; and a description of how and when
5 victims may be provided emergency contraception upon the
6 written order of a physician licensed to practice medicine in
7 all its branches, a licensed advanced practice registered
8 nurse, or a licensed physician assistant. The Department shall
9 approve the protocol if it finds that the implementation of the
10 protocol would provide sufficient protection for survivors of
11 sexual assault.

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

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

20 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

21 Sec. 5. Minimum requirements for hospitals providing
22 hospital emergency services and forensic services to sexual
23 assault survivors.

24 (a) Every hospital providing hospital emergency services
25 and forensic services to sexual assault survivors under this

1 Act shall, as minimum requirements for such services, provide,
2 with the consent of the sexual assault survivor, and as ordered
3 by the attending physician, an advanced practice registered
4 nurse, or a physician assistant, the following:

5 (1) appropriate medical examinations and laboratory
6 tests required to ensure the health, safety, and welfare of
7 a sexual assault survivor or which may be used as evidence
8 in a criminal proceeding against a person accused of the
9 sexual assault, or both; and records of the results of such
10 examinations and tests shall be maintained by the hospital
11 and made available to law enforcement officials upon the
12 request of the sexual assault survivor;

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

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

22 (4) an amount of medication for treatment at the
23 hospital and after discharge as is deemed appropriate by
24 the attending physician, an advanced practice registered
25 nurse, or a physician assistant and consistent with the
26 hospital's current approved protocol for sexual assault

1 survivors;

2 (5) an evaluation of the sexual assault survivor's risk
3 of contracting human immunodeficiency virus (HIV) from the
4 sexual assault;

5 (6) written and oral instructions indicating the need
6 for follow-up examinations and laboratory tests after the
7 sexual assault to determine the presence or absence of
8 sexually transmitted disease;

9 (7) referral by hospital personnel for appropriate
10 counseling; and

11 (8) when HIV prophylaxis is deemed appropriate, an
12 initial dose or doses of HIV prophylaxis, along with
13 written and oral instructions indicating the importance of
14 timely follow-up healthcare.

15 (b) Any person who is a sexual assault survivor who seeks
16 emergency hospital services and forensic services or follow-up
17 healthcare under this Act shall be provided such services
18 without the consent of any parent, guardian, custodian,
19 surrogate, or agent.

20 (b-5) Every treating hospital providing hospital emergency
21 and forensic services to sexual assault survivors shall issue a
22 voucher to any sexual assault survivor who is eligible to
23 receive one. The hospital shall make a copy of the voucher and
24 place it in the medical record of the sexual assault survivor.
25 The hospital shall provide a copy of the voucher to the sexual
26 assault survivor after discharge upon request.

1 (c) Nothing in this Section creates a physician-patient
2 relationship that extends beyond discharge from the hospital
3 emergency department.

4 (Source: P.A. 99-173, eff. 7-29-15; 99-454, eff. 1-1-16;
5 99-642, eff. 7-28-16.)

6 (410 ILCS 70/5.5)

7 Sec. 5.5. Minimum reimbursement requirements for follow-up
8 healthcare.

9 (a) Every hospital, health care professional, laboratory,
10 or pharmacy that provides follow-up healthcare to a sexual
11 assault survivor, with the consent of the sexual assault
12 survivor and as ordered by the attending physician, an advanced
13 practice registered nurse, or physician assistant shall be
14 reimbursed for the follow-up healthcare services provided.
15 Follow-up healthcare services include, but are not limited to,
16 the following:

17 (1) a physical examination;

18 (2) laboratory tests to determine the presence or
19 absence of sexually transmitted disease; and

20 (3) appropriate medications, including HIV
21 prophylaxis.

22 (b) Reimbursable follow-up healthcare is limited to office
23 visits with a physician, advanced practice registered nurse, or
24 physician assistant within 90 days after an initial visit for
25 hospital emergency services.

1 (c) Nothing in this Section requires a hospital, health
2 care professional, laboratory, or pharmacy to provide
3 follow-up healthcare to a sexual assault survivor.

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

5 (410 ILCS 70/6.5)

6 Sec. 6.5. Written consent to the release of sexual assault
7 evidence for testing.

8 (a) Upon the completion of hospital emergency services and
9 forensic services, the health care professional providing the
10 forensic services shall provide the patient the opportunity to
11 sign a written consent to allow law enforcement to submit the
12 sexual assault evidence for testing. The written consent shall
13 be on a form included in the sexual assault evidence collection
14 kit and shall include whether the survivor consents to the
15 release of information about the sexual assault to law
16 enforcement.

17 (1) A survivor 13 years of age or older may sign the
18 written consent to release the evidence for testing.

19 (2) If the survivor is a minor who is under 13 years of
20 age, the written consent to release the sexual assault
21 evidence for testing may be signed by the parent, guardian,
22 investigating law enforcement officer, or Department of
23 Children and Family Services.

24 (3) If the survivor is an adult who has a guardian of
25 the person, a health care surrogate, or an agent acting

1 under a health care power of attorney, the consent of the
2 guardian, surrogate, or agent is not required to release
3 evidence and information concerning the sexual assault or
4 sexual abuse. If the adult is unable to provide consent for
5 the release of evidence and information and a guardian,
6 surrogate, or agent under a health care power of attorney
7 is unavailable or unwilling to release the information,
8 then an investigating law enforcement officer may
9 authorize the release.

10 (4) Any health care professional, including any
11 physician, advanced practice registered nurse, physician
12 assistant, or nurse, sexual assault nurse examiner, and any
13 health care institution, including any hospital, who
14 provides evidence or information to a law enforcement
15 officer under a written consent as specified in this
16 Section is immune from any civil or professional liability
17 that might arise from those actions, with the exception of
18 willful or wanton misconduct. The immunity provision
19 applies only if all of the requirements of this Section are
20 met.

21 (b) The hospital shall keep a copy of a signed or unsigned
22 written consent form in the patient's medical record.

23 (c) If a written consent to allow law enforcement to test
24 the sexual assault evidence is not signed at the completion of
25 hospital emergency services and forensic services, the
26 hospital shall include the following information in its

1 discharge instructions:

2 (1) the sexual assault evidence will be stored for 5
3 years from the completion of an Illinois State Police
4 Sexual Assault Evidence Collection Kit, or 5 years from the
5 age of 18 years, whichever is longer;

6 (2) a person authorized to consent to the testing of
7 the sexual assault evidence may sign a written consent to
8 allow law enforcement to test the sexual assault evidence
9 at any time during that 5-year period for an adult victim,
10 or until a minor victim turns 23 years of age by (A)
11 contacting the law enforcement agency having jurisdiction,
12 or if unknown, the law enforcement agency contacted by the
13 hospital under Section 3.2 of the Criminal Identification
14 Act; or (B) by working with an advocate at a rape crisis
15 center;

16 (3) the name, address, and phone number of the law
17 enforcement agency having jurisdiction, or if unknown the
18 name, address, and phone number of the law enforcement
19 agency contacted by the hospital under Section 3.2 of the
20 Criminal Identification Act; and

21 (4) the name and phone number of a local rape crisis
22 center.

23 (Source: P.A. 99-801, eff. 1-1-17.)

24 Section 260. The Consent by Minors to Medical Procedures
25 Act is amended by changing Sections 1, 1.5, 2, 3, and 5 as

1 follows:

2 (410 ILCS 210/1) (from Ch. 111, par. 4501)

3 Sec. 1. Consent by minor. The consent to the performance of
4 a medical or surgical procedure by a physician licensed to
5 practice medicine and surgery, a licensed advanced practice
6 registered nurse, or a licensed physician assistant executed by
7 a married person who is a minor, by a parent who is a minor, by
8 a pregnant woman who is a minor, or by any person 18 years of
9 age or older, is not voidable because of such minority, and,
10 for such purpose, a married person who is a minor, a parent who
11 is a minor, a pregnant woman who is a minor, or any person 18
12 years of age or older, is deemed to have the same legal
13 capacity to act and has the same powers and obligations as has
14 a person of legal age.

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

16 (410 ILCS 210/1.5)

17 Sec. 1.5. Consent by minor seeking care for primary care
18 services.

19 (a) The consent to the performance of primary care services
20 by a physician licensed to practice medicine in all its
21 branches, a licensed advanced practice registered nurse, or a
22 licensed physician assistant executed by a minor seeking care
23 is not voidable because of such minority, and for such purpose,
24 a minor seeking care is deemed to have the same legal capacity

1 to act and has the same powers and obligations as has a person
2 of legal age under the following circumstances:

3 (1) the health care professional reasonably believes
4 that the minor seeking care understands the benefits and
5 risks of any proposed primary care or services; and

6 (2) the minor seeking care is identified in writing as
7 a minor seeking care by:

8 (A) an adult relative;

9 (B) a representative of a homeless service agency
10 that receives federal, State, county, or municipal
11 funding to provide those services or that is otherwise
12 sanctioned by a local continuum of care;

13 (C) an attorney licensed to practice law in this
14 State;

15 (D) a public school homeless liaison or school
16 social worker;

17 (E) a social service agency providing services to
18 at risk, homeless, or runaway youth; or

19 (F) a representative of a religious organization.

20 (b) A health care professional rendering primary care
21 services under this Section shall not incur civil or criminal
22 liability for failure to obtain valid consent or professional
23 discipline for failure to obtain valid consent if he or she
24 relied in good faith on the representations made by the minor
25 or the information provided under paragraph (2) of subsection
26 (a) of this Section. Under such circumstances, good faith shall

1 be presumed.

2 (c) The confidential nature of any communication between a
3 health care professional described in Section 1 of this Act and
4 a minor seeking care is not waived (1) by the presence, at the
5 time of communication, of any additional persons present at the
6 request of the minor seeking care, (2) by the health care
7 professional's disclosure of confidential information to the
8 additional person with the consent of the minor seeking care,
9 when reasonably necessary to accomplish the purpose for which
10 the additional person is consulted, or (3) by the health care
11 professional billing a health benefit insurance or plan under
12 which the minor seeking care is insured, is enrolled, or has
13 coverage for the services provided.

14 (d) Nothing in this Section shall be construed to limit or
15 expand a minor's existing powers and obligations under any
16 federal, State, or local law. Nothing in this Section shall be
17 construed to affect the Parental Notice of Abortion Act of
18 1995. Nothing in this Section affects the right or authority of
19 a parent or legal guardian to verbally, in writing, or
20 otherwise authorize health care services to be provided for a
21 minor in their absence.

22 (e) For the purposes of this Section:

23 "Minor seeking care" means a person at least 14 years
24 of age but less than 18 years of age who is living separate
25 and apart from his or her parents or legal guardian,
26 whether with or without the consent of a parent or legal

1 guardian who is unable or unwilling to return to the
2 residence of a parent, and managing his or her own personal
3 affairs. "Minor seeking care" does not include minors who
4 are under the protective custody, temporary custody, or
5 guardianship of the Department of Children and Family
6 Services.

7 "Primary care services" means health care services
8 that include screening, counseling, immunizations,
9 medication, and treatment of illness and conditions
10 customarily provided by licensed health care professionals
11 in an out-patient setting. "Primary care services" does not
12 include invasive care, beyond standard injections,
13 laceration care, or non-surgical fracture care.

14 (Source: P.A. 98-671, eff. 10-1-14; 99-173, eff. 7-29-15.)

15 (410 ILCS 210/2) (from Ch. 111, par. 4502)

16 Sec. 2. Any parent, including a parent who is a minor, may
17 consent to the performance upon his or her child of a medical
18 or surgical procedure by a physician licensed to practice
19 medicine and surgery, a licensed advanced practice registered
20 nurse, or a licensed physician assistant or a dental procedure
21 by a licensed dentist. The consent of a parent who is a minor
22 shall not be voidable because of such minority, but, for such
23 purpose, a parent who is a minor shall be deemed to have the
24 same legal capacity to act and shall have the same powers and
25 obligations as has a person of legal age.

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

2 (410 ILCS 210/3) (from Ch. 111, par. 4503)

3 Sec. 3. (a) Where a hospital, a physician licensed to
4 practice medicine or surgery, a licensed advanced practice
5 registered nurse, or a licensed physician assistant renders
6 emergency treatment or first aid or a licensed dentist renders
7 emergency dental treatment to a minor, consent of the minor's
8 parent or legal guardian need not be obtained if, in the sole
9 opinion of the physician, advanced practice registered nurse,
10 physician assistant, dentist, or hospital, the obtaining of
11 consent is not reasonably feasible under the circumstances
12 without adversely affecting the condition of such minor's
13 health.

14 (b) Where a minor is the victim of a predatory criminal
15 sexual assault of a child, aggravated criminal sexual assault,
16 criminal sexual assault, aggravated criminal sexual abuse or
17 criminal sexual abuse, as provided in Sections 11-1.20 through
18 11-1.60 of the Criminal Code of 2012, the consent of the
19 minor's parent or legal guardian need not be obtained to
20 authorize a hospital, physician, advanced practice registered
21 nurse, physician assistant, or other medical personnel to
22 furnish medical care or counseling related to the diagnosis or
23 treatment of any disease or injury arising from such offense.
24 The minor may consent to such counseling, diagnosis or
25 treatment as if the minor had reached his or her age of

1 majority. Such consent shall not be voidable, nor subject to
2 later disaffirmance, because of minority.

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

4 (410 ILCS 210/5) (from Ch. 111, par. 4505)

5 Sec. 5. Counseling; informing parent or guardian. Any
6 physician, advanced practice registered nurse, or physician
7 assistant, who provides diagnosis or treatment or any licensed
8 clinical psychologist or professionally trained social worker
9 with a master's degree or any qualified person employed (i) by
10 an organization licensed or funded by the Department of Human
11 Services, (ii) by units of local government, or (iii) by
12 agencies or organizations operating drug abuse programs funded
13 or licensed by the Federal Government or the State of Illinois
14 or any qualified person employed by or associated with any
15 public or private alcoholism or drug abuse program licensed by
16 the State of Illinois who provides counseling to a minor
17 patient who has come into contact with any sexually transmitted
18 disease referred to in Section 4 of this Act may, but shall not
19 be obligated to, inform the parent, parents, or guardian of the
20 minor as to the treatment given or needed. Any person described
21 in this Section who provides counseling to a minor who abuses
22 drugs or alcohol or has a family member who abuses drugs or
23 alcohol shall not inform the parent, parents, guardian, or
24 other responsible adult of the minor's condition or treatment
25 without the minor's consent unless that action is, in the

1 person's judgment, necessary to protect the safety of the
2 minor, a family member, or another individual.

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

10 (Source: P.A. 93-962, eff. 8-20-04.)

11 Section 265. The Early Hearing Detection and Intervention
12 Act is amended by changing Section 10 as follows:

13 (410 ILCS 213/10)

14 Sec. 10. Reports to Department of Public Health.
15 Physicians, advanced practice registered nurses, physician
16 assistants, otolaryngologists, audiologists, ancillary health
17 care providers, early intervention programs and providers,
18 parent-to-parent support programs, the Department of Human
19 Services, and the University of Illinois at Chicago Division of
20 Specialized Care for Children shall report all hearing testing,
21 medical treatment, and intervention outcomes related to
22 newborn hearing screening or newly identified hearing loss for
23 children birth through 6 years of age to the Department.
24 Reporting shall be done within 7 days after the date of service

1 or after an inquiry from the Department. Reports shall be in a
2 format determined by the Department.

3 (Source: P.A. 99-834, eff. 8-19-16.)

4 Section 270. The Prenatal and Newborn Care Act is amended
5 by changing Sections 2 and 6 as follows:

6 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

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

9 "Advanced practice registered nurse" or "APRN" "~~APN~~" means
10 an advanced practice registered nurse licensed under the Nurse
11 Practice Act.

12 "Department" means the Illinois Department of Human
13 Services.

14 "Early and Periodic Screening, Diagnosis and Treatment
15 (EPSDT)" means the provision of preventative health care under
16 42 C.F.R. 441.50 et seq., including medical and dental
17 services, needed to assess growth and development and detect
18 and treat health problems.

19 "Hospital" means a hospital as defined under the Hospital
20 Licensing Act.

21 "Local health authority" means the full-time official
22 health department or board of health, as recognized by the
23 Illinois Department of Public Health, having jurisdiction over
24 a particular area.

1 "Nurse" means a nurse licensed under the Nurse Practice
2 Act.

3 "Physician" means a physician licensed to practice
4 medicine in all of its branches.

5 "Physician assistant" means a physician assistant licensed
6 under the Physician Assistant Practice Act of 1987.

7 "Postnatal visit" means a visit occurring after birth, with
8 reference to the newborn.

9 "Prenatal visit" means a visit occurring before birth.

10 "Program" means the Prenatal and Newborn Care Program
11 established pursuant to this Act.

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

13 (410 ILCS 225/6) (from Ch. 111 1/2, par. 7026)

14 Sec. 6. Covered services.

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

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

20 (2) Screening and treatment for sexually transmitted
21 disease.

22 (3) Prenatal visits to a physician in the physician's
23 office, an advanced practice registered nurse in the
24 advanced practice registered nurse's office, a physician
25 assistant in the physician assistant's office, or to a

1 hospital outpatient prenatal clinic, local health
2 department maternity clinic, or community health center.

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

7 (5) Pharmacy services related to the pregnancy.

8 (6) Other medical consultations related to the
9 pregnancy.

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

13 (8) One postnatal office visit within 60 days after
14 delivery.

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

17 (10) Social and support services.

18 (11) Nutrition services.

19 (12) Case management services.

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

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

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

26 (3) Hospital inpatient services.

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

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

5 (6) Services considered investigational or
6 experimental.

7 (Source: P.A. 93-962, eff. 8-20-04.)

8 Section 275. The AIDS Confidentiality Act is amended by
9 changing Section 3 as follows:

10 (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

11 Sec. 3. Definitions. When used in this Act:

12 (a) "AIDS" means acquired immunodeficiency syndrome.

13 (b) "Authority" means the Illinois Health Information
14 Exchange Authority established pursuant to the Illinois Health
15 Information Exchange and Technology Act.

16 (c) "Business associate" has the meaning ascribed to it
17 under HIPAA, as specified in 45 CFR 160.103.

18 (d) "Covered entity" has the meaning ascribed to it under
19 HIPAA, as specified in 45 CFR 160.103.

20 (e) "De-identified information" means health information
21 that is not individually identifiable as described under HIPAA,
22 as specified in 45 CFR 164.514(b).

23 (f) "Department" means the Illinois Department of Public
24 Health or its designated agents.

1 (g) "Disclosure" has the meaning ascribed to it under
2 HIPAA, as specified in 45 CFR 160.103.

3 (h) "Health care operations" has the meaning ascribed to it
4 under HIPAA, as specified in 45 CFR 164.501.

5 (i) "Health care professional" means (i) a licensed
6 physician, (ii) a licensed physician assistant, (iii) a
7 licensed advanced practice registered nurse, (iv) an advanced
8 practice registered nurse or physician assistant who practices
9 in a hospital or ambulatory surgical treatment center and
10 possesses appropriate clinical privileges, (v) a licensed
11 dentist, (vi) a licensed podiatric physician, or (vii) an
12 individual certified to provide HIV testing and counseling by a
13 state or local public health department.

14 (j) "Health care provider" has the meaning ascribed to it
15 under HIPAA, as specified in 45 CFR 160.103.

16 (k) "Health facility" means a hospital, nursing home, blood
17 bank, blood center, sperm bank, or other health care
18 institution, including any "health facility" as that term is
19 defined in the Illinois Finance Authority Act.

20 (l) "Health information exchange" or "HIE" means a health
21 information exchange or health information organization that
22 oversees and governs the electronic exchange of health
23 information that (i) is established pursuant to the Illinois
24 Health Information Exchange and Technology Act, or any
25 subsequent amendments thereto, and any administrative rules
26 adopted thereunder; (ii) has established a data sharing

1 arrangement with the Authority; or (iii) as of August 16, 2013,
2 was designated by the Authority Board as a member of, or was
3 represented on, the Authority Board's Regional Health
4 Information Exchange Workgroup; provided that such designation
5 shall not require the establishment of a data sharing
6 arrangement or other participation with the Illinois Health
7 Information Exchange or the payment of any fee. In certain
8 circumstances, in accordance with HIPAA, an HIE will be a
9 business associate.

10 (m) "Health oversight agency" has the meaning ascribed to
11 it under HIPAA, as specified in 45 CFR 164.501.

12 (n) "HIPAA" means the Health Insurance Portability and
13 Accountability Act of 1996, Public Law 104-191, as amended by
14 the Health Information Technology for Economic and Clinical
15 Health Act of 2009, Public Law 111-05, and any subsequent
16 amendments thereto and any regulations promulgated thereunder.

17 (o) "HIV" means the human immunodeficiency virus.

18 (p) "HIV-related information" means the identity of a
19 person upon whom an HIV test is performed, the results of an
20 HIV test, as well as diagnosis, treatment, and prescription
21 information that reveals a patient is HIV-positive, including
22 such information contained in a limited data set. "HIV-related
23 information" does not include information that has been
24 de-identified in accordance with HIPAA.

25 (q) "Informed consent" means:

26 (1) where a health care provider, health care

1 professional, or health facility has implemented opt-in
2 testing, a process by which an individual or their legal
3 representative receives pre-test information, has an
4 opportunity to ask questions, and consents verbally or in
5 writing to the test without undue inducement or any element
6 of force, fraud, deceit, duress, or other form of
7 constraint or coercion; or

8 (2) where a health care provider, health care
9 professional, or health facility has implemented opt-out
10 testing, the individual or their legal representative has
11 been notified verbally or in writing that the test is
12 planned, has received pre-test information, has been given
13 the opportunity to ask questions and the opportunity to
14 decline testing, and has not declined testing; where such
15 notice is provided, consent for opt-out HIV testing may be
16 incorporated into the patient's general consent for
17 medical care on the same basis as are other screening or
18 diagnostic tests; a separate consent for opt-out HIV
19 testing is not required.

20 In addition, where the person providing informed consent is
21 a participant in an HIE, informed consent requires a fair
22 explanation that the results of the patient's HIV test will be
23 accessible through an HIE and meaningful disclosure of the
24 patient's opt-out right under Section 9.6 of this Act.

25 A health care provider, health care professional, or health
26 facility undertaking an informed consent process for HIV

1 testing under this subsection may combine a form used to obtain
2 informed consent for HIV testing with forms used to obtain
3 written consent for general medical care or any other medical
4 test or procedure, provided that the forms make it clear that
5 the subject may consent to general medical care, tests, or
6 procedures without being required to consent to HIV testing,
7 and clearly explain how the subject may decline HIV testing.
8 Health facility clerical staff or other staff responsible for
9 the consent form for general medical care may obtain consent
10 for HIV testing through a general consent form.

11 (r) "Limited data set" has the meaning ascribed to it under
12 HIPAA, as described in 45 CFR 164.514(e) (2).

13 (s) "Minimum necessary" means the HIPAA standard for using,
14 disclosing, and requesting protected health information found
15 in 45 CFR 164.502(b) and 164.514(d).

16 (s-1) "Opt-in testing" means an approach where an HIV test
17 is presented by offering the test and the patient accepts or
18 declines testing.

19 (s-3) "Opt-out testing" means an approach where an HIV test
20 is presented such that a patient is notified that HIV testing
21 may occur unless the patient declines.

22 (t) "Organized health care arrangement" has the meaning
23 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

24 (u) "Patient safety activities" has the meaning ascribed to
25 it under 42 CFR 3.20.

26 (v) "Payment" has the meaning ascribed to it under HIPAA,

1 as specified in 45 CFR 164.501.

2 (w) "Person" includes any natural person, partnership,
3 association, joint venture, trust, governmental entity, public
4 or private corporation, health facility, or other legal entity.

5 (w-5) "Pre-test information" means:

6 (1) a reasonable explanation of the test, including its
7 purpose, potential uses, limitations, and the meaning of
8 its results; and

9 (2) a reasonable explanation of the procedures to be
10 followed, including the voluntary nature of the test, the
11 availability of a qualified person to answer questions, the
12 right to withdraw consent to the testing process at any
13 time, the right to anonymity to the extent provided by law
14 with respect to participation in the test and disclosure of
15 test results, and the right to confidential treatment of
16 information identifying the subject of the test and the
17 results of the test, to the extent provided by law.

18 Pre-test information may be provided in writing, verbally,
19 or by video, electronic, or other means and may be provided as
20 designated by the supervising health care professional or the
21 health facility.

22 For the purposes of this definition, a qualified person to
23 answer questions is a health care professional or, when acting
24 under the supervision of a health care professional, a
25 registered nurse, medical assistant, or other person
26 determined to be sufficiently knowledgeable about HIV testing,

1 its purpose, potential uses, limitations, the meaning of the
2 test results, and the testing procedures in the professional
3 judgment of a supervising health care professional or as
4 designated by a health care facility.

5 (x) "Protected health information" has the meaning
6 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

7 (y) "Research" has the meaning ascribed to it under HIPAA,
8 as specified in 45 CFR 164.501.

9 (z) "State agency" means an instrumentality of the State of
10 Illinois and any instrumentality of another state that,
11 pursuant to applicable law or a written undertaking with an
12 instrumentality of the State of Illinois, is bound to protect
13 the privacy of HIV-related information of Illinois persons.

14 (aa) "Test" or "HIV test" means a test to determine the
15 presence of the antibody or antigen to HIV, or of HIV
16 infection.

17 (bb) "Treatment" has the meaning ascribed to it under
18 HIPAA, as specified in 45 CFR 164.501.

19 (cc) "Use" has the meaning ascribed to it under HIPAA, as
20 specified in 45 CFR 160.103, where context dictates.

21 (Source: P.A. 98-214, eff. 8-9-13; 98-1046, eff. 1-1-15; 99-54,
22 eff. 1-1-16; 99-173, eff. 7-29-15; 99-642, eff. 7-28-16.)

23 Section 280. The Illinois Sexually Transmissible Disease
24 Control Act is amended by changing Sections 3, 4, and 5.5 as
25 follows:

1 (410 ILCS 325/3) (from Ch. 111 1/2, par. 7403)

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

4 (1) "Department" means the Department of Public Health.

5 (2) "Local health authority" means the full-time official
6 health department or board of health, as recognized by the
7 Department, having jurisdiction over a particular area.

8 (3) "Sexually transmissible disease" means a bacterial,
9 viral, fungal or parasitic disease, determined by rule of the
10 Department to be sexually transmissible, to be a threat to the
11 public health and welfare, and to be a disease for which a
12 legitimate public interest will be served by providing for
13 regulation and treatment. In considering which diseases are to
14 be designated sexually transmissible diseases, the Department
15 shall consider such diseases as chancroid, gonorrhea,
16 granuloma inguinale, lymphogranuloma venereum, genital herpes
17 simplex, chlamydia, nongonococcal urethritis (NGU), pelvic
18 inflammatory disease (PID)/Acute Salpingitis, syphilis,
19 Acquired Immunodeficiency Syndrome (AIDS), and Human
20 Immunodeficiency Virus (HIV) for designation, and shall
21 consider the recommendations and classifications of the
22 Centers for Disease Control and other nationally recognized
23 medical authorities. Not all diseases that are sexually
24 transmissible need be designated for purposes of this Act.

25 (4) "Health care professional" means a physician licensed

1 to practice medicine in all its branches, a licensed physician
2 assistant, or a licensed advanced practice registered nurse.

3 (5) "Expedited partner therapy" means to prescribe,
4 dispense, furnish, or otherwise provide prescription
5 antibiotic drugs to the partner or partners of persons
6 clinically diagnosed as infected with a sexually transmissible
7 disease, without physical examination of the partner or
8 partners.

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

10 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

11 Sec. 4. Reporting required.

12 (a) A physician licensed under the provisions of the
13 Medical Practice Act of 1987, an advanced practice registered
14 nurse licensed under the provisions of the Nurse Practice Act,
15 or a physician assistant licensed under the provisions of the
16 Physician Assistant Practice Act of 1987 who makes a diagnosis
17 of or treats a person with a sexually transmissible disease and
18 each laboratory that performs a test for a sexually
19 transmissible disease which concludes with a positive result
20 shall report such facts as may be required by the Department by
21 rule, within such time period as the Department may require by
22 rule, but in no case to exceed 2 weeks.

23 (b) The Department shall adopt rules specifying the
24 information required in reporting a sexually transmissible
25 disease, the method of reporting and specifying a minimum time

1 period for reporting. In adopting such rules, the Department
2 shall consider the need for information, protections for the
3 privacy and confidentiality of the patient, and the practical
4 abilities of persons and laboratories to report in a reasonable
5 fashion.

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

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

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

17 (410 ILCS 325/5.5) (from Ch. 111 1/2, par. 7405.5)

18 Sec. 5.5. Risk assessment.

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

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

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

23 (c) Contacts investigated under this Section shall in the
24 case of HIV infection include (i) individuals who have
25 undergone invasive procedures performed by an HIV infected
26 health care provider and (ii) health care providers who have

1 performed invasive procedures for persons infected with HIV,
2 provided the Department has determined that there is or may
3 have been potential risk of HIV transmission from the health
4 care provider to those individuals or from infected persons to
5 health care providers. The Department shall have access to the
6 subject's records to review for the identity of contacts. The
7 subject's records shall not be copied or seized by the
8 Department.

9 For purposes of this subsection, the term "invasive
10 procedures" means those procedures termed invasive by the
11 Centers for Disease Control in current guidelines or
12 recommendations for the prevention of HIV transmission in
13 health care settings, and the term "health care provider" means
14 any physician, dentist, podiatric physician, advanced practice
15 registered nurse, physician assistant, nurse, or other person
16 providing health care services of any kind.

17 (d) All information and records held by the Department and
18 local health authorities pertaining to activities conducted
19 pursuant to this Section shall be strictly confidential and
20 exempt from copying and inspection under the Freedom of
21 Information Act. Such information and records shall not be
22 released or made public by the Department or local health
23 authorities, and shall not be admissible as evidence, nor
24 discoverable in any action of any kind in any court or before
25 any tribunal, board, agency or person and shall be treated in
26 the same manner as the information and those records subject to

1 the provisions of Part 21 of Article VIII of the Code of Civil
2 Procedure except under the following circumstances:

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

5 (2) When authorized under Section 8 to be released
6 under court order or subpoena pursuant to Section 12-5.01
7 or 12-16.2 of the Criminal Code of 1961 or the Criminal
8 Code of 2012; or

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

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

16 (Source: P.A. 98-214, eff. 8-9-13; 98-756, eff. 7-16-14;
17 99-642, eff. 7-28-16.)

18 Section 285. The Perinatal HIV Prevention Act is amended by
19 changing Section 5 as follows:

20 (410 ILCS 335/5)

21 Sec. 5. Definitions. In this Act:

22 "Department" means the Department of Public Health.

23 "Health care professional" means a physician licensed to
24 practice medicine in all its branches, a licensed physician

1 assistant, or a licensed advanced practice registered nurse.

2 "Health care facility" or "facility" means any hospital or
3 other institution that is licensed or otherwise authorized to
4 deliver health care services.

5 "Health care services" means any prenatal medical care or
6 labor or delivery services to a pregnant woman and her newborn
7 infant, including hospitalization.

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

9 Section 290. The Genetic Information Privacy Act is amended
10 by changing Section 10 as follows:

11 (410 ILCS 513/10)

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

13 "Authority" means the Illinois Health Information Exchange
14 Authority established pursuant to the Illinois Health
15 Information Exchange and Technology Act.

16 "Business associate" has the meaning ascribed to it under
17 HIPAA, as specified in 45 CFR 160.103.

18 "Covered entity" has the meaning ascribed to it under
19 HIPAA, as specified in 45 CFR 160.103.

20 "De-identified information" means health information that
21 is not individually identifiable as described under HIPAA, as
22 specified in 45 CFR 164.514(b).

23 "Disclosure" has the meaning ascribed to it under HIPAA, as
24 specified in 45 CFR 160.103.

1 "Employer" means the State of Illinois, any unit of local
2 government, and any board, commission, department,
3 institution, or school district, any party to a public
4 contract, any joint apprenticeship or training committee
5 within the State, and every other person employing employees
6 within the State.

7 "Employment agency" means both public and private
8 employment agencies and any person, labor organization, or
9 labor union having a hiring hall or hiring office regularly
10 undertaking, with or without compensation, to procure
11 opportunities to work, or to procure, recruit, refer, or place
12 employees.

13 "Family member" means, with respect to an individual, (i)
14 the spouse of the individual; (ii) a dependent child of the
15 individual, including a child who is born to or placed for
16 adoption with the individual; (iii) any other person qualifying
17 as a covered dependent under a managed care plan; and (iv) all
18 other individuals related by blood or law to the individual or
19 the spouse or child described in subsections (i) through (iii)
20 of this definition.

21 "Genetic information" has the meaning ascribed to it under
22 HIPAA, as specified in 45 CFR 160.103.

23 "Genetic monitoring" means the periodic examination of
24 employees to evaluate acquired modifications to their genetic
25 material, such as chromosomal damage or evidence of increased
26 occurrence of mutations that may have developed in the course

1 of employment due to exposure to toxic substances in the
2 workplace in order to identify, evaluate, and respond to
3 effects of or control adverse environmental exposures in the
4 workplace.

5 "Genetic services" has the meaning ascribed to it under
6 HIPAA, as specified in 45 CFR 160.103.

7 "Genetic testing" and "genetic test" have the meaning
8 ascribed to "genetic test" under HIPAA, as specified in 45 CFR
9 160.103.

10 "Health care operations" has the meaning ascribed to it
11 under HIPAA, as specified in 45 CFR 164.501.

12 "Health care professional" means (i) a licensed physician,
13 (ii) a licensed physician assistant, (iii) a licensed advanced
14 practice registered nurse, (iv) a licensed dentist, (v) a
15 licensed podiatrist, (vi) a licensed genetic counselor, or
16 (vii) an individual certified to provide genetic testing by a
17 state or local public health department.

18 "Health care provider" has the meaning ascribed to it under
19 HIPAA, as specified in 45 CFR 160.103.

20 "Health facility" means a hospital, blood bank, blood
21 center, sperm bank, or other health care institution, including
22 any "health facility" as that term is defined in the Illinois
23 Finance Authority Act.

24 "Health information exchange" or "HIE" means a health
25 information exchange or health information organization that
26 exchanges health information electronically that (i) is

1 established pursuant to the Illinois Health Information
2 Exchange and Technology Act, or any subsequent amendments
3 thereto, and any administrative rules promulgated thereunder;
4 (ii) has established a data sharing arrangement with the
5 Authority; or (iii) as of August 16, 2013, was designated by
6 the Authority Board as a member of, or was represented on, the
7 Authority Board's Regional Health Information Exchange
8 Workgroup; provided that such designation shall not require the
9 establishment of a data sharing arrangement or other
10 participation with the Illinois Health Information Exchange or
11 the payment of any fee. In certain circumstances, in accordance
12 with HIPAA, an HIE will be a business associate.

13 "Health oversight agency" has the meaning ascribed to it
14 under HIPAA, as specified in 45 CFR 164.501.

15 "HIPAA" means the Health Insurance Portability and
16 Accountability Act of 1996, Public Law 104-191, as amended by
17 the Health Information Technology for Economic and Clinical
18 Health Act of 2009, Public Law 111-05, and any subsequent
19 amendments thereto and any regulations promulgated thereunder.

20 "Insurer" means (i) an entity that is subject to the
21 jurisdiction of the Director of Insurance and (ii) a managed
22 care plan.

23 "Labor organization" includes any organization, labor
24 union, craft union, or any voluntary unincorporated
25 association designed to further the cause of the rights of
26 union labor that is constituted for the purpose, in whole or in

1 part, of collective bargaining or of dealing with employers
2 concerning grievances, terms or conditions of employment, or
3 apprenticeships or applications for apprenticeships, or of
4 other mutual aid or protection in connection with employment,
5 including apprenticeships or applications for apprenticeships.

6 "Licensing agency" means a board, commission, committee,
7 council, department, or officers, except a judicial officer, in
8 this State or any political subdivision authorized to grant,
9 deny, renew, revoke, suspend, annul, withdraw, or amend a
10 license or certificate of registration.

11 "Limited data set" has the meaning ascribed to it under
12 HIPAA, as described in 45 CFR 164.514(e)(2).

13 "Managed care plan" means a plan that establishes,
14 operates, or maintains a network of health care providers that
15 have entered into agreements with the plan to provide health
16 care services to enrollees where the plan has the ultimate and
17 direct contractual obligation to the enrollee to arrange for
18 the provision of or pay for services through:

19 (1) organizational arrangements for ongoing quality
20 assurance, utilization review programs, or dispute
21 resolution; or

22 (2) financial incentives for persons enrolled in the
23 plan to use the participating providers and procedures
24 covered by the plan.

25 A managed care plan may be established or operated by any
26 entity including a licensed insurance company, hospital or

1 medical service plan, health maintenance organization, limited
2 health service organization, preferred provider organization,
3 third party administrator, or an employer or employee
4 organization.

5 "Minimum necessary" means HIPAA's standard for using,
6 disclosing, and requesting protected health information found
7 in 45 CFR 164.502(b) and 164.514(d).

8 "Nontherapeutic purpose" means a purpose that is not
9 intended to improve or preserve the life or health of the
10 individual whom the information concerns.

11 "Organized health care arrangement" has the meaning
12 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

13 "Patient safety activities" has the meaning ascribed to it
14 under 42 CFR 3.20.

15 "Payment" has the meaning ascribed to it under HIPAA, as
16 specified in 45 CFR 164.501.

17 "Person" includes any natural person, partnership,
18 association, joint venture, trust, governmental entity, public
19 or private corporation, health facility, or other legal entity.

20 "Protected health information" has the meaning ascribed to
21 it under HIPAA, as specified in 45 CFR 164.103.

22 "Research" has the meaning ascribed to it under HIPAA, as
23 specified in 45 CFR 164.501.

24 "State agency" means an instrumentality of the State of
25 Illinois and any instrumentality of another state which
26 pursuant to applicable law or a written undertaking with an

1 instrumentality of the State of Illinois is bound to protect
2 the privacy of genetic information of Illinois persons.

3 "Treatment" has the meaning ascribed to it under HIPAA, as
4 specified in 45 CFR 164.501.

5 "Use" has the meaning ascribed to it under HIPAA, as
6 specified in 45 CFR 160.103, where context dictates.

7 (Source: P.A. 98-1046, eff. 1-1-15; 99-173, eff. 7-29-15.)

8 Section 295. The Home Health and Hospice Drug Dispensation
9 and Administration Act is amended by changing Section 10 as
10 follows:

11 (410 ILCS 642/10)

12 Sec. 10. Definitions. In this Act:

13 "Authorized nursing employee" means a registered nurse or
14 advanced practice registered nurse, as defined in the Nurse
15 Practice Act, who is employed by a home health agency or
16 hospice licensed in this State.

17 "Health care professional" means a physician licensed to
18 practice medicine in all its branches, a licensed advanced
19 practice registered nurse, or a licensed physician assistant.

20 "Home health agency" has the meaning ascribed to it in
21 Section 2.04 of the Home Health, Home Services, and Home
22 Nursing Agency Licensing Act.

23 "Hospice" means a full hospice, as defined in Section 3 of
24 the Hospice Program Licensing Act.

1 "Physician" means a physician licensed under the Medical
2 Practice Act of 1987 to practice medicine in all its branches.
3 (Source: P.A. 99-173, eff. 7-29-15.)

4 Section 300. The Radiation Protection Act of 1990 is
5 amended by changing Sections 5 and 6 as follows:

6 (420 ILCS 40/5) (from Ch. 111 1/2, par. 210-5)

7 (Section scheduled to be repealed on January 1, 2021)

8 Sec. 5. Limitations on application of radiation to human
9 beings and requirements for radiation installation operators
10 providing mammography services.

11 (a) No person shall intentionally administer radiation to a
12 human being unless such person is licensed to practice a
13 treatment of human ailments by virtue of the Illinois Medical,
14 Dental or Podiatric Medical Practice Acts, or, as physician
15 assistant, advanced practice registered nurse, technician,
16 nurse, or other assistant, is acting under the supervision,
17 prescription or direction of such licensed person. However, no
18 such physician assistant, advanced practice registered nurse,
19 technician, nurse, or other assistant acting under the
20 supervision of a person licensed under the Medical Practice Act
21 of 1987, shall administer radiation to human beings unless
22 accredited by the Agency, except that persons enrolled in a
23 course of education approved by the Agency may apply ionizing
24 radiation to human beings as required by their course of study

1 when under the direct supervision of a person licensed under
2 the Medical Practice Act of 1987. No person authorized by this
3 Section to apply ionizing radiation shall apply such radiation
4 except to those parts of the human body specified in the Act
5 under which such person or his supervisor is licensed. No
6 person may operate a radiation installation where ionizing
7 radiation is administered to human beings unless all persons
8 who administer ionizing radiation in that radiation
9 installation are licensed, accredited, or exempted in
10 accordance with this Section. Nothing in this Section shall be
11 deemed to relieve a person from complying with the provisions
12 of Section 10.

13 (b) In addition, no person shall provide mammography
14 services unless all of the following requirements are met:

15 (1) the mammography procedures are performed using a
16 radiation machine that is specifically designed for
17 mammography;

18 (2) the mammography procedures are performed using a
19 radiation machine that is used solely for performing
20 mammography procedures;

21 (3) the mammography procedures are performed using
22 equipment that has been subjected to a quality assurance
23 program that satisfies quality assurance requirements
24 which the Agency shall establish by rule;

25 (4) beginning one year after the effective date of this
26 amendatory Act of 1991, if the mammography procedure is

1 performed by a radiologic technologist, that technologist,
2 in addition to being accredited by the Agency to perform
3 radiography, has satisfied training requirements specific
4 to mammography, which the Agency shall establish by rule.

5 (c) Every operator of a radiation installation at which
6 mammography services are provided shall ensure and have
7 confirmed by each mammography patient that the patient is
8 provided with a pamphlet which is orally reviewed with the
9 patient and which contains the following:

10 (1) how to perform breast self-examination;

11 (2) that early detection of breast cancer is maximized
12 through a combined approach, using monthly breast
13 self-examination, a thorough physical examination
14 performed by a physician, and mammography performed at
15 recommended intervals;

16 (3) that mammography is the most accurate method for
17 making an early detection of breast cancer, however, no
18 diagnostic tool is 100% effective;

19 (4) that if the patient is self-referred and does not
20 have a primary care physician, or if the patient is
21 unfamiliar with the breast examination procedures, that
22 the patient has received information regarding public
23 health services where she can obtain a breast examination
24 and instructions.

25 (Source: P.A. 93-149, eff. 7-10-03; 94-104, eff. 7-1-05.)

1 (420 ILCS 40/6) (from Ch. 111 1/2, par. 210-6)

2 (Section scheduled to be repealed on January 1, 2021)

3 Sec. 6. Accreditation of administrators of radiation;
4 Limited scope accreditation; Rules and regulations; Education.

5 (a) The Agency shall promulgate such rules and regulations
6 as are necessary to establish accreditation standards and
7 procedures, including a minimum course of education and
8 continuing education requirements in the administration of
9 radiation to human beings, which are appropriate to the
10 classification of accreditation and which are to be met by all
11 physician assistants, advanced practice registered nurses,
12 nurses, technicians, or other assistants who administer
13 radiation to human beings under the supervision of a person
14 licensed under the Medical Practice Act of 1987. Such rules and
15 regulations may provide for different classes of accreditation
16 based on evidence of national certification, clinical
17 experience or community hardship as conditions of initial and
18 continuing accreditation. The rules and regulations of the
19 Agency shall be consistent with national standards in regard to
20 the protection of the health and safety of the general public.

21 (b) The rules and regulations shall also provide that
22 persons who have been accredited by the Agency, in accordance
23 with the Radiation Protection Act, without passing an
24 examination, will remain accredited as provided in Section 43
25 of this Act and that those persons may be accredited, without
26 passing an examination, to use other equipment, procedures, or

1 supervision within the original category of accreditation if
2 the Agency receives written assurances from a person licensed
3 under the Medical Practice Act of 1987, that the person
4 accredited has the necessary skill and qualifications for such
5 additional equipment procedures or supervision. The Agency
6 shall, in accordance with subsection (c) of this Section,
7 provide for the accreditation of nurses, technicians, or other
8 assistants, unless exempted elsewhere in this Act, to perform a
9 limited scope of diagnostic radiography procedures of the
10 chest, the extremities, skull and sinuses, or the spine, while
11 under the supervision of a person licensed under the Medical
12 Practice Act of 1987.

13 (c) The rules or regulations promulgated by the Agency
14 pursuant to subsection (a) shall establish standards and
15 procedures for accrediting persons to perform a limited scope
16 of diagnostic radiography procedures. The rules or regulations
17 shall require persons seeking limited scope accreditation to
18 register with the Agency as a "student-in-training," and
19 declare those procedures in which the student will be receiving
20 training. The student-in-training registration shall be valid
21 for a period of 16 months, during which the time the student
22 may, under the supervision of a person licensed under the
23 Medical Practice Act of 1987, perform the diagnostic
24 radiography procedures listed on the student's registration.
25 The student-in-training registration shall be nonrenewable.

26 Upon expiration of the 16 month training period, the

1 student shall be prohibited from performing diagnostic
2 radiography procedures unless accredited by the Agency to
3 perform such procedures. In order to be accredited to perform a
4 limited scope of diagnostic radiography procedures, an
5 individual must pass an examination offered by the Agency. The
6 examination shall be consistent with national standards in
7 regard to protection of public health and safety. The
8 examination shall consist of a standardized component covering
9 general principles applicable to diagnostic radiography
10 procedures and a clinical component specific to the types of
11 procedures for which accreditation is being sought. The Agency
12 may assess a reasonable fee for such examinations to cover the
13 costs incurred by the Agency in conjunction with offering the
14 examinations.

15 (d) The Agency shall by rule or regulation exempt from
16 accreditation physician assistants, advanced practice
17 registered nurses, nurses, technicians, or other assistants
18 who administer radiation to human beings under supervision of a
19 person licensed to practice under the Medical Practice Act of
20 1987 when the services are performed on employees of a business
21 at a medical facility owned and operated by the business. Such
22 exemption shall only apply to the equipment, procedures and
23 supervision specific to the medical facility owned and operated
24 by the business.

25 (Source: P.A. 94-104, eff. 7-1-05; 95-777, eff. 8-4-08.)

1 Section 305. The Illinois Vehicle Code is amended by
2 changing Sections 1-159.1, 3-609, 3-616, 6-103, 6-106.1,
3 6-106.1a, 6-901, 11-501.01, 11-501.2, 11-501.6, 11-501.8,
4 11-1301.2, and 11-1301.5 as follows:

5 (625 ILCS 5/1-159.1) (from Ch. 95 1/2, par. 1-159.1)

6 Sec. 1-159.1. Person with disabilities. A natural person
7 who, as determined by a licensed physician, by a licensed
8 physician assistant, or by a licensed advanced practice
9 registered nurse: (1) cannot walk without the use of, or
10 assistance from, a brace, cane, crutch, another person,
11 prosthetic device, wheelchair, or other assistive device; (2)
12 is restricted by lung disease to such an extent that his or her
13 forced (respiratory) expiratory volume for one second, when
14 measured by spirometry, is less than one liter, or the arterial
15 oxygen tension is less than 60 mm/hg on room air at rest; (3)
16 uses portable oxygen; (4) has a cardiac condition to the extent
17 that the person's functional limitations are classified in
18 severity as Class III or Class IV, according to standards set
19 by the American Heart Association; (5) is severely limited in
20 the person's ability to walk due to an arthritic, neurological,
21 oncological, or orthopedic condition; (6) cannot walk 200 feet
22 without stopping to rest because of one of the above 5
23 conditions; or (7) is missing a hand or arm or has permanently
24 lost the use of a hand or arm.

25 (Source: P.A. 98-405, eff. 1-1-14; 99-173, eff. 7-29-15.)

1 (625 ILCS 5/3-609) (from Ch. 95 1/2, par. 3-609)

2 Sec. 3-609. Plates for Veterans with Disabilities.

3 (a) Any veteran who holds proof of a service-connected
4 disability from the United States Department of Veterans
5 Affairs, and who has obtained certification from a licensed
6 physician, physician assistant, or advanced practice
7 registered nurse that the service-connected disability
8 qualifies the veteran for issuance of registration plates or
9 decals to a person with disabilities in accordance with Section
10 3-616, may, without the payment of any registration fee, make
11 application to the Secretary of State for license plates for
12 veterans with disabilities displaying the international symbol
13 of access, for the registration of one motor vehicle of the
14 first division or one motor vehicle of the second division
15 weighing not more than 8,000 pounds.

16 (b) Any veteran who holds proof of a service-connected
17 disability from the United States Department of Veterans
18 Affairs, and whose degree of disability has been declared to be
19 50% or more, but whose disability does not qualify the veteran
20 for a plate or decal for persons with disabilities under
21 Section 3-616, may, without the payment of any registration
22 fee, make application to the Secretary for a special
23 registration plate without the international symbol of access
24 for the registration of one motor vehicle of the first division
25 or one motor vehicle of the second division weighing not more

1 than 8,000 pounds.

2 (c) Renewal of such registration must be accompanied with
3 documentation for eligibility of registration without fee
4 unless the applicant has a permanent qualifying disability, and
5 such registration plates may not be issued to any person not
6 eligible therefor. The Illinois Department of Veterans'
7 Affairs may assist in providing the documentation of
8 disability.

9 (d) The design and color of the plates shall be within the
10 discretion of the Secretary, except that the plates issued
11 under subsection (b) of this Section shall not contain the
12 international symbol of access. The Secretary may, in his or
13 her discretion, allow the plates to be issued as vanity or
14 personalized plates in accordance with Section 3-405.1 of this
15 Code. Registration shall be for a multi-year period and may be
16 issued staggered registration.

17 (e) Any person eligible to receive license plates under
18 this Section who has been approved for benefits under the
19 Senior Citizens and Persons with Disabilities Property Tax
20 Relief Act, or who has claimed and received a grant under that
21 Act, shall pay a fee of \$24 instead of the fee otherwise
22 provided in this Code for passenger cars displaying standard
23 multi-year registration plates issued under Section 3-414.1,
24 for motor vehicles registered at 8,000 pounds or less under
25 Section 3-815(a), or for recreational vehicles registered at
26 8,000 pounds or less under Section 3-815(b), for a second set

1 of plates under this Section.

2 (Source: P.A. 98-463, eff. 8-16-13; 99-143, eff. 7-27-15.)

3 (625 ILCS 5/3-616) (from Ch. 95 1/2, par. 3-616)

4 Sec. 3-616. Disability license plates.

5 (a) Upon receiving an application for a certificate of
6 registration for a motor vehicle of the first division or for a
7 motor vehicle of the second division weighing no more than
8 8,000 pounds, accompanied with payment of the registration fees
9 required under this Code from a person with disabilities or a
10 person who is deaf or hard of hearing, the Secretary of State,
11 if so requested, shall issue to such person registration plates
12 as provided for in Section 3-611, provided that the person with
13 disabilities or person who is deaf or hard of hearing must not
14 be disqualified from obtaining a driver's license under
15 subsection 8 of Section 6-103 of this Code, and further
16 provided that any person making such a request must submit a
17 statement, certified by a licensed physician, by a licensed
18 physician assistant, or by a licensed advanced practice
19 registered nurse, to the effect that such person is a person
20 with disabilities as defined by Section 1-159.1 of this Code,
21 or alternatively provide adequate documentation that such
22 person has a Class 1A, Class 2A or Type Four disability under
23 the provisions of Section 4A of the Illinois Identification
24 Card Act. For purposes of this Section, an Illinois Person with
25 a Disability Identification Card issued pursuant to the

1 Illinois Identification Card Act indicating that the person
2 thereon named has a disability shall be adequate documentation
3 of such a disability.

4 (b) The Secretary shall issue plates under this Section to
5 a parent or legal guardian of a person with disabilities if the
6 person with disabilities has a Class 1A or Class 2A disability
7 as defined in Section 4A of the Illinois Identification Card
8 Act or is a person with disabilities as defined by Section
9 1-159.1 of this Code, and does not possess a vehicle registered
10 in his or her name, provided that the person with disabilities
11 relies frequently on the parent or legal guardian for
12 transportation. Only one vehicle per family may be registered
13 under this subsection, unless the applicant can justify in
14 writing the need for one additional set of plates. Any person
15 requesting special plates under this subsection shall submit
16 such documentation or such physician's, physician assistant's,
17 or advanced practice registered nurse's statement as is
18 required in subsection (a) and a statement describing the
19 circumstances qualifying for issuance of special plates under
20 this subsection. An optometrist may certify a Class 2A Visual
21 Disability, as defined in Section 4A of the Illinois
22 Identification Card Act, for the purpose of qualifying a person
23 with disabilities for special plates under this subsection.

24 (c) The Secretary may issue a parking decal or device to a
25 person with disabilities as defined by Section 1-159.1 without
26 regard to qualification of such person with disabilities for a

1 driver's license or registration of a vehicle by such person
2 with disabilities or such person's immediate family, provided
3 such person with disabilities making such a request has been
4 issued an Illinois Person with a Disability Identification Card
5 indicating that the person named thereon has a Class 1A or
6 Class 2A disability, or alternatively, submits a statement
7 certified by a licensed physician, or by a licensed physician
8 assistant or a licensed advanced practice registered nurse as
9 provided in subsection (a), to the effect that such person is a
10 person with disabilities as defined by Section 1-159.1. An
11 optometrist may certify a Class 2A Visual Disability as defined
12 in Section 4A of the Illinois Identification Card Act for the
13 purpose of qualifying a person with disabilities for a parking
14 decal or device under this subsection.

15 (d) The Secretary shall prescribe by rules and regulations
16 procedures to certify or re-certify as necessary the
17 eligibility of persons whose disabilities are other than
18 permanent for special plates or parking decals or devices
19 issued under subsections (a), (b) and (c). Except as provided
20 under subsection (f) of this Section, no such special plates,
21 decals or devices shall be issued by the Secretary of State to
22 or on behalf of any person with disabilities unless such person
23 is certified as meeting the definition of a person with
24 disabilities pursuant to Section 1-159.1 or meeting the
25 requirement of a Type Four disability as provided under Section
26 4A of the Illinois Identification Card Act for the period of

1 time that the physician, or the physician assistant or advanced
2 practice registered nurse as provided in subsection (a),
3 determines the applicant will have the disability, but not to
4 exceed 6 months from the date of certification or
5 recertification.

6 (e) Any person requesting special plates under this Section
7 may also apply to have the special plates personalized, as
8 provided under Section 3-405.1.

9 (f) The Secretary of State, upon application, shall issue
10 disability registration plates or a parking decal to
11 corporations, school districts, State or municipal agencies,
12 limited liability companies, nursing homes, convalescent
13 homes, or special education cooperatives which will transport
14 persons with disabilities. The Secretary shall prescribe by
15 rule a means to certify or re-certify the eligibility of
16 organizations to receive disability plates or decals and to
17 designate which of the 2 person with disabilities emblems shall
18 be placed on qualifying vehicles.

19 (g) The Secretary of State, or his designee, may enter into
20 agreements with other jurisdictions, including foreign
21 jurisdictions, on behalf of this State relating to the
22 extension of parking privileges by such jurisdictions to
23 residents of this State with disabilities who display a special
24 license plate or parking device that contains the International
25 symbol of access on his or her motor vehicle, and to recognize
26 such plates or devices issued by such other jurisdictions. This

1 State shall grant the same parking privileges which are granted
2 to residents of this State with disabilities to any
3 non-resident whose motor vehicle is licensed in another state,
4 district, territory or foreign country if such vehicle displays
5 the international symbol of access or a distinguishing insignia
6 on license plates or parking device issued in accordance with
7 the laws of the non-resident's state, district, territory or
8 foreign country.

9 (Source: P.A. 99-143, eff. 7-27-15; 99-173, eff. 7-29-15;
10 99-642, eff. 7-28-16.)

11 (625 ILCS 5/6-103) (from Ch. 95 1/2, par. 6-103)

12 Sec. 6-103. What persons shall not be licensed as drivers
13 or granted permits. The Secretary of State shall not issue,
14 renew, or allow the retention of any driver's license nor issue
15 any permit under this Code:

16 1. To any person, as a driver, who is under the age of
17 18 years except as provided in Section 6-107, and except
18 that an instruction permit may be issued under Section
19 6-107.1 to a child who is not less than 15 years of age if
20 the child is enrolled in an approved driver education
21 course as defined in Section 1-103 of this Code and
22 requires an instruction permit to participate therein,
23 except that an instruction permit may be issued under the
24 provisions of Section 6-107.1 to a child who is 17 years
25 and 3 months of age without the child having enrolled in an

1 approved driver education course and except that an
2 instruction permit may be issued to a child who is at least
3 15 years and 3 months of age, is enrolled in school, meets
4 the educational requirements of the Driver Education Act,
5 and has passed examinations the Secretary of State in his
6 or her discretion may prescribe;

7 1.5. To any person at least 18 years of age but less
8 than 21 years of age unless the person has, in addition to
9 any other requirements of this Code, successfully
10 completed an adult driver education course as provided in
11 Section 6-107.5 of this Code;

12 2. To any person who is under the age of 18 as an
13 operator of a motorcycle other than a motor driven cycle
14 unless the person has, in addition to meeting the
15 provisions of Section 6-107 of this Code, successfully
16 completed a motorcycle training course approved by the
17 Illinois Department of Transportation and successfully
18 completes the required Secretary of State's motorcycle
19 driver's examination;

20 3. To any person, as a driver, whose driver's license
21 or permit has been suspended, during the suspension, nor to
22 any person whose driver's license or permit has been
23 revoked, except as provided in Sections 6-205, 6-206, and
24 6-208;

25 4. To any person, as a driver, who is a user of alcohol
26 or any other drug to a degree that renders the person

1 incapable of safely driving a motor vehicle;

2 5. To any person, as a driver, who has previously been
3 adjudged to be afflicted with or suffering from any mental
4 or physical disability or disease and who has not at the
5 time of application been restored to competency by the
6 methods provided by law;

7 6. To any person, as a driver, who is required by the
8 Secretary of State to submit an alcohol and drug evaluation
9 or take an examination provided for in this Code unless the
10 person has successfully passed the examination and
11 submitted any required evaluation;

12 7. To any person who is required under the provisions
13 of the laws of this State to deposit security or proof of
14 financial responsibility and who has not deposited the
15 security or proof;

16 8. To any person when the Secretary of State has good
17 cause to believe that the person by reason of physical or
18 mental disability would not be able to safely operate a
19 motor vehicle upon the highways, unless the person shall
20 furnish to the Secretary of State a verified written
21 statement, acceptable to the Secretary of State, from a
22 competent medical specialist, a licensed physician
23 assistant, or a licensed advanced practice registered
24 nurse, to the effect that the operation of a motor vehicle
25 by the person would not be inimical to the public safety;

26 9. To any person, as a driver, who is 69 years of age

1 or older, unless the person has successfully complied with
2 the provisions of Section 6-109;

3 10. To any person convicted, within 12 months of
4 application for a license, of any of the sexual offenses
5 enumerated in paragraph 2 of subsection (b) of Section
6 6-205;

7 11. To any person who is under the age of 21 years with
8 a classification prohibited in paragraph (b) of Section
9 6-104 and to any person who is under the age of 18 years
10 with a classification prohibited in paragraph (c) of
11 Section 6-104;

12 12. To any person who has been either convicted of or
13 adjudicated under the Juvenile Court Act of 1987 based upon
14 a violation of the Cannabis Control Act, the Illinois
15 Controlled Substances Act, or the Methamphetamine Control
16 and Community Protection Act while that person was in
17 actual physical control of a motor vehicle. For purposes of
18 this Section, any person placed on probation under Section
19 10 of the Cannabis Control Act, Section 410 of the Illinois
20 Controlled Substances Act, or Section 70 of the
21 Methamphetamine Control and Community Protection Act shall
22 not be considered convicted. Any person found guilty of
23 this offense, while in actual physical control of a motor
24 vehicle, shall have an entry made in the court record by
25 the judge that this offense did occur while the person was
26 in actual physical control of a motor vehicle and order the

1 clerk of the court to report the violation to the Secretary
2 of State as such. The Secretary of State shall not issue a
3 new license or permit for a period of one year;

4 13. To any person who is under the age of 18 years and
5 who has committed the offense of operating a motor vehicle
6 without a valid license or permit in violation of Section
7 6-101 or a similar out of state offense;

8 14. To any person who is 90 days or more delinquent in
9 court ordered child support payments or has been
10 adjudicated in arrears in an amount equal to 90 days'
11 obligation or more and who has been found in contempt of
12 court for failure to pay the support, subject to the
13 requirements and procedures of Article VII of Chapter 7 of
14 the Illinois Vehicle Code;

15 14.5. To any person certified by the Illinois
16 Department of Healthcare and Family Services as being 90
17 days or more delinquent in payment of support under an
18 order of support entered by a court or administrative body
19 of this or any other State, subject to the requirements and
20 procedures of Article VII of Chapter 7 of this Code
21 regarding those certifications;

22 15. To any person released from a term of imprisonment
23 for violating Section 9-3 of the Criminal Code of 1961 or
24 the Criminal Code of 2012, or a similar provision of a law
25 of another state relating to reckless homicide or for
26 violating subparagraph (F) of paragraph (1) of subsection

1 (d) of Section 11-501 of this Code relating to aggravated
2 driving under the influence of alcohol, other drug or
3 drugs, intoxicating compound or compounds, or any
4 combination thereof, if the violation was the proximate
5 cause of a death, within 24 months of release from a term
6 of imprisonment;

7 16. To any person who, with intent to influence any act
8 related to the issuance of any driver's license or permit,
9 by an employee of the Secretary of State's Office, or the
10 owner or employee of any commercial driver training school
11 licensed by the Secretary of State, or any other individual
12 authorized by the laws of this State to give driving
13 instructions or administer all or part of a driver's
14 license examination, promises or tenders to that person any
15 property or personal advantage which that person is not
16 authorized by law to accept. Any persons promising or
17 tendering such property or personal advantage shall be
18 disqualified from holding any class of driver's license or
19 permit for 120 consecutive days. The Secretary of State
20 shall establish by rule the procedures for implementing
21 this period of disqualification and the procedures by which
22 persons so disqualified may obtain administrative review
23 of the decision to disqualify;

24 17. To any person for whom the Secretary of State
25 cannot verify the accuracy of any information or
26 documentation submitted in application for a driver's

1 license;

2 18. To any person who has been adjudicated under the
3 Juvenile Court Act of 1987 based upon an offense that is
4 determined by the court to have been committed in
5 furtherance of the criminal activities of an organized
6 gang, as provided in Section 5-710 of that Act, and that
7 involved the operation or use of a motor vehicle or the use
8 of a driver's license or permit. The person shall be denied
9 a license or permit for the period determined by the court;
10 or

11 19. Beginning July 1, 2017, to any person who has been
12 issued an identification card under the Illinois
13 Identification Card Act. Any such person may, at his or her
14 discretion, surrender the identification card in order to
15 become eligible to obtain a driver's license.

16 The Secretary of State shall retain all conviction
17 information, if the information is required to be held
18 confidential under the Juvenile Court Act of 1987.

19 (Source: P.A. 98-167, eff. 7-1-14; 98-756, eff. 7-16-14;
20 99-173, eff. 7-29-15; 99-511, eff. 1-1-17.)

21 (625 ILCS 5/6-106.1) (from Ch. 95 1/2, par. 6-106.1)

22 Sec. 6-106.1. School bus driver permit.

23 (a) The Secretary of State shall issue a school bus driver
24 permit to those applicants who have met all the requirements of
25 the application and screening process under this Section to

1 insure the welfare and safety of children who are transported
2 on school buses throughout the State of Illinois. Applicants
3 shall obtain the proper application required by the Secretary
4 of State from their prospective or current employer and submit
5 the completed application to the prospective or current
6 employer along with the necessary fingerprint submission as
7 required by the Department of State Police to conduct
8 fingerprint based criminal background checks on current and
9 future information available in the state system and current
10 information available through the Federal Bureau of
11 Investigation's system. Applicants who have completed the
12 fingerprinting requirements shall not be subjected to the
13 fingerprinting process when applying for subsequent permits or
14 submitting proof of successful completion of the annual
15 refresher course. Individuals who on July 1, 1995 (the
16 effective date of Public Act 88-612) possess a valid school bus
17 driver permit that has been previously issued by the
18 appropriate Regional School Superintendent are not subject to
19 the fingerprinting provisions of this Section as long as the
20 permit remains valid and does not lapse. The applicant shall be
21 required to pay all related application and fingerprinting fees
22 as established by rule including, but not limited to, the
23 amounts established by the Department of State Police and the
24 Federal Bureau of Investigation to process fingerprint based
25 criminal background investigations. All fees paid for
26 fingerprint processing services under this Section shall be

1 deposited into the State Police Services Fund for the cost
2 incurred in processing the fingerprint based criminal
3 background investigations. All other fees paid under this
4 Section shall be deposited into the Road Fund for the purpose
5 of defraying the costs of the Secretary of State in
6 administering this Section. All applicants must:

7 1. be 21 years of age or older;

8 2. possess a valid and properly classified driver's
9 license issued by the Secretary of State;

10 3. possess a valid driver's license, which has not been
11 revoked, suspended, or canceled for 3 years immediately
12 prior to the date of application, or have not had his or
13 her commercial motor vehicle driving privileges
14 disqualified within the 3 years immediately prior to the
15 date of application;

16 4. successfully pass a written test, administered by
17 the Secretary of State, on school bus operation, school bus
18 safety, and special traffic laws relating to school buses
19 and submit to a review of the applicant's driving habits by
20 the Secretary of State at the time the written test is
21 given;

22 5. demonstrate ability to exercise reasonable care in
23 the operation of school buses in accordance with rules
24 promulgated by the Secretary of State;

25 6. demonstrate physical fitness to operate school
26 buses by submitting the results of a medical examination,

1 including tests for drug use for each applicant not subject
2 to such testing pursuant to federal law, conducted by a
3 licensed physician, a licensed advanced practice
4 registered nurse, or a licensed physician assistant within
5 90 days of the date of application according to standards
6 promulgated by the Secretary of State;

7 7. affirm under penalties of perjury that he or she has
8 not made a false statement or knowingly concealed a
9 material fact in any application for permit;

10 8. have completed an initial classroom course,
11 including first aid procedures, in school bus driver safety
12 as promulgated by the Secretary of State; and after
13 satisfactory completion of said initial course an annual
14 refresher course; such courses and the agency or
15 organization conducting such courses shall be approved by
16 the Secretary of State; failure to complete the annual
17 refresher course, shall result in cancellation of the
18 permit until such course is completed;

19 9. not have been under an order of court supervision
20 for or convicted of 2 or more serious traffic offenses, as
21 defined by rule, within one year prior to the date of
22 application that may endanger the life or safety of any of
23 the driver's passengers within the duration of the permit
24 period;

25 10. not have been under an order of court supervision
26 for or convicted of reckless driving, aggravated reckless

1 driving, driving while under the influence of alcohol,
2 other drug or drugs, intoxicating compound or compounds or
3 any combination thereof, or reckless homicide resulting
4 from the operation of a motor vehicle within 3 years of the
5 date of application;

6 11. not have been convicted of committing or attempting
7 to commit any one or more of the following offenses: (i)
8 those offenses defined in Sections 8-1.2, 9-1, 9-1.2, 9-2,
9 9-2.1, 9-3, 9-3.2, 9-3.3, 10-1, 10-2, 10-3.1, 10-4, 10-5,
10 10-5.1, 10-6, 10-7, 10-9, 11-1.20, 11-1.30, 11-1.40,
11 11-1.50, 11-1.60, 11-6, 11-6.5, 11-6.6, 11-9, 11-9.1,
12 11-9.3, 11-9.4, 11-14, 11-14.1, 11-14.3, 11-14.4, 11-15,
13 11-15.1, 11-16, 11-17, 11-17.1, 11-18, 11-18.1, 11-19,
14 11-19.1, 11-19.2, 11-20, 11-20.1, 11-20.1B, 11-20.3,
15 11-21, 11-22, 11-23, 11-24, 11-25, 11-26, 11-30, 12-2.6,
16 12-3.1, 12-4, 12-4.1, 12-4.2, 12-4.2-5, 12-4.3, 12-4.4,
17 12-4.5, 12-4.6, 12-4.7, 12-4.9, 12-5.01, 12-6, 12-6.2,
18 12-7.1, 12-7.3, 12-7.4, 12-7.5, 12-11, 12-13, 12-14,
19 12-14.1, 12-15, 12-16, 12-16.2, 12-21.5, 12-21.6, 12-33,
20 12C-5, 12C-10, 12C-20, 12C-30, 12C-45, 16-16, 16-16.1,
21 18-1, 18-2, 18-3, 18-4, 18-5, 19-6, 20-1, 20-1.1, 20-1.2,
22 20-1.3, 20-2, 24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.6,
23 24-1.7, 24-2.1, 24-3.3, 24-3.5, 24-3.8, 24-3.9, 31A-1,
24 31A-1.1, 33A-2, and 33D-1, and in subsection (b) of Section
25 8-1, and in subdivisions (a)(1), (a)(2), (b)(1), (e)(1),
26 (e)(2), (e)(3), (e)(4), and (f)(1) of Section 12-3.05, and

1 in subsection (a) and subsection (b), clause (1), of
2 Section 12-4, and in subsection (A), clauses (a) and (b),
3 of Section 24-3, and those offenses contained in Article
4 29D of the Criminal Code of 1961 or the Criminal Code of
5 2012; (ii) those offenses defined in the Cannabis Control
6 Act except those offenses defined in subsections (a) and
7 (b) of Section 4, and subsection (a) of Section 5 of the
8 Cannabis Control Act; (iii) those offenses defined in the
9 Illinois Controlled Substances Act; (iv) those offenses
10 defined in the Methamphetamine Control and Community
11 Protection Act; (v) any offense committed or attempted in
12 any other state or against the laws of the United States,
13 which if committed or attempted in this State would be
14 punishable as one or more of the foregoing offenses; (vi)
15 the offenses defined in Section 4.1 and 5.1 of the Wrongs
16 to Children Act or Section 11-9.1A of the Criminal Code of
17 1961 or the Criminal Code of 2012; (vii) those offenses
18 defined in Section 6-16 of the Liquor Control Act of 1934;
19 and (viii) those offenses defined in the Methamphetamine
20 Precursor Control Act;

21 12. not have been repeatedly involved as a driver in
22 motor vehicle collisions or been repeatedly convicted of
23 offenses against laws and ordinances regulating the
24 movement of traffic, to a degree which indicates lack of
25 ability to exercise ordinary and reasonable care in the
26 safe operation of a motor vehicle or disrespect for the

1 traffic laws and the safety of other persons upon the
2 highway;

3 13. not have, through the unlawful operation of a motor
4 vehicle, caused an accident resulting in the death of any
5 person;

6 14. not have, within the last 5 years, been adjudged to
7 be afflicted with or suffering from any mental disability
8 or disease; and

9 15. consent, in writing, to the release of results of
10 reasonable suspicion drug and alcohol testing under
11 Section 6-106.1c of this Code by the employer of the
12 applicant to the Secretary of State.

13 (b) A school bus driver permit shall be valid for a period
14 specified by the Secretary of State as set forth by rule. It
15 shall be renewable upon compliance with subsection (a) of this
16 Section.

17 (c) A school bus driver permit shall contain the holder's
18 driver's license number, legal name, residence address, zip
19 code, and date of birth, a brief description of the holder and
20 a space for signature. The Secretary of State may require a
21 suitable photograph of the holder.

22 (d) The employer shall be responsible for conducting a
23 pre-employment interview with prospective school bus driver
24 candidates, distributing school bus driver applications and
25 medical forms to be completed by the applicant, and submitting
26 the applicant's fingerprint cards to the Department of State

1 Police that are required for the criminal background
2 investigations. The employer shall certify in writing to the
3 Secretary of State that all pre-employment conditions have been
4 successfully completed including the successful completion of
5 an Illinois specific criminal background investigation through
6 the Department of State Police and the submission of necessary
7 fingerprints to the Federal Bureau of Investigation for
8 criminal history information available through the Federal
9 Bureau of Investigation system. The applicant shall present the
10 certification to the Secretary of State at the time of
11 submitting the school bus driver permit application.

12 (e) Permits shall initially be provisional upon receiving
13 certification from the employer that all pre-employment
14 conditions have been successfully completed, and upon
15 successful completion of all training and examination
16 requirements for the classification of the vehicle to be
17 operated, the Secretary of State shall provisionally issue a
18 School Bus Driver Permit. The permit shall remain in a
19 provisional status pending the completion of the Federal Bureau
20 of Investigation's criminal background investigation based
21 upon fingerprinting specimens submitted to the Federal Bureau
22 of Investigation by the Department of State Police. The Federal
23 Bureau of Investigation shall report the findings directly to
24 the Secretary of State. The Secretary of State shall remove the
25 bus driver permit from provisional status upon the applicant's
26 successful completion of the Federal Bureau of Investigation's

1 criminal background investigation.

2 (f) A school bus driver permit holder shall notify the
3 employer and the Secretary of State if he or she is issued an
4 order of court supervision for or convicted in another state of
5 an offense that would make him or her ineligible for a permit
6 under subsection (a) of this Section. The written notification
7 shall be made within 5 days of the entry of the order of court
8 supervision or conviction. Failure of the permit holder to
9 provide the notification is punishable as a petty offense for a
10 first violation and a Class B misdemeanor for a second or
11 subsequent violation.

12 (g) Cancellation; suspension; notice and procedure.

13 (1) The Secretary of State shall cancel a school bus
14 driver permit of an applicant whose criminal background
15 investigation discloses that he or she is not in compliance
16 with the provisions of subsection (a) of this Section.

17 (2) The Secretary of State shall cancel a school bus
18 driver permit when he or she receives notice that the
19 permit holder fails to comply with any provision of this
20 Section or any rule promulgated for the administration of
21 this Section.

22 (3) The Secretary of State shall cancel a school bus
23 driver permit if the permit holder's restricted commercial
24 or commercial driving privileges are withdrawn or
25 otherwise invalidated.

26 (4) The Secretary of State may not issue a school bus

1 driver permit for a period of 3 years to an applicant who
2 fails to obtain a negative result on a drug test as
3 required in item 6 of subsection (a) of this Section or
4 under federal law.

5 (5) The Secretary of State shall forthwith suspend a
6 school bus driver permit for a period of 3 years upon
7 receiving notice that the holder has failed to obtain a
8 negative result on a drug test as required in item 6 of
9 subsection (a) of this Section or under federal law.

10 (6) The Secretary of State shall suspend a school bus
11 driver permit for a period of 3 years upon receiving notice
12 from the employer that the holder failed to perform the
13 inspection procedure set forth in subsection (a) or (b) of
14 Section 12-816 of this Code.

15 (7) The Secretary of State shall suspend a school bus
16 driver permit for a period of 3 years upon receiving notice
17 from the employer that the holder refused to submit to an
18 alcohol or drug test as required by Section 6-106.1c or has
19 submitted to a test required by that Section which
20 disclosed an alcohol concentration of more than 0.00 or
21 disclosed a positive result on a National Institute on Drug
22 Abuse five-drug panel, utilizing federal standards set
23 forth in 49 CFR 40.87.

24 The Secretary of State shall notify the State
25 Superintendent of Education and the permit holder's
26 prospective or current employer that the applicant has (1) has

1 failed a criminal background investigation or (2) is no longer
2 eligible for a school bus driver permit; and of the related
3 cancellation of the applicant's provisional school bus driver
4 permit. The cancellation shall remain in effect pending the
5 outcome of a hearing pursuant to Section 2-118 of this Code.
6 The scope of the hearing shall be limited to the issuance
7 criteria contained in subsection (a) of this Section. A
8 petition requesting a hearing shall be submitted to the
9 Secretary of State and shall contain the reason the individual
10 feels he or she is entitled to a school bus driver permit. The
11 permit holder's employer shall notify in writing to the
12 Secretary of State that the employer has certified the removal
13 of the offending school bus driver from service prior to the
14 start of that school bus driver's next workshift. An employing
15 school board that fails to remove the offending school bus
16 driver from service is subject to the penalties defined in
17 Section 3-14.23 of the School Code. A school bus contractor who
18 violates a provision of this Section is subject to the
19 penalties defined in Section 6-106.11.

20 All valid school bus driver permits issued under this
21 Section prior to January 1, 1995, shall remain effective until
22 their expiration date unless otherwise invalidated.

23 (h) When a school bus driver permit holder who is a service
24 member is called to active duty, the employer of the permit
25 holder shall notify the Secretary of State, within 30 days of
26 notification from the permit holder, that the permit holder has

1 been called to active duty. Upon notification pursuant to this
2 subsection, (i) the Secretary of State shall characterize the
3 permit as inactive until a permit holder renews the permit as
4 provided in subsection (i) of this Section, and (ii) if a
5 permit holder fails to comply with the requirements of this
6 Section while called to active duty, the Secretary of State
7 shall not characterize the permit as invalid.

8 (i) A school bus driver permit holder who is a service
9 member returning from active duty must, within 90 days, renew a
10 permit characterized as inactive pursuant to subsection (h) of
11 this Section by complying with the renewal requirements of
12 subsection (b) of this Section.

13 (j) For purposes of subsections (h) and (i) of this
14 Section:

15 "Active duty" means active duty pursuant to an executive
16 order of the President of the United States, an act of the
17 Congress of the United States, or an order of the Governor.

18 "Service member" means a member of the Armed Services or
19 reserve forces of the United States or a member of the Illinois
20 National Guard.

21 (k) A private carrier employer of a school bus driver
22 permit holder, having satisfied the employer requirements of
23 this Section, shall be held to a standard of ordinary care for
24 intentional acts committed in the course of employment by the
25 bus driver permit holder. This subsection (k) shall in no way
26 limit the liability of the private carrier employer for

1 violation of any provision of this Section or for the negligent
2 hiring or retention of a school bus driver permit holder.

3 (Source: P.A. 99-148, eff. 1-1-16; 99-173, eff. 7-29-15;
4 99-642, eff. 7-28-16.)

5 (625 ILCS 5/6-106.1a)

6 Sec. 6-106.1a. Cancellation of school bus driver permit;
7 trace of alcohol.

8 (a) A person who has been issued a school bus driver permit
9 by the Secretary of State in accordance with Section 6-106.1 of
10 this Code and who drives or is in actual physical control of a
11 school bus or any other vehicle owned or operated by or for a
12 public or private school, or a school operated by a religious
13 institution, when the vehicle is being used over a regularly
14 scheduled route for the transportation of persons enrolled as
15 students in grade 12 or below, in connection with any activity
16 of the entities listed, upon the public highways of this State
17 shall be deemed to have given consent to a chemical test or
18 tests of blood, breath, other bodily substance, or urine for
19 the purpose of determining the alcohol content of the person's
20 blood if arrested, as evidenced by the issuance of a Uniform
21 Traffic Ticket for any violation of this Code or a similar
22 provision of a local ordinance, if a police officer has
23 probable cause to believe that the driver has consumed any
24 amount of an alcoholic beverage based upon evidence of the
25 driver's physical condition or other first hand knowledge of

1 the police officer. The test or tests shall be administered at
2 the direction of the arresting officer. The law enforcement
3 agency employing the officer shall designate which of the
4 aforesaid tests shall be administered. A urine or other bodily
5 substance test may be administered even after a blood or breath
6 test or both has been administered.

7 (b) A person who is dead, unconscious, or who is otherwise
8 in a condition rendering that person incapable of refusal,
9 shall be deemed not to have withdrawn the consent provided by
10 paragraph (a) of this Section and the test or tests may be
11 administered subject to the following provisions:

12 (1) Chemical analysis of the person's blood, urine,
13 breath, or other bodily substance, to be considered valid
14 under the provisions of this Section, shall have been
15 performed according to standards promulgated by the
16 Department of State Police by an individual possessing a
17 valid permit issued by the Department of State Police for
18 this purpose. The Director of State Police is authorized to
19 approve satisfactory techniques or methods, to ascertain
20 the qualifications and competence of individuals to
21 conduct analyses, to issue permits that shall be subject to
22 termination or revocation at the direction of the
23 Department of State Police, and to certify the accuracy of
24 breath testing equipment. The Department of State Police
25 shall prescribe rules as necessary.

26 (2) When a person submits to a blood test at the

1 request of a law enforcement officer under the provisions
2 of this Section, only a physician authorized to practice
3 medicine, a licensed physician assistant, a licensed
4 advanced practice registered nurse, a registered nurse, or
5 other qualified person trained in venipuncture and acting
6 under the direction of a licensed physician may withdraw
7 blood for the purpose of determining the alcohol content.
8 This limitation does not apply to the taking of breath,
9 other bodily substance, or urine specimens.

10 (3) The person tested may have a physician, qualified
11 technician, chemist, registered nurse, or other qualified
12 person of his or her own choosing administer a chemical
13 test or tests in addition to any test or tests administered
14 at the direction of a law enforcement officer. The test
15 administered at the request of the person may be admissible
16 into evidence at a hearing conducted in accordance with
17 Section 2-118 of this Code. The failure or inability to
18 obtain an additional test by a person shall not preclude
19 the consideration of the previously performed chemical
20 test.

21 (4) Upon a request of the person who submits 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 that person's
25 attorney by the requesting law enforcement agency within 72
26 hours of receipt of the test result.

1 (5) Alcohol concentration means either grams of
2 alcohol per 100 milliliters of blood or grams of alcohol
3 per 210 liters of breath.

4 (6) If a driver is receiving medical treatment as a
5 result of a motor vehicle accident, a physician licensed to
6 practice medicine, licensed physician assistant, licensed
7 advanced practice registered nurse, registered nurse, or
8 other qualified person trained in venipuncture and acting
9 under the direction of a licensed physician shall withdraw
10 blood for testing purposes to ascertain the presence of
11 alcohol upon the specific request of a law enforcement
12 officer. However, that testing shall not be performed
13 until, in the opinion of the medical personnel on scene,
14 the withdrawal can be made without interfering with or
15 endangering the well-being of the patient.

16 (c) A person requested to submit to a test as provided in
17 this Section shall be warned by the law enforcement officer
18 requesting the test that a refusal to submit to the test, or
19 submission to the test resulting in an alcohol concentration of
20 more than 0.00, may result in the loss of that person's
21 privilege to possess a school bus driver permit. The loss of
22 the individual's privilege to possess a school bus driver
23 permit shall be imposed in accordance with Section 6-106.1b of
24 this Code. A person requested to submit to a test under this
25 Section shall also acknowledge, in writing, receipt of the
26 warning required under this subsection (c). If the person

1 refuses to acknowledge receipt of the warning, the law
2 enforcement officer shall make a written notation on the
3 warning that the person refused to sign the warning. A person's
4 refusal to sign the warning shall not be evidence that the
5 person was not read the warning.

6 (d) If the person refuses testing or submits to a test that
7 discloses an alcohol concentration of more than 0.00, the law
8 enforcement officer shall immediately submit a sworn report to
9 the Secretary of State on a form prescribed by the Secretary of
10 State certifying that the test or tests were requested under
11 subsection (a) and the person refused to submit to a test or
12 tests or submitted to testing which disclosed an alcohol
13 concentration of more than 0.00. The law enforcement officer
14 shall submit the same sworn report when a person who has been
15 issued a school bus driver permit and who was operating a
16 school bus or any other vehicle owned or operated by or for a
17 public or private school, or a school operated by a religious
18 institution, when the vehicle is being used over a regularly
19 scheduled route for the transportation of persons enrolled as
20 students in grade 12 or below, in connection with any activity
21 of the entities listed, submits to testing under Section
22 11-501.1 of this Code and the testing discloses an alcohol
23 concentration of more than 0.00 and less than the alcohol
24 concentration at which driving or being in actual physical
25 control of a motor vehicle is prohibited under paragraph (1) of
26 subsection (a) of Section 11-501.

1 Upon receipt of the sworn report of a law enforcement
2 officer, the Secretary of State shall enter the school bus
3 driver permit sanction on the individual's driving record and
4 the sanction shall be effective on the 46th day following the
5 date notice of the sanction was given to the person.

6 The law enforcement officer submitting the sworn report
7 shall serve immediate notice of this school bus driver permit
8 sanction on the person and the sanction shall be effective on
9 the 46th day following the date notice was given.

10 In cases where the blood alcohol concentration of more than
11 0.00 is established by a subsequent analysis of blood, other
12 bodily substance, or urine, the police officer or arresting
13 agency shall give notice as provided in this Section or by
14 deposit in the United States mail of that notice in an envelope
15 with postage prepaid and addressed to that person at his or her
16 last known address and the loss of the school bus driver permit
17 shall be effective on the 46th day following the date notice
18 was given.

19 Upon receipt of the sworn report of a law enforcement
20 officer, the Secretary of State shall also give notice of the
21 school bus driver permit sanction to the driver and the
22 driver's current employer by mailing a notice of the effective
23 date of the sanction to the individual. However, shall the
24 sworn report be defective by not containing sufficient
25 information or be completed in error, the notice of the school
26 bus driver permit sanction may not be mailed to the person or

1 his current employer or entered to the driving record, but
2 rather the sworn report shall be returned to the issuing law
3 enforcement agency.

4 (e) A driver may contest this school bus driver permit
5 sanction by requesting an administrative hearing with the
6 Secretary of State in accordance with Section 2-118 of this
7 Code. An individual whose blood alcohol concentration is shown
8 to be more than 0.00 is not subject to this Section if he or she
9 consumed alcohol in the performance of a religious service or
10 ceremony. An individual whose blood alcohol concentration is
11 shown to be more than 0.00 shall not be subject to this Section
12 if the individual's blood alcohol concentration resulted only
13 from ingestion of the prescribed or recommended dosage of
14 medicine that contained alcohol. The petition for that hearing
15 shall not stay or delay the effective date of the impending
16 suspension. The scope of this hearing shall be limited to the
17 issues of:

18 (1) whether the police officer had probable cause to
19 believe that the person was driving or in actual physical
20 control of a school bus or any other vehicle owned or
21 operated by or for a public or private school, or a school
22 operated by a religious institution, when the vehicle is
23 being used over a regularly scheduled route for the
24 transportation of persons enrolled as students in grade 12
25 or below, in connection with any activity of the entities
26 listed, upon the public highways of the State and the

1 police officer had reason to believe that the person was in
2 violation of any provision of this Code or a similar
3 provision of a local ordinance; and

4 (2) whether the person was issued a Uniform Traffic
5 Ticket for any violation of this Code or a similar
6 provision of a local ordinance; and

7 (3) whether the police officer had probable cause to
8 believe that the driver had consumed any amount of an
9 alcoholic beverage based upon the driver's physical
10 actions or other first-hand knowledge of the police
11 officer; and

12 (4) whether the person, after being advised by the
13 officer that the privilege to possess a school bus driver
14 permit would be canceled if the person refused to submit to
15 and complete the test or tests, did refuse to submit to or
16 complete the test or tests to determine the person's
17 alcohol concentration; and

18 (5) whether the person, after being advised by the
19 officer that the privileges to possess a school bus driver
20 permit would be canceled if the person submits to a
21 chemical test or tests and the test or tests disclose an
22 alcohol concentration of more than 0.00 and the person did
23 submit to and complete the test or tests that determined an
24 alcohol concentration of more than 0.00; and

25 (6) whether the test result of an alcohol concentration
26 of more than 0.00 was based upon the person's consumption

1 of alcohol in the performance of a religious service or
2 ceremony; and

3 (7) whether the test result of an alcohol concentration
4 of more than 0.00 was based upon the person's consumption
5 of alcohol through ingestion of the prescribed or
6 recommended dosage of medicine.

7 The Secretary of State may adopt administrative rules
8 setting forth circumstances under which the holder of a school
9 bus driver permit is not required to appear in person at the
10 hearing.

11 Provided that the petitioner may subpoena the officer, the
12 hearing may be conducted upon a review of the law enforcement
13 officer's own official reports. Failure of the officer to
14 answer the subpoena shall be grounds for a continuance if, in
15 the hearing officer's discretion, the continuance is
16 appropriate. At the conclusion of the hearing held under
17 Section 2-118 of this Code, the Secretary of State may rescind,
18 continue, or modify the school bus driver permit sanction.

19 (f) The results of any chemical testing performed in
20 accordance with subsection (a) of this Section are not
21 admissible in any civil or criminal proceeding, except that the
22 results of the testing may be considered at a hearing held
23 under Section 2-118 of this Code. However, the results of the
24 testing may not be used to impose driver's license sanctions
25 under Section 11-501.1 of this Code. A law enforcement officer
26 may, however, pursue a statutory summary suspension or

1 revocation of driving privileges under Section 11-501.1 of this
2 Code if other physical evidence or first hand knowledge forms
3 the basis of that suspension or revocation.

4 (g) This Section applies only to drivers who have been
5 issued a school bus driver permit in accordance with Section
6 6-106.1 of this Code at the time of the issuance of the Uniform
7 Traffic Ticket for a violation of this Code or a similar
8 provision of a local ordinance, and a chemical test request is
9 made under this Section.

10 (h) The action of the Secretary of State in suspending,
11 revoking, canceling, or denying any license, permit,
12 registration, or certificate of title shall be subject to
13 judicial review in the Circuit Court of Sangamon County or in
14 the Circuit Court of Cook County, and the provisions of the
15 Administrative Review Law and its rules are hereby adopted and
16 shall apply to and govern every action for the judicial review
17 of final acts or decisions of the Secretary of State under this
18 Section.

19 (Source: P.A. 99-467, eff. 1-1-16; 99-697, eff. 7-29-16.)

20 (625 ILCS 5/6-901) (from Ch. 95 1/2, par. 6-901)

21 Sec. 6-901. Definitions. For the purposes of this Article:

22 "Board" means the Driver's License Medical Advisory Board.

23 "Medical examiner" or "medical practitioner" means:

24 (i) any person licensed to practice medicine in all its
25 branches in the State of Illinois or any other state;

- 1 (ii) a licensed physician assistant; or
2 (iii) a licensed advanced practice registered nurse.

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

4 (625 ILCS 5/11-501.01)

5 Sec. 11-501.01. Additional administrative sanctions.

6 (a) After a finding of guilt and prior to any final
7 sentencing or an order for supervision, for an offense based
8 upon an arrest for a violation of Section 11-501 or a similar
9 provision of a local ordinance, individuals shall be required
10 to undergo a professional evaluation to determine if an
11 alcohol, drug, or intoxicating compound abuse problem exists
12 and the extent of the problem, and undergo the imposition of
13 treatment as appropriate. Programs conducting these
14 evaluations shall be licensed by the Department of Human
15 Services. The cost of any professional evaluation shall be paid
16 for by the individual required to undergo the professional
17 evaluation.

18 (b) Any person who is found guilty of or pleads guilty to
19 violating Section 11-501, including any person receiving a
20 disposition of court supervision for violating that Section,
21 may be required by the Court to attend a victim impact panel
22 offered by, or under contract with, a county State's Attorney's
23 office, a probation and court services department, Mothers
24 Against Drunk Driving, or the Alliance Against Intoxicated
25 Motorists. All costs generated by the victim impact panel shall

1 be paid from fees collected from the offender or as may be
2 determined by the court.

3 (c) Every person found guilty of violating Section 11-501,
4 whose operation of a motor vehicle while in violation of that
5 Section proximately caused any incident resulting in an
6 appropriate emergency response, shall be liable for the expense
7 of an emergency response as provided in subsection (i) of this
8 Section.

9 (d) The Secretary of State shall revoke the driving
10 privileges of any person convicted under Section 11-501 or a
11 similar provision of a local ordinance.

12 (e) The Secretary of State shall require the use of
13 ignition interlock devices for a period not less than 5 years
14 on all vehicles owned by a person who has been convicted of a
15 second or subsequent offense of Section 11-501 or a similar
16 provision of a local ordinance. The person must pay to the
17 Secretary of State DUI Administration Fund an amount not to
18 exceed \$30 for each month that he or she uses the device. The
19 Secretary shall establish by rule and regulation the procedures
20 for certification and use of the interlock system, the amount
21 of the fee, and the procedures, terms, and conditions relating
22 to these fees. During the time period in which a person is
23 required to install an ignition interlock device under this
24 subsection (e), that person shall only operate vehicles in
25 which ignition interlock devices have been installed, except as
26 allowed by subdivision (c) (5) or (d) (5) of Section 6-205 of

1 this Code.

2 (f) In addition to any other penalties and liabilities, a
3 person who is found guilty of or pleads guilty to violating
4 Section 11-501, including any person placed on court
5 supervision for violating Section 11-501, shall be assessed
6 \$750, payable to the circuit clerk, who shall distribute the
7 money as follows: \$350 to the law enforcement agency that made
8 the arrest, and \$400 shall be forwarded to the State Treasurer
9 for deposit into the General Revenue Fund. If the person has
10 been previously convicted of violating Section 11-501 or a
11 similar provision of a local ordinance, the fine shall be
12 \$1,000, and the circuit clerk shall distribute \$200 to the law
13 enforcement agency that made the arrest and \$800 to the State
14 Treasurer for deposit into the General Revenue Fund. In the
15 event that more than one agency is responsible for the arrest,
16 the amount payable to law enforcement agencies shall be shared
17 equally. Any moneys received by a law enforcement agency under
18 this subsection (f) shall be used for enforcement and
19 prevention of driving while under the influence of alcohol,
20 other drug or drugs, intoxicating compound or compounds or any
21 combination thereof, as defined by Section 11-501 of this Code,
22 including but not limited to the purchase of law enforcement
23 equipment and commodities that will assist in the prevention of
24 alcohol related criminal violence throughout the State; police
25 officer training and education in areas related to alcohol
26 related crime, including but not limited to DUI training; and

1 police officer salaries, including but not limited to salaries
2 for hire back funding for safety checkpoints, saturation
3 patrols, and liquor store sting operations. Any moneys received
4 by the Department of State Police under this subsection (f)
5 shall be deposited into the State Police DUI Fund and shall be
6 used to purchase law enforcement equipment that will assist in
7 the prevention of alcohol related criminal violence throughout
8 the State.

9 (g) The Secretary of State Police DUI Fund is created as a
10 special fund in the State treasury. All moneys received by the
11 Secretary of State Police under subsection (f) of this Section
12 shall be deposited into the Secretary of State Police DUI Fund
13 and, subject to appropriation, shall be used for enforcement
14 and prevention of driving while under the influence of alcohol,
15 other drug or drugs, intoxicating compound or compounds or any
16 combination thereof, as defined by Section 11-501 of this Code,
17 including but not limited to the purchase of law enforcement
18 equipment and commodities to assist in the prevention of
19 alcohol related criminal violence throughout the State; police
20 officer training and education in areas related to alcohol
21 related crime, including but not limited to DUI training; and
22 police officer salaries, including but not limited to salaries
23 for hire back funding for safety checkpoints, saturation
24 patrols, and liquor store sting operations.

25 (h) Whenever an individual is sentenced for an offense
26 based upon an arrest for a violation of Section 11-501 or a

1 similar provision of a local ordinance, and the professional
2 evaluation recommends remedial or rehabilitative treatment or
3 education, neither the treatment nor the education shall be the
4 sole disposition and either or both may be imposed only in
5 conjunction with another disposition. The court shall monitor
6 compliance with any remedial education or treatment
7 recommendations contained in the professional evaluation.
8 Programs conducting alcohol or other drug evaluation or
9 remedial education must be licensed by the Department of Human
10 Services. If the individual is not a resident of Illinois,
11 however, the court may accept an alcohol or other drug
12 evaluation or remedial education program in the individual's
13 state of residence. Programs providing treatment must be
14 licensed under existing applicable alcoholism and drug
15 treatment licensure standards.

16 (i) In addition to any other fine or penalty required by
17 law, an individual convicted of a 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, whose operation of a motor vehicle,
21 snowmobile, or watercraft while in violation of Section 11-501,
22 Section 5-7 of the Snowmobile Registration and Safety Act,
23 Section 5-16 of the Boat Registration and Safety Act, or a
24 similar provision proximately caused an incident resulting in
25 an appropriate emergency response, shall be required to make
26 restitution to a public agency for the costs of that emergency

1 response. The restitution may not exceed \$1,000 per public
2 agency for each emergency response. As used in this subsection
3 (i), "emergency response" means any incident requiring a
4 response by a police officer, a firefighter carried on the
5 rolls of a regularly constituted fire department, or an
6 ambulance. With respect to funds designated for the Department
7 of State Police, the moneys shall be remitted by the circuit
8 court clerk to the State Police within one month after receipt
9 for deposit into the State Police DUI Fund. With respect to
10 funds designated for the Department of Natural Resources, the
11 Department of Natural Resources shall deposit the moneys into
12 the Conservation Police Operations Assistance Fund.

13 (j) A person that is subject to a chemical test or tests of
14 blood under subsection (a) of Section 11-501.1 or subdivision
15 (c) (2) of Section 11-501.2 of this Code, whether or not that
16 person consents to testing, shall be liable for the expense up
17 to \$500 for blood withdrawal by a physician authorized to
18 practice medicine, a licensed physician assistant, a licensed
19 advanced practice registered nurse, a registered nurse, a
20 trained phlebotomist, a licensed paramedic, or a qualified
21 person other than a police officer approved by the Department
22 of State Police to withdraw blood, who responds, whether at a
23 law enforcement facility or a health care facility, to a police
24 department request for the drawing of blood based upon refusal
25 of the person to submit to a lawfully requested breath test or
26 probable cause exists to believe the test would disclose the

1 ingestion, consumption, or use of drugs or intoxicating
2 compounds if:

3 (1) the person is found guilty of violating Section
4 11-501 of this Code or a similar provision of a local
5 ordinance; or

6 (2) the person pleads guilty to or stipulates to facts
7 supporting a violation of Section 11-503 of this Code or a
8 similar provision of a local ordinance when the plea or
9 stipulation was the result of a plea agreement in which the
10 person was originally charged with violating Section
11 11-501 of this Code or a similar local ordinance.

12 (Source: P.A. 98-292, eff. 1-1-14; 98-463, eff. 8-16-13;
13 98-973, eff. 8-15-14; 99-289, eff. 8-6-15; 99-296, eff. 1-1-16;
14 99-642, eff. 7-28-16.)

15 (625 ILCS 5/11-501.2) (from Ch. 95 1/2, par. 11-501.2)
16 Sec. 11-501.2. Chemical and other tests.

17 (a) Upon the trial of any civil or criminal action or
18 proceeding arising out of an arrest for an offense as defined
19 in Section 11-501 or a similar local ordinance or proceedings
20 pursuant to Section 2-118.1, evidence of the concentration of
21 alcohol, other drug or drugs, or intoxicating compound or
22 compounds, or any combination thereof in a person's blood or
23 breath at the time alleged, as determined by analysis of the
24 person's blood, urine, breath, or other bodily substance, shall
25 be admissible. Where such test is made the following provisions

1 shall apply:

2 1. Chemical analyses of the person's blood, urine,
3 breath, or other bodily substance to be considered valid
4 under the provisions of this Section shall have been
5 performed according to standards promulgated by the
6 Department of State Police by a licensed physician,
7 registered nurse, trained phlebotomist, licensed
8 paramedic, or other individual possessing a valid permit
9 issued by that Department for this purpose. The Director of
10 State Police is authorized to approve satisfactory
11 techniques or methods, to ascertain the qualifications and
12 competence of individuals to conduct such analyses, to
13 issue permits which shall be subject to termination or
14 revocation at the discretion of that Department and to
15 certify the accuracy of breath testing equipment. The
16 Department of State Police shall prescribe regulations as
17 necessary to implement this Section.

18 2. When a person in this State shall submit to a blood
19 test at the request of a law enforcement officer under the
20 provisions of Section 11-501.1, only a physician
21 authorized to practice medicine, a licensed physician
22 assistant, a licensed advanced practice registered nurse,
23 a registered nurse, trained phlebotomist, or licensed
24 paramedic, or other qualified person approved by the
25 Department of State Police may withdraw blood for the
26 purpose of determining the alcohol, drug, or alcohol and

1 drug content therein. This limitation shall not apply to
2 the taking of breath, other bodily substance, or urine
3 specimens.

4 When a blood test of a person who has been taken to an
5 adjoining state for medical treatment is requested by an
6 Illinois law enforcement officer, the blood may be
7 withdrawn only by a physician authorized to practice
8 medicine in the adjoining state, a licensed physician
9 assistant, a licensed advanced practice registered nurse,
10 a registered nurse, a trained phlebotomist acting under the
11 direction of the physician, or licensed paramedic. The law
12 enforcement officer requesting the test shall take custody
13 of the blood sample, and the blood sample shall be analyzed
14 by a laboratory certified by the Department of State Police
15 for that purpose.

16 3. The person tested may have a physician, or a
17 qualified technician, chemist, registered nurse, or other
18 qualified person of their own choosing administer a
19 chemical test or tests in addition to any administered at
20 the direction of a law enforcement officer. The failure or
21 inability to obtain an additional test by a person shall
22 not preclude the admission of evidence relating to the test
23 or tests taken at the direction of a law enforcement
24 officer.

25 4. Upon the request of the person who shall submit to a
26 chemical test or tests at the request of a law enforcement

1 officer, full information concerning the test or tests
2 shall be made available to the person or such person's
3 attorney.

4 5. Alcohol concentration shall mean either grams of
5 alcohol per 100 milliliters of blood or grams of alcohol
6 per 210 liters of breath.

7 6. Tetrahydrocannabinol concentration means either 5
8 nanograms or more of delta-9-tetrahydrocannabinol per
9 milliliter of whole blood or 10 nanograms or more of
10 delta-9-tetrahydrocannabinol per milliliter of other
11 bodily substance.

12 (a-5) Law enforcement officials may use standardized field
13 sobriety tests approved by the National Highway Traffic Safety
14 Administration when conducting investigations of a violation
15 of Section 11-501 or similar local ordinance by drivers
16 suspected of driving under the influence of cannabis. The
17 General Assembly finds that standardized field sobriety tests
18 approved by the National Highway Traffic Safety Administration
19 are divided attention tasks that are intended to determine if a
20 person is under the influence of cannabis. The purpose of these
21 tests is to determine the effect of the use of cannabis on a
22 person's capacity to think and act with ordinary care and
23 therefore operate a motor vehicle safely. Therefore, the
24 results of these standardized field sobriety tests,
25 appropriately administered, shall be admissible in the trial of
26 any civil or criminal action or proceeding arising out of an

1 arrest for a cannabis-related offense as defined in Section
2 11-501 or a similar local ordinance or proceedings under
3 Section 2-118.1 or 2-118.2. Where a test is made the following
4 provisions shall apply:

5 1. The person tested may have a physician, or a
6 qualified technician, chemist, registered nurse, or other
7 qualified person of their own choosing administer a
8 chemical test or tests in addition to the standardized
9 field sobriety test or tests administered at the direction
10 of a law enforcement officer. The failure or inability to
11 obtain an additional test by a person does not preclude the
12 admission of evidence relating to the test or tests taken
13 at the direction of a law enforcement officer.

14 2. Upon the request of the person who shall submit to a
15 standardized field sobriety test or tests at the request of
16 a law enforcement officer, full information concerning the
17 test or tests shall be made available to the person or the
18 person's attorney.

19 3. At the trial of any civil or criminal action or
20 proceeding arising out of an arrest for an offense as
21 defined in Section 11-501 or a similar local ordinance or
22 proceedings under Section 2-118.1 or 2-118.2 in which the
23 results of these standardized field sobriety tests are
24 admitted, the cardholder may present and the trier of fact
25 may consider evidence that the card holder lacked the
26 physical capacity to perform the standardized field

1 sobriety tests.

2 (b) Upon the trial of any civil or criminal action or
3 proceeding arising out of acts alleged to have been committed
4 by any person while driving or in actual physical control of a
5 vehicle while under the influence of alcohol, the concentration
6 of alcohol in the person's blood or breath at the time alleged
7 as shown by analysis of the person's blood, urine, breath, or
8 other bodily substance shall give rise to the following
9 presumptions:

10 1. If there was at that time an alcohol concentration
11 of 0.05 or less, it shall be presumed that the person was
12 not under the influence of alcohol.

13 2. If there was at that time an alcohol concentration
14 in excess of 0.05 but less than 0.08, such facts shall not
15 give rise to any presumption that the person was or was not
16 under the influence of alcohol, but such fact may be
17 considered with other competent evidence in determining
18 whether the person was under the influence of alcohol.

19 3. If there was at that time an alcohol concentration
20 of 0.08 or more, it shall be presumed that the person was
21 under the influence of alcohol.

22 4. The foregoing provisions of this Section shall not
23 be construed as limiting the introduction of any other
24 relevant evidence bearing upon the question whether the
25 person was under the influence of alcohol.

26 (b-5) Upon the trial of any civil or criminal action or

1 proceeding arising out of acts alleged to have been committed
2 by any person while driving or in actual physical control of a
3 vehicle while under the influence of alcohol, other drug or
4 drugs, intoxicating compound or compounds or any combination
5 thereof, the concentration of cannabis in the person's whole
6 blood or other bodily substance at the time alleged as shown by
7 analysis of the person's blood or other bodily substance shall
8 give rise to the following presumptions:

9 1. If there was a tetrahydrocannabinol concentration
10 of 5 nanograms or more in whole blood or 10 nanograms or
11 more in an other bodily substance as defined in this
12 Section, it shall be presumed that the person was under the
13 influence of cannabis.

14 2. If there was at that time a tetrahydrocannabinol
15 concentration of less than 5 nanograms in whole blood or
16 less than 10 nanograms in an other bodily substance, such
17 facts shall not give rise to any presumption that the
18 person was or was not under the influence of cannabis, but
19 such fact may be considered with other competent evidence
20 in determining whether the person was under the influence
21 of cannabis.

22 (c) 1. If a person under arrest refuses to submit to a
23 chemical test under the provisions of Section 11-501.1,
24 evidence of refusal shall be admissible in any civil or
25 criminal action or proceeding arising out of acts alleged to
26 have been committed while the person under the influence of

1 alcohol, other drug or drugs, or intoxicating compound or
2 compounds, or any combination thereof was driving or in actual
3 physical control of a motor vehicle.

4 2. Notwithstanding any ability to refuse under this Code to
5 submit to these tests or any ability to revoke the implied
6 consent to these tests, if a law enforcement officer has
7 probable cause to believe that a motor vehicle driven by or in
8 actual physical control of a person under the influence of
9 alcohol, other drug or drugs, or intoxicating compound or
10 compounds, or any combination thereof has caused the death or
11 personal injury to another, the law enforcement officer shall
12 request, and that person shall submit, upon the request of a
13 law enforcement officer, to a chemical test or tests of his or
14 her blood, breath, other bodily substance, or urine for the
15 purpose of determining the alcohol content thereof or the
16 presence of any other drug or combination of both.

17 This provision does not affect the applicability of or
18 imposition of driver's license sanctions under Section
19 11-501.1 of this Code.

20 3. For purposes of this Section, a personal injury includes
21 any Type A injury as indicated on the traffic accident report
22 completed by a law enforcement officer that requires immediate
23 professional attention in either a doctor's office or a medical
24 facility. A Type A injury includes severe bleeding wounds,
25 distorted extremities, and injuries that require the injured
26 party to be carried from the scene.

1 (d) If a person refuses standardized field sobriety tests
2 under Section 11-501.9 of this Code, evidence of refusal shall
3 be admissible in any civil or criminal action or proceeding
4 arising out of acts committed while the person was driving or
5 in actual physical control of a vehicle and alleged to have
6 been impaired by the use of cannabis.

7 (e) Department of State Police compliance with the changes
8 in this amendatory Act of the 99th General Assembly concerning
9 testing of other bodily substances and tetrahydrocannabinol
10 concentration by Department of State Police laboratories is
11 subject to appropriation and until the Department of State
12 Police adopt standards and completion validation. Any
13 laboratories that test for the presence of cannabis or other
14 drugs under this Article, the Snowmobile Registration and
15 Safety Act, or the Boat Registration and Safety Act must comply
16 with ISO/IEC 17025:2005.

17 (Source: P.A. 98-122, eff. 1-1-14; 98-973, eff. 8-15-14;
18 98-1172, eff. 1-12-15; 99-697, eff. 7-29-16.)

19 (625 ILCS 5/11-501.6) (from Ch. 95 1/2, par. 11-501.6)

20 Sec. 11-501.6. Driver involvement in personal injury or
21 fatal motor vehicle accident; chemical test.

22 (a) Any person who drives or is in actual control of a
23 motor vehicle upon the public highways of this State and who
24 has been involved in a personal injury or fatal motor vehicle
25 accident, shall be deemed to have given consent to a breath

1 test using a portable device as approved by the Department of
2 State Police or to a chemical test or tests of blood, breath,
3 other bodily substance, or urine for the purpose of determining
4 the content of alcohol, other drug or drugs, or intoxicating
5 compound or compounds of such person's blood if arrested as
6 evidenced by the issuance of a Uniform Traffic Ticket for any
7 violation of the Illinois Vehicle Code or a similar provision
8 of a local ordinance, with the exception of equipment
9 violations contained in Chapter 12 of this Code, or similar
10 provisions of local ordinances. The test or tests shall be
11 administered at the direction of the arresting officer. The law
12 enforcement agency employing the officer shall designate which
13 of the aforesaid tests shall be administered. Up to 2
14 additional tests of urine or other bodily substance may be
15 administered even after a blood or breath test or both has been
16 administered. Compliance with this Section does not relieve
17 such person from the requirements of Section 11-501.1 of this
18 Code.

19 (b) Any person who is dead, unconscious or who is otherwise
20 in a condition rendering such person incapable of refusal shall
21 be deemed not to have withdrawn the consent provided by
22 subsection (a) of this Section. In addition, if a driver of a
23 vehicle is receiving medical treatment as a result of a motor
24 vehicle accident, any physician licensed to practice medicine,
25 licensed physician assistant, licensed advanced practice
26 registered nurse, registered nurse or a phlebotomist acting

1 under the direction of a licensed physician shall withdraw
2 blood for testing purposes to ascertain the presence of
3 alcohol, other drug or drugs, or intoxicating compound or
4 compounds, upon the specific request of a law enforcement
5 officer. However, no such testing shall be performed until, in
6 the opinion of the medical personnel on scene, the withdrawal
7 can be made without interfering with or endangering the
8 well-being of the patient.

9 (c) A person requested to submit to a test as provided
10 above shall be warned by the law enforcement officer requesting
11 the test that a refusal to submit to the test, or submission to
12 the test resulting in an alcohol concentration of 0.08 or more,
13 or testing discloses the presence of cannabis as listed in the
14 Cannabis Control Act with a tetrahydrocannabinol concentration
15 as defined in paragraph 6 of subsection (a) of Section 11-501.2
16 of this Code, or any amount of a drug, substance, or
17 intoxicating compound resulting from the unlawful use or
18 consumption of a controlled substance listed in the Illinois
19 Controlled Substances Act, an intoxicating compound listed in
20 the Use of Intoxicating Compounds Act, or methamphetamine as
21 listed in the Methamphetamine Control and Community Protection
22 Act as detected in such person's blood, other bodily substance,
23 or urine, may result in the suspension of such person's
24 privilege to operate a motor vehicle. If the person is also a
25 CDL holder, he or she shall be warned by the law enforcement
26 officer requesting the test that a refusal to submit to the

1 test, or submission to the test resulting in an alcohol
2 concentration of 0.08 or more, or any amount of a drug,
3 substance, or intoxicating compound resulting from the
4 unlawful use or consumption of cannabis, as covered by the
5 Cannabis Control Act, a controlled substance listed in the
6 Illinois Controlled Substances Act, an intoxicating compound
7 listed in the Use of Intoxicating Compounds Act, or
8 methamphetamine as listed in the Methamphetamine Control and
9 Community Protection Act as detected in the person's blood,
10 other bodily substance, or urine, may result in the
11 disqualification of the person's privilege to operate a
12 commercial motor vehicle, as provided in Section 6-514 of this
13 Code. The length of the suspension shall be the same as
14 outlined in Section 6-208.1 of this Code regarding statutory
15 summary suspensions.

16 A person requested to submit to a test shall also
17 acknowledge, in writing, receipt of the warning required under
18 this Section. If the person refuses to acknowledge receipt of
19 the warning, the law enforcement officer shall make a written
20 notation on the warning that the person refused to sign the
21 warning. A person's refusal to sign the warning shall not be
22 evidence that the person was not read the warning.

23 (d) If the person refuses testing or submits to a test
24 which discloses an alcohol concentration of 0.08 or more, the
25 presence of cannabis as listed in the Cannabis Control Act with
26 a tetrahydrocannabinol concentration as defined in paragraph 6

1 of subsection (a) of Section 11-501.2 of this Code, or any
2 amount of a drug, substance, or intoxicating compound in such
3 person's blood or urine 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, the law enforcement officer shall immediately submit a
9 sworn report to the Secretary of State on a form prescribed by
10 the Secretary, certifying that the test or tests were requested
11 under subsection (a) and the person refused to submit to a test
12 or tests or submitted to testing which disclosed an alcohol
13 concentration of 0.08 or more, the presence of cannabis as
14 listed in the Cannabis Control Act with a tetrahydrocannabinol
15 concentration as defined in paragraph 6 of subsection (a) of
16 Section 11-501.2 of this Code, or any amount of a drug,
17 substance, or intoxicating compound in such person's blood,
18 other bodily substance, or urine, resulting from the unlawful
19 use or consumption of a controlled substance listed in the
20 Illinois Controlled Substances Act, an intoxicating compound
21 listed in the Use of Intoxicating Compounds Act, or
22 methamphetamine as listed in the Methamphetamine Control and
23 Community Protection Act. If the person is also a CDL holder
24 and refuses testing or submits to a test which discloses an
25 alcohol concentration of 0.08 or more, or any amount of a drug,
26 substance, or intoxicating compound in the person's blood,

1 other bodily substance, or urine resulting from the unlawful
2 use or consumption of cannabis listed in the Cannabis Control
3 Act, a controlled substance listed in the Illinois Controlled
4 Substances Act, an intoxicating compound listed in the Use of
5 Intoxicating Compounds Act, or methamphetamine as listed in the
6 Methamphetamine Control and Community Protection Act, the law
7 enforcement officer shall immediately submit a sworn report to
8 the Secretary of State on a form prescribed by the Secretary,
9 certifying that the test or tests were requested under
10 subsection (a) and the person refused to submit to a test or
11 tests or submitted to testing which disclosed an alcohol
12 concentration of 0.08 or more, 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 cannabis listed in the Cannabis Control
16 Act, a controlled substance listed in the Illinois Controlled
17 Substances Act, an intoxicating compound listed in the Use of
18 Intoxicating Compounds Act, or methamphetamine as listed in the
19 Methamphetamine Control and Community Protection Act.

20 Upon receipt of the sworn report of a law enforcement
21 officer, the Secretary shall enter the suspension and
22 disqualification to the individual's driving record and the
23 suspension and disqualification shall be effective on the 46th
24 day following the date notice of the suspension was given to
25 the person.

26 The law enforcement officer submitting the sworn report

1 shall serve immediate notice of this suspension on the person
2 and such suspension and disqualification shall be effective on
3 the 46th day following the date notice was given.

4 In cases involving a person who is not a CDL holder where
5 the blood alcohol concentration of 0.08 or more, or blood
6 testing discloses the presence of cannabis as listed in the
7 Cannabis Control Act with a tetrahydrocannabinol concentration
8 as defined in paragraph 6 of subsection (a) of Section 11-501.2
9 of this Code, or any amount of a drug, substance, or
10 intoxicating compound resulting from the unlawful use or
11 consumption of 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, is established by a subsequent analysis of blood, other
16 bodily substance, or urine collected at the time of arrest, the
17 arresting officer shall give notice as provided in this Section
18 or by deposit in the United States mail of such notice in an
19 envelope with postage prepaid and addressed to such person at
20 his or her address as shown on the Uniform Traffic Ticket and
21 the suspension shall be effective on the 46th day following the
22 date notice was given.

23 In cases involving a person who is a CDL holder where the
24 blood alcohol concentration of 0.08 or more, or any amount of a
25 drug, substance, or intoxicating compound resulting from the
26 unlawful use or consumption of cannabis as listed in 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, is established by a subsequent
6 analysis of blood, other bodily substance, or urine collected
7 at the time of arrest, the arresting officer shall give notice
8 as provided in this Section or by deposit in the United States
9 mail of such notice in an envelope with postage prepaid and
10 addressed to the person at his or her address as shown on the
11 Uniform Traffic Ticket and the suspension and disqualification
12 shall be effective on the 46th day following the date notice
13 was given.

14 Upon receipt of the sworn report of a law enforcement
15 officer, the Secretary shall also give notice of the suspension
16 and disqualification to the driver by mailing a notice of the
17 effective date of the suspension and disqualification to the
18 individual. However, should the sworn report be defective by
19 not containing sufficient information or be completed in error,
20 the notice of the suspension and disqualification shall not be
21 mailed to the person or entered to the driving record, but
22 rather the sworn report shall be returned to the issuing law
23 enforcement agency.

24 (e) A driver may contest this suspension of his or her
25 driving privileges and disqualification of his or her CDL
26 privileges by requesting an administrative hearing with the

1 Secretary in accordance with Section 2-118 of this Code. At the
2 conclusion of a hearing held under Section 2-118 of this Code,
3 the Secretary may rescind, continue, or modify the orders of
4 suspension and disqualification. If the Secretary does not
5 rescind the orders of suspension and disqualification, a
6 restricted driving permit may be granted by the Secretary upon
7 application being made and good cause shown. A restricted
8 driving permit may be granted to relieve undue hardship to
9 allow driving for employment, educational, and medical
10 purposes as outlined in Section 6-206 of this Code. The
11 provisions of Section 6-206 of this Code shall apply. In
12 accordance with 49 C.F.R. 384, the Secretary of State may not
13 issue a restricted driving permit for the operation of a
14 commercial motor vehicle to a person holding a CDL whose
15 driving privileges have been suspended, revoked, cancelled, or
16 disqualified.

17 (f) (Blank).

18 (g) For the purposes of this Section, a personal injury
19 shall include any type A injury as indicated on the traffic
20 accident report completed by a law enforcement officer that
21 requires immediate professional attention in either a doctor's
22 office or a medical facility. A type A injury shall include
23 severely bleeding wounds, distorted extremities, and injuries
24 that require the injured party to be carried from the scene.

25 (Source: P.A. 99-467, eff. 1-1-16; 99-697, eff. 7-29-16.)

1 (625 ILCS 5/11-501.8)

2 Sec. 11-501.8. Suspension of driver's license; persons
3 under age 21.

4 (a) A person who is less than 21 years of age and who
5 drives or is in actual physical control of a motor vehicle upon
6 the public highways of this State shall be deemed to have given
7 consent to a chemical test or tests of blood, breath, other
8 bodily substance, or urine for the purpose of determining the
9 alcohol content of the person's blood if arrested, as evidenced
10 by the issuance of a Uniform Traffic Ticket for any violation
11 of the Illinois Vehicle Code or a similar provision of a local
12 ordinance, if a police officer has probable cause to believe
13 that the driver has consumed any amount of an alcoholic
14 beverage based upon evidence of the driver's physical condition
15 or other first hand knowledge of the police officer. The test
16 or tests shall be administered at the direction of the
17 arresting officer. The law enforcement agency employing the
18 officer shall designate which of the aforesaid tests shall be
19 administered. Up to 2 additional tests of urine or other bodily
20 substance may be administered even after a blood or breath test
21 or both has been administered.

22 (b) A person who is dead, unconscious, or who is otherwise
23 in a condition rendering that person incapable of refusal,
24 shall be deemed not to have withdrawn the consent provided by
25 paragraph (a) of this Section and the test or tests may be
26 administered subject to the following provisions:

1 (i) Chemical analysis of the person's blood, urine,
2 breath, or other bodily substance, to be considered valid
3 under the provisions of this Section, shall have been
4 performed according to standards promulgated by the
5 Department of State Police by an individual possessing a
6 valid permit issued by that Department for this purpose.
7 The Director of State Police is authorized to approve
8 satisfactory techniques or methods, to ascertain the
9 qualifications and competence of individuals to conduct
10 analyses, to issue permits that shall be subject to
11 termination or revocation at the direction of that
12 Department, and to certify the accuracy of breath testing
13 equipment. The Department of State Police shall prescribe
14 regulations as necessary.

15 (ii) When a person submits to a blood test at the
16 request of a law enforcement officer under the provisions
17 of this Section, only a physician authorized to practice
18 medicine, a licensed physician assistant, a licensed
19 advanced practice registered nurse, a registered nurse, or
20 other qualified person trained in venipuncture and acting
21 under the direction of a licensed physician may withdraw
22 blood for the purpose of determining the alcohol content
23 therein. This limitation does not apply to the taking of
24 breath, other bodily substance, or urine specimens.

25 (iii) The person tested may have a physician, qualified
26 technician, chemist, registered nurse, or other qualified

1 person of his or her own choosing administer a chemical
2 test or tests in addition to any test or tests administered
3 at the direction of a law enforcement officer. The failure
4 or inability to obtain an additional test by a person shall
5 not preclude the consideration of the previously performed
6 chemical test.

7 (iv) Upon a request of the person who submits to a
8 chemical test or tests at the request of a law enforcement
9 officer, full information concerning the test or tests
10 shall be made available to the person or that person's
11 attorney.

12 (v) Alcohol concentration means either grams of
13 alcohol per 100 milliliters of blood or grams of alcohol
14 per 210 liters of breath.

15 (vi) If a driver is receiving medical treatment as a
16 result of a motor vehicle accident, a physician licensed to
17 practice medicine, licensed physician assistant, licensed
18 advanced practice registered nurse, registered nurse, or
19 other qualified person trained in venipuncture and acting
20 under the direction of a licensed physician shall withdraw
21 blood for testing purposes to ascertain the presence of
22 alcohol upon the specific request of a law enforcement
23 officer. However, that testing shall not be performed
24 until, in the opinion of the medical personnel on scene,
25 the withdrawal can be made without interfering with or
26 endangering the well-being of the patient.

1 (c) A person requested to submit to a test as provided
2 above shall be warned by the law enforcement officer requesting
3 the test that a refusal to submit to the test, or submission to
4 the test resulting in an alcohol concentration of more than
5 0.00, may result in the loss of that person's privilege to
6 operate a motor vehicle and may result in the disqualification
7 of the person's privilege to operate a commercial motor
8 vehicle, as provided in Section 6-514 of this Code, if the
9 person is a CDL holder. The loss of driving privileges shall be
10 imposed in accordance with Section 6-208.2 of this Code.

11 A person requested to submit to a test shall also
12 acknowledge, in writing, receipt of the warning required under
13 this Section. If the person refuses to acknowledge receipt of
14 the warning, the law enforcement officer shall make a written
15 notation on the warning that the person refused to sign the
16 warning. A person's refusal to sign the warning shall not be
17 evidence that the person was not read the warning.

18 (d) If the person refuses testing or submits to a test that
19 discloses an alcohol concentration of more than 0.00, the law
20 enforcement officer shall immediately submit a sworn report to
21 the Secretary of State on a form prescribed by the Secretary of
22 State, certifying that the test or tests were requested under
23 subsection (a) and the person refused to submit to a test or
24 tests or submitted to testing which disclosed an alcohol
25 concentration of more than 0.00. The law enforcement officer
26 shall submit the same sworn report when a person under the age

1 of 21 submits to testing under Section 11-501.1 of this Code
2 and the testing discloses an alcohol concentration of more than
3 0.00 and less than 0.08.

4 Upon receipt of the sworn report of a law enforcement
5 officer, the Secretary of State shall enter the suspension and
6 disqualification on the individual's driving record and the
7 suspension and disqualification shall be effective on the 46th
8 day following the date notice of the suspension was given to
9 the person. If this suspension is the individual's first
10 driver's license suspension under this Section, reports
11 received by the Secretary of State under this Section shall,
12 except during the time the suspension is in effect, be
13 privileged information and for use only by the courts, police
14 officers, prosecuting authorities, the Secretary of State, or
15 the individual personally, unless the person is a CDL holder,
16 is operating a commercial motor vehicle or vehicle required to
17 be placarded for hazardous materials, in which case the
18 suspension shall not be privileged. Reports received by the
19 Secretary of State under this Section shall also be made
20 available to the parent or guardian of a person under the age
21 of 18 years that holds an instruction permit or a graduated
22 driver's license, regardless of whether the suspension is in
23 effect.

24 The law enforcement officer submitting the sworn report
25 shall serve immediate notice of this suspension on the person
26 and the suspension and disqualification shall be effective on

1 the 46th day following the date notice was given.

2 In cases where the blood alcohol concentration of more than
3 0.00 is established by a subsequent analysis of blood, other
4 bodily substance, or urine, the police officer or arresting
5 agency shall give notice as provided in this Section or by
6 deposit in the United States mail of that notice in an envelope
7 with postage prepaid and addressed to that person at his last
8 known address and the loss of driving privileges shall be
9 effective on the 46th day following the date notice was given.

10 Upon receipt of the sworn report of a law enforcement
11 officer, the Secretary of State shall also give notice of the
12 suspension and disqualification to the driver by mailing a
13 notice of the effective date of the suspension and
14 disqualification to the individual. However, should the sworn
15 report be defective by not containing sufficient information or
16 be completed in error, the notice of the suspension and
17 disqualification shall not be mailed to the person or entered
18 to the driving record, but rather the sworn report shall be
19 returned to the issuing law enforcement agency.

20 (e) A driver may contest this suspension and
21 disqualification by requesting an administrative hearing with
22 the Secretary of State in accordance with Section 2-118 of this
23 Code. An individual whose blood alcohol concentration is shown
24 to be more than 0.00 is not subject to this Section if he or she
25 consumed alcohol in the performance of a religious service or
26 ceremony. An individual whose blood alcohol concentration is

1 shown to be more than 0.00 shall not be subject to this Section
2 if the individual's blood alcohol concentration resulted only
3 from ingestion of the prescribed or recommended dosage of
4 medicine that contained alcohol. The petition for that hearing
5 shall not stay or delay the effective date of the impending
6 suspension. The scope of this hearing shall be limited to the
7 issues of:

8 (1) whether the police officer had probable cause to
9 believe that the person was driving or in actual physical
10 control of a motor vehicle upon the public highways of the
11 State and the police officer had reason to believe that the
12 person was in violation of any provision of the Illinois
13 Vehicle Code or a similar provision of a local ordinance;
14 and

15 (2) whether the person was issued a Uniform Traffic
16 Ticket for any violation of the Illinois Vehicle Code or a
17 similar provision of a local ordinance; and

18 (3) whether the police officer had probable cause to
19 believe that the driver had consumed any amount of an
20 alcoholic beverage based upon the driver's physical
21 actions or other first-hand knowledge of the police
22 officer; and

23 (4) whether the person, after being advised by the
24 officer that the privilege to operate a motor vehicle would
25 be suspended if the person refused to submit to and
26 complete the test or tests, did refuse to submit to or

1 complete the test or tests to determine the person's
2 alcohol concentration; and

3 (5) whether the person, after being advised by the
4 officer that the privileges to operate a motor vehicle
5 would be suspended if the person submits to a chemical test
6 or tests and the test or tests disclose an alcohol
7 concentration of more than 0.00, did submit to and complete
8 the test or tests that determined an alcohol concentration
9 of more than 0.00; and

10 (6) whether the test result of an alcohol concentration
11 of more than 0.00 was based upon the person's consumption
12 of alcohol in the performance of a religious service or
13 ceremony; and

14 (7) whether the test result of an alcohol concentration
15 of more than 0.00 was based upon the person's consumption
16 of alcohol through ingestion of the prescribed or
17 recommended dosage of medicine.

18 At the conclusion of the hearing held under Section 2-118
19 of this Code, the Secretary of State may rescind, continue, or
20 modify the suspension and disqualification. If the Secretary of
21 State does not rescind the suspension and disqualification, a
22 restricted driving permit may be granted by the Secretary of
23 State upon application being made and good cause shown. A
24 restricted driving permit may be granted to relieve undue
25 hardship by allowing driving for employment, educational, and
26 medical purposes as outlined in item (3) of part (c) of Section

1 6-206 of this Code. The provisions of item (3) of part (c) of
2 Section 6-206 of this Code and of subsection (f) of that
3 Section shall apply. The Secretary of State shall promulgate
4 rules providing for participation in an alcohol education and
5 awareness program or activity, a drug education and awareness
6 program or activity, or both as a condition to the issuance of
7 a restricted driving permit for suspensions imposed under this
8 Section.

9 (f) The results of any chemical testing performed in
10 accordance with subsection (a) of this Section are not
11 admissible in any civil or criminal proceeding, except that the
12 results of the testing may be considered at a hearing held
13 under Section 2-118 of this Code. However, the results of the
14 testing may not be used to impose driver's license sanctions
15 under Section 11-501.1 of this Code. A law enforcement officer
16 may, however, pursue a statutory summary suspension or
17 revocation of driving privileges under Section 11-501.1 of this
18 Code if other physical evidence or first hand knowledge forms
19 the basis of that suspension or revocation.

20 (g) This Section applies only to drivers who are under age
21 21 at the time of the issuance of a Uniform Traffic Ticket for
22 a violation of the Illinois Vehicle Code or a similar provision
23 of a local ordinance, and a chemical test request is made under
24 this Section.

25 (h) The action of the Secretary of State in suspending,
26 revoking, cancelling, or disqualifying any license or permit

1 shall be subject to judicial review in the Circuit Court of
2 Sangamon County or in the Circuit Court of Cook County, and the
3 provisions of the Administrative Review Law and its rules are
4 hereby adopted and shall apply to and govern every action for
5 the judicial review of final acts or decisions of the Secretary
6 of State under this Section.

7 (Source: P.A. 99-467, eff. 1-1-16; 99-697, eff. 7-29-16.)

8 (625 ILCS 5/11-1301.2) (from Ch. 95 1/2, par. 11-1301.2)

9 Sec. 11-1301.2. Special decals for parking; persons with
10 disabilities.

11 (a) The Secretary of State shall provide for, by
12 administrative rules, the design, size, color, and placement of
13 a person with disabilities motorist decal or device and shall
14 provide for, by administrative rules, the content and form of
15 an application for a person with disabilities motorist decal or
16 device, which shall be used by local authorities in the
17 issuance thereof to a person with temporary disabilities,
18 provided that the decal or device is valid for no more than 90
19 days, subject to renewal for like periods based upon continued
20 disability, and further provided that the decal or device
21 clearly sets forth the date that the decal or device expires.
22 The application shall include the requirement of an Illinois
23 Identification Card number or a State of Illinois driver's
24 license number. This decal or device may be used by the
25 authorized holder to designate and identify a vehicle not owned

1 or displaying a registration plate as provided in Sections
2 3-609 and 3-616 of this Act to designate when the vehicle is
3 being used to transport said person or persons with
4 disabilities, and thus is entitled to enjoy all the privileges
5 that would be afforded a person with disabilities licensed
6 vehicle. Person with disabilities decals or devices issued and
7 displayed pursuant to this Section shall be recognized and
8 honored by all local authorities regardless of which local
9 authority issued such decal or device.

10 The decal or device shall be issued only upon a showing by
11 adequate documentation that the person for whose benefit the
12 decal or device is to be used has a disability as defined in
13 Section 1-159.1 of this Code and the disability is temporary.

14 (b) The local governing authorities shall be responsible
15 for the provision of such decal or device, its issuance and
16 designated placement within the vehicle. The cost of such decal
17 or device shall be at the discretion of such local governing
18 authority.

19 (c) The Secretary of State may, pursuant to Section
20 3-616(c), issue a person with disabilities parking decal or
21 device to a person with disabilities as defined by Section
22 1-159.1. Any person with disabilities parking decal or device
23 issued by the Secretary of State shall be registered to that
24 person with disabilities in the form to be prescribed by the
25 Secretary of State. The person with disabilities parking decal
26 or device shall not display that person's address. One

1 additional decal or device may be issued to an applicant upon
2 his or her written request and with the approval of the
3 Secretary of State. The written request must include a
4 justification of the need for the additional decal or device.

5 (c-5) Beginning January 1, 2014, the Secretary shall
6 provide by administrative rule for the issuance of a separate
7 and distinct parking decal or device for persons with
8 disabilities as defined by Section 1-159.1 of this Code and who
9 meet the qualifications under this subsection. The authorized
10 holder of a decal or device issued under this subsection (c-5)
11 shall be exempt from the payment of fees generated by parking
12 in a metered space, a parking area subject to paragraph (10) of
13 subsection (a) of Section 11-209 of this Code, or a publicly
14 owned parking area.

15 The Secretary shall issue a meter-exempt decal or device to
16 a person with disabilities who: (i) has been issued
17 registration plates under subsection (a) of Section 3-609 or
18 Section 3-616 of this Code or a special decal or device under
19 this Section, (ii) holds a valid Illinois driver's license, and
20 (iii) is unable to do one or more of the following:

21 (1) manage, manipulate, or insert coins, or obtain
22 tickets or tokens in parking meters or ticket machines in
23 parking lots, due to the lack of fine motor control of both
24 hands;

25 (2) reach above his or her head to a height of 42
26 inches from the ground, due to a lack of finger, hand, or

1 upper extremity strength or mobility;

2 (3) approach a parking meter due to his or her use of a
3 wheelchair or other device for mobility; or

4 (4) walk more than 20 feet due to an orthopedic,
5 neurological, cardiovascular, or lung condition in which
6 the degree of debilitation is so severe that it almost
7 completely impedes the ability to walk.

8 The application for a meter-exempt parking decal or device
9 shall contain a statement certified by a licensed physician,
10 physician assistant, or advanced practice registered nurse
11 attesting to the permanent nature of the applicant's condition
12 and verifying that the applicant meets the physical
13 qualifications specified in this subsection (c-5).

14 Notwithstanding the requirements of this subsection (c-5),
15 the Secretary shall issue a meter-exempt decal or device to a
16 person who has been issued registration plates under Section
17 3-616 of this Code or a special decal or device under this
18 Section, if the applicant is the parent or guardian of a person
19 with disabilities who is under 18 years of age and incapable of
20 driving.

21 (d) Replacement decals or devices may be issued for lost,
22 stolen, or destroyed decals upon application and payment of a
23 \$10 fee. The replacement fee may be waived for individuals that
24 have claimed and received a grant under the Senior Citizens and
25 Persons with Disabilities Property Tax Relief Act.

26 (e) A person classified as a veteran under subsection (e)

1 of Section 6-106 of this Code that has been issued a decal or
2 device under this Section shall not be required to submit
3 evidence of disability in order to renew that decal or device
4 if, at the time of initial application, he or she submitted
5 evidence from his or her physician or the Department of
6 Veterans' Affairs that the disability is of a permanent nature.
7 However, the Secretary shall take reasonable steps to ensure
8 the veteran still resides in this State at the time of the
9 renewal. These steps may include requiring the veteran to
10 provide additional documentation or to appear at a Secretary of
11 State facility. To identify veterans who are eligible for this
12 exemption, the Secretary shall compare the list of the persons
13 who have been issued a decal or device to the list of persons
14 who have been issued a vehicle registration plate for veterans
15 with disabilities under Section 3-609 of this Code, or who are
16 identified as a veteran on their driver's license under Section
17 6-110 of this Code or on their identification card under
18 Section 4 of the Illinois Identification Card Act.

19 (Source: P.A. 98-463, eff. 8-16-13; 98-577, eff. 1-1-14;
20 98-879, eff. 1-1-15; 99-143, eff. 7-27-15.)

21 (625 ILCS 5/11-1301.5)

22 Sec. 11-1301.5. Fictitious or unlawfully altered
23 disability license plate or parking decal or device.

24 (a) As used in this Section:

25 "Fictitious disability license plate or parking decal or

1 device" means any issued disability license plate or parking
2 decal or device, or any license plate issued to a veteran with
3 a disability under Section 3-609 of this Code, that has been
4 issued by the Secretary of State or an authorized unit of local
5 government that was issued based upon false information
6 contained on the required application.

7 "False information" means any incorrect or inaccurate
8 information concerning the name, date of birth, social security
9 number, driver's license number, physician certification, or
10 any other information required on the Persons with Disabilities
11 Certification for Plate or Parking Placard, on the Application
12 for Replacement Disability Parking Placard, or on the
13 application for license plates issued to veterans with
14 disabilities under Section 3-609 of this Code, that falsifies
15 the content of the application.

16 "Unlawfully altered disability license plate or parking
17 permit or device" means any disability license plate or parking
18 permit or device, or any license plate issued to a veteran with
19 a disability under Section 3-609 of this Code, issued by the
20 Secretary of State or an authorized unit of local government
21 that has been physically altered or changed in such manner that
22 false information appears on the license plate or parking decal
23 or device.

24 "Authorized holder" means an individual issued a
25 disability license plate under Section 3-616 of this Code or an
26 individual issued a parking decal or device under Section

1 11-1301.2 of this Code, or an individual issued a license plate
2 for veterans with disabilities under Section 3-609 of this
3 Code.

4 (b) It is a violation of this Section for any person:

5 (1) to knowingly possess any fictitious or unlawfully
6 altered disability license plate or parking decal or
7 device;

8 (2) to knowingly issue or assist in the issuance of, by
9 the Secretary of State or unit of local government, any
10 fictitious disability license plate or parking decal or
11 device;

12 (3) to knowingly alter any disability license plate or
13 parking decal or device;

14 (4) to knowingly manufacture, possess, transfer, or
15 provide any documentation used in the application process
16 whether real or fictitious, for the purpose of obtaining a
17 fictitious disability license plate or parking decal or
18 device;

19 (5) to knowingly provide any false information to the
20 Secretary of State or a unit of local government in order
21 to obtain a disability license plate or parking decal or
22 device;

23 (6) to knowingly transfer a disability license plate or
24 parking decal or device for the purpose of exercising the
25 privileges granted to an authorized holder of a disability
26 license plate or parking decal or device under this Code in

1 the absence of the authorized holder; or

2 (7) who is a physician, physician assistant, or
3 advanced practice registered nurse to knowingly falsify a
4 certification that a person is a person with disabilities
5 as defined by Section 1-159.1 of this Code.

6 (c) Sentence.

7 (1) Any person convicted of a violation of paragraph
8 (1), (2), (3), (4), (5), or (7) of subsection (b) of this
9 Section shall be guilty of a Class A misdemeanor and fined
10 not less than \$1,000 for a first offense and shall be
11 guilty of a Class 4 felony and fined not less than \$2,000
12 for a second or subsequent offense. Any person convicted of
13 a violation of subdivision (b) (6) of this Section is guilty
14 of a Class A misdemeanor and shall be fined not less than
15 \$1,000 for a first offense and not less than \$2,000 for a
16 second or subsequent offense. The circuit clerk shall
17 distribute one-half of any fine imposed on any person who
18 is found guilty of or pleads guilty to violating this
19 Section, including any person placed on court supervision
20 for violating this Section, to the law enforcement agency
21 that issued the citation or made the arrest. If more than
22 one law enforcement agency is responsible for issuing the
23 citation or making the arrest, one-half of the fine imposed
24 shall be shared equally.

25 (2) Any person who commits a violation of this Section
26 or a similar provision of a local ordinance may have his or

1 her driving privileges suspended or revoked by the
2 Secretary of State for a period of time determined by the
3 Secretary of State. The Secretary of State may suspend or
4 revoke the parking decal or device or the disability
5 license plate of any person who commits a violation of this
6 Section.

7 (3) Any police officer may seize the parking decal or
8 device from any person who commits a violation of this
9 Section. Any police officer may seize the disability
10 license plate upon authorization from the Secretary of
11 State. Any police officer may request that the Secretary of
12 State revoke the parking decal or device or the disability
13 license plate of any person who commits a violation of this
14 Section.

15 (Source: P.A. 98-463, eff. 8-16-13; 99-143, eff. 7-27-15.)

16 Section 310. The Boat Registration and Safety Act is
17 amended by changing Section 5-16c as follows:

18 (625 ILCS 45/5-16c)

19 Sec. 5-16c. Operator involvement in personal injury or
20 fatal boating accident; chemical tests.

21 (a) Any person who operates or is in actual physical
22 control of a motorboat within this State and who has been
23 involved in a personal injury or fatal boating accident shall
24 be deemed to have given consent to a breath test using a

1 portable device as approved by the Department of State Police
2 or to a chemical test or tests of blood, breath, other bodily
3 substance, or urine for the purpose of determining the content
4 of alcohol, other drug or drugs, or intoxicating compound or
5 compounds of the person's blood if arrested as evidenced by the
6 issuance of a uniform citation for a violation of the Boat
7 Registration and Safety Act or a similar provision of a local
8 ordinance, with the exception of equipment violations
9 contained in Article IV of this Act or similar provisions of
10 local ordinances. The test or tests shall be administered at
11 the direction of the arresting officer. The law enforcement
12 agency employing the officer shall designate which of the
13 aforesaid tests shall be administered. Up to 2 additional tests
14 of urine or other bodily substance may be administered even
15 after a blood or breath test or both has been administered.
16 Compliance with this Section does not relieve the person from
17 the requirements of any other Section of this Act.

18 (b) Any person who is dead, unconscious, or who is
19 otherwise in a condition rendering that person incapable of
20 refusal shall be deemed not to have withdrawn the consent
21 provided by subsection (a) of this Section. In addition, if an
22 operator of a motorboat is receiving medical treatment as a
23 result of a boating accident, any physician licensed to
24 practice medicine, licensed physician assistant, licensed
25 advanced practice registered nurse, registered nurse, or a
26 phlebotomist acting under the direction of a licensed physician

1 shall withdraw blood for testing purposes to ascertain the
2 presence of alcohol, other drug or drugs, or intoxicating
3 compound or compounds, upon the specific request of a law
4 enforcement officer. However, this testing shall not be
5 performed until, in the opinion of the medical personnel on
6 scene, the withdrawal can be made without interfering with or
7 endangering the well-being of the patient.

8 (c) A person who is a CDL holder requested to submit to a
9 test under subsection (a) of this Section shall be warned by
10 the law enforcement officer requesting the test that a refusal
11 to submit to the test, or submission to the test resulting in
12 an alcohol concentration of 0.08 or more, or any amount of a
13 drug, substance, or intoxicating compound resulting from the
14 unlawful use or consumption of cannabis listed in the Cannabis
15 Control Act, a controlled substance listed in the Illinois
16 Controlled Substances Act, an intoxicating compound listed in
17 the Use of Intoxicating Compounds Act, or methamphetamine as
18 listed in the Methamphetamine Control and Community Protection
19 Act as detected in the person's blood, other bodily substance,
20 or urine, may result in the suspension of the person's
21 privilege to operate a motor vehicle and may result in the
22 disqualification of the person's privilege to operate a
23 commercial motor vehicle, as provided in Section 6-514 of the
24 Illinois Vehicle Code. A person who is not a CDL holder
25 requested to submit to a test under subsection (a) of this
26 Section shall be warned by the law enforcement officer

1 requesting the test that a refusal to submit to the test, or
2 submission to the test resulting in an alcohol concentration of
3 0.08 or more, a tetrahydrocannabinol concentration in the
4 person's whole blood or other bodily substance as defined in
5 paragraph 6 of subsection (a) of Section 11-501.2 of the
6 Illinois Vehicle Code, or any amount of a drug, substance, or
7 intoxicating compound resulting from the unlawful use or
8 consumption of a controlled substance listed in the Illinois
9 Controlled Substances Act, an intoxicating compound listed in
10 the Use of Intoxicating Compounds Act, or methamphetamine as
11 listed in the Methamphetamine Control and Community Protection
12 Act as detected in the person's blood, other bodily substance,
13 or urine, may result in the suspension of the person's
14 privilege to operate a motor vehicle. The length of the
15 suspension shall be the same as outlined in Section 6-208.1 of
16 the Illinois Vehicle Code regarding statutory summary
17 suspensions.

18 (d) If the person is a CDL holder and refuses testing or
19 submits to a test which discloses an alcohol concentration of
20 0.08 or more, or any amount of a drug, substance, or
21 intoxicating compound in the person's blood, other bodily
22 substance, or urine resulting from the unlawful use or
23 consumption of cannabis listed in the Cannabis Control Act, a
24 controlled substance listed in the Illinois Controlled
25 Substances Act, an intoxicating compound listed in the Use of
26 Intoxicating Compounds Act, or methamphetamine as listed in the

1 Methamphetamine Control and Community Protection Act, the law
2 enforcement officer shall immediately submit a sworn report to
3 the Secretary of State on a form prescribed by the Secretary of
4 State, certifying that the test or tests were requested under
5 subsection (a) of this Section and the person refused to submit
6 to a test or tests or submitted to testing which disclosed an
7 alcohol concentration of 0.08 or more, or any amount of a drug,
8 substance, or intoxicating compound in the person's blood,
9 other bodily substance, or urine, resulting from the unlawful
10 use or consumption of cannabis listed in the Cannabis Control
11 Act, a controlled substance listed in the Illinois Controlled
12 Substances Act, an intoxicating compound listed in the Use of
13 Intoxicating Compounds Act, or methamphetamine as listed in the
14 Methamphetamine Control and Community Protection Act. If the
15 person is not a CDL holder and refuses testing or submits to a
16 test which discloses an alcohol concentration of 0.08 or more,
17 a tetrahydrocannabinol concentration in the person's whole
18 blood or other bodily substance as defined in paragraph 6 of
19 subsection (a) of Section 11-501.2 of the Illinois Vehicle
20 Code, or any amount of a drug, substance, or intoxicating
21 compound in the person's blood, other bodily substance, or
22 urine resulting from the unlawful use or consumption of a
23 controlled substance listed in the Illinois Controlled
24 Substances Act, an intoxicating compound listed in the Use of
25 Intoxicating Compounds Act, or methamphetamine as listed in the
26 Methamphetamine Control and Community Protection Act, the law

1 enforcement officer shall immediately submit a sworn report to
2 the Secretary of State on a form prescribed by the Secretary of
3 State, certifying that the test or tests were requested under
4 subsection (a) of this Section and the person refused to submit
5 to a test or tests or submitted to testing which disclosed an
6 alcohol concentration of 0.08 or more, a tetrahydrocannabinol
7 concentration in the person's whole blood or other bodily
8 substance as defined in paragraph 6 of subsection (a) of
9 Section 11-501.2 of the Illinois Vehicle Code, or any amount of
10 a drug, substance, or intoxicating compound in the person's
11 blood or urine, resulting from the unlawful use or consumption
12 of 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 of State shall enter the suspension and
18 disqualification to the person'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 this 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 a CDL holder where the

1 blood alcohol concentration of 0.08 or more, or any amount of a
2 drug, substance, or intoxicating compound resulting from the
3 unlawful use or consumption of cannabis listed in the Cannabis
4 Control Act, 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, is established by a subsequent analysis of blood, other
9 bodily substance, or urine collected at the time of arrest, the
10 arresting officer shall give notice as provided in this Section
11 or by deposit in the United States mail of this notice in an
12 envelope with postage prepaid and addressed to the person at
13 his or her address as shown on the uniform citation and the
14 suspension and disqualification shall be effective on the 46th
15 day following the date notice was given. In cases involving a
16 person who is not a CDL holder where the blood alcohol
17 concentration of 0.08 or more, a tetrahydrocannabinol
18 concentration in the person's whole blood or other bodily
19 substance as defined in paragraph 6 of subsection (a) of
20 Section 11-501.2 of the Illinois Vehicle Code, or any amount of
21 a drug, substance, or intoxicating compound resulting from the
22 unlawful use or consumption of a controlled substance listed in
23 the Illinois Controlled Substances Act, an intoxicating
24 compound listed in the Use of Intoxicating Compounds Act, or
25 methamphetamine as listed in the Methamphetamine Control and
26 Community Protection Act, is established by a subsequent

1 analysis of blood, other bodily substance, or urine collected
2 at the time of arrest, the arresting officer shall give notice
3 as provided in this Section or by deposit in the United States
4 mail of this notice in an envelope with postage prepaid and
5 addressed to the person at his or her address as shown on the
6 uniform citation and the suspension shall be effective on the
7 46th day following the date notice was given.

8 Upon receipt of the sworn report of a law enforcement
9 officer, the Secretary of State shall also give notice of the
10 suspension and disqualification to the person by mailing a
11 notice of the effective date of the suspension and
12 disqualification to the person. However, should the sworn
13 report be defective by not containing sufficient information or
14 be completed in error, the notice of the suspension and
15 disqualification shall not be mailed to the person or entered
16 to the driving record, but rather the sworn report shall be
17 returned to the issuing law enforcement agency.

18 (e) A person may contest this suspension of his or her
19 driving privileges and disqualification of his or her CDL
20 privileges by requesting an administrative hearing with the
21 Secretary of State in accordance with Section 2-118 of the
22 Illinois Vehicle Code. At the conclusion of a hearing held
23 under Section 2-118 of the Illinois Vehicle Code, the Secretary
24 of State may rescind, continue, or modify the orders of
25 suspension and disqualification. If the Secretary of State does
26 not rescind the orders of suspension and disqualification, a

1 restricted driving permit may be granted by the Secretary of
2 State upon application being made and good cause shown. A
3 restricted driving permit may be granted to relieve undue
4 hardship to allow driving for employment, educational, and
5 medical purposes as outlined in Section 6-206 of the Illinois
6 Vehicle Code. The provisions of Section 6-206 of the Illinois
7 Vehicle Code shall apply. In accordance with 49 C.F.R. 384, the
8 Secretary of State may not issue a restricted driving permit
9 for the operation of a commercial motor vehicle to a person
10 holding a CDL whose driving privileges have been suspended,
11 revoked, cancelled, or disqualified.

12 (f) For the purposes of this Section, a personal injury
13 shall include any type A injury as indicated on the accident
14 report completed by a law enforcement officer that requires
15 immediate professional attention in a doctor's office or a
16 medical facility. A type A injury shall include severely
17 bleeding wounds, distorted extremities, and injuries that
18 require the injured party to be carried from the scene.

19 (Source: P.A. 98-103, eff. 1-1-14; 99-697, eff. 7-29-16.)

20 Section 315. The Criminal Code of 2012 is amended by
21 changing Section 9-1 as follows:

22 (720 ILCS 5/9-1) (from Ch. 38, par. 9-1)

23 Sec. 9-1. First degree Murder - Death penalties -
24 Exceptions - Separate Hearings - Proof - Findings - Appellate

1 procedures - Reversals.

2 (a) A person who kills an individual without lawful
3 justification commits first degree murder if, in performing the
4 acts which cause the death:

5 (1) he either intends to kill or do great bodily harm
6 to that individual or another, or knows that such acts will
7 cause death to that individual or another; or

8 (2) he knows that such acts create a strong probability
9 of death or great bodily harm to that individual or
10 another; or

11 (3) he is attempting or committing a forcible felony
12 other than second degree murder.

13 (b) Aggravating Factors. A defendant who at the time of the
14 commission of the offense has attained the age of 18 or more
15 and who has been found guilty of first degree murder may be
16 sentenced to death if:

17 (1) the murdered individual was a peace officer or
18 fireman killed in the course of performing his official
19 duties, to prevent the performance of his official duties,
20 or in retaliation for performing his official duties, and
21 the defendant knew or should have known that the murdered
22 individual was a peace officer or fireman; or

23 (2) the murdered individual was an employee of an
24 institution or facility of the Department of Corrections,
25 or any similar local correctional agency, killed in the
26 course of performing his official duties, to prevent the

1 performance of his official duties, or in retaliation for
2 performing his official duties, or the murdered individual
3 was an inmate at such institution or facility and was
4 killed on the grounds thereof, or the murdered individual
5 was otherwise present in such institution or facility with
6 the knowledge and approval of the chief administrative
7 officer thereof; or

8 (3) the defendant has been convicted of murdering two
9 or more individuals under subsection (a) of this Section or
10 under any law of the United States or of any state which is
11 substantially similar to subsection (a) of this Section
12 regardless of whether the deaths occurred as the result of
13 the same act or of several related or unrelated acts so
14 long as the deaths were the result of either an intent to
15 kill more than one person or of separate acts which the
16 defendant knew would cause death or create a strong
17 probability of death or great bodily harm to the murdered
18 individual or another; or

19 (4) the murdered individual was killed as a result of
20 the hijacking of an airplane, train, ship, bus or other
21 public conveyance; or

22 (5) the defendant committed the murder pursuant to a
23 contract, agreement or understanding by which he was to
24 receive money or anything of value in return for committing
25 the murder or procured another to commit the murder for
26 money or anything of value; or

1 (6) the murdered individual was killed in the course of
2 another felony if:

3 (a) the murdered individual:

4 (i) was actually killed by the defendant, or

5 (ii) received physical injuries personally
6 inflicted by the defendant substantially
7 contemporaneously with physical injuries caused by
8 one or more persons for whose conduct the defendant
9 is legally accountable under Section 5-2 of this
10 Code, and the physical injuries inflicted by
11 either the defendant or the other person or persons
12 for whose conduct he is legally accountable caused
13 the death of the murdered individual; and

14 (b) in performing the acts which caused the death
15 of the murdered individual or which resulted in
16 physical injuries personally inflicted by the
17 defendant on the murdered individual under the
18 circumstances of subdivision (ii) of subparagraph (a)
19 of paragraph (6) of subsection (b) of this Section, the
20 defendant acted with the intent to kill the murdered
21 individual or with the knowledge that his acts created
22 a strong probability of death or great bodily harm to
23 the murdered individual or another; and

24 (c) the other felony was an inherently violent
25 crime or the attempt to commit an inherently violent
26 crime. In this subparagraph (c), "inherently violent

1 crime" includes, but is not limited to, armed robbery,
2 robbery, predatory criminal sexual assault of a child,
3 aggravated criminal sexual assault, aggravated
4 kidnapping, aggravated vehicular hijacking, aggravated
5 arson, aggravated stalking, residential burglary, and
6 home invasion; or

7 (7) the murdered individual was under 12 years of age
8 and the death resulted from exceptionally brutal or heinous
9 behavior indicative of wanton cruelty; or

10 (8) the defendant committed the murder with intent to
11 prevent the murdered individual from testifying or
12 participating in any criminal investigation or prosecution
13 or giving material assistance to the State in any
14 investigation or prosecution, either against the defendant
15 or another; or the defendant committed the murder because
16 the murdered individual was a witness in any prosecution or
17 gave material assistance to the State in any investigation
18 or prosecution, either against the defendant or another;
19 for purposes of this paragraph (8), "participating in any
20 criminal investigation or prosecution" is intended to
21 include those appearing in the proceedings in any capacity
22 such as trial judges, prosecutors, defense attorneys,
23 investigators, witnesses, or jurors; or

24 (9) the defendant, while committing an offense
25 punishable under Sections 401, 401.1, 401.2, 405, 405.2,
26 407 or 407.1 or subsection (b) of Section 404 of the

1 Illinois Controlled Substances Act, or while engaged in a
2 conspiracy or solicitation to commit such offense,
3 intentionally killed an individual or counseled,
4 commanded, induced, procured or caused the intentional
5 killing of the murdered individual; or

6 (10) the defendant was incarcerated in an institution
7 or facility of the Department of Corrections at the time of
8 the murder, and while committing an offense punishable as a
9 felony under Illinois law, or while engaged in a conspiracy
10 or solicitation to commit such offense, intentionally
11 killed an individual or counseled, commanded, induced,
12 procured or caused the intentional killing of the murdered
13 individual; or

14 (11) the murder was committed in a cold, calculated and
15 premeditated manner pursuant to a preconceived plan,
16 scheme or design to take a human life by unlawful means,
17 and the conduct of the defendant created a reasonable
18 expectation that the death of a human being would result
19 therefrom; or

20 (12) the murdered individual was an emergency medical
21 technician - ambulance, emergency medical technician -
22 intermediate, emergency medical technician - paramedic,
23 ambulance driver, or other medical assistance or first aid
24 personnel, employed by a municipality or other
25 governmental unit, killed in the course of performing his
26 official duties, to prevent the performance of his official

1 duties, or in retaliation for performing his official
2 duties, and the defendant knew or should have known that
3 the murdered individual was an emergency medical
4 technician - ambulance, emergency medical technician -
5 intermediate, emergency medical technician - paramedic,
6 ambulance driver, or other medical assistance or first aid
7 personnel; or

8 (13) the defendant was a principal administrator,
9 organizer, or leader of a calculated criminal drug
10 conspiracy consisting of a hierarchical position of
11 authority superior to that of all other members of the
12 conspiracy, and the defendant counseled, commanded,
13 induced, procured, or caused the intentional killing of the
14 murdered person; or

15 (14) the murder was intentional and involved the
16 infliction of torture. For the purpose of this Section
17 torture means the infliction of or subjection to extreme
18 physical pain, motivated by an intent to increase or
19 prolong the pain, suffering or agony of the victim; or

20 (15) the murder was committed as a result of the
21 intentional discharge of a firearm by the defendant from a
22 motor vehicle and the victim was not present within the
23 motor vehicle; or

24 (16) the murdered individual was 60 years of age or
25 older and the death resulted from exceptionally brutal or
26 heinous behavior indicative of wanton cruelty; or

1 (17) the murdered individual was a person with a
2 disability and the defendant knew or should have known that
3 the murdered individual was a person with a disability. For
4 purposes of this paragraph (17), "person with a disability"
5 means a person who suffers from a permanent physical or
6 mental impairment resulting from disease, an injury, a
7 functional disorder, or a congenital condition that
8 renders the person incapable of adequately providing for
9 his or her own health or personal care; or

10 (18) the murder was committed by reason of any person's
11 activity as a community policing volunteer or to prevent
12 any person from engaging in activity as a community
13 policing volunteer; or

14 (19) the murdered individual was subject to an order of
15 protection and the murder was committed by a person against
16 whom the same order of protection was issued under the
17 Illinois Domestic Violence Act of 1986; or

18 (20) the murdered individual was known by the defendant
19 to be a teacher or other person employed in any school and
20 the teacher or other employee is upon the grounds of a
21 school or grounds adjacent to a school, or is in any part
22 of a building used for school purposes; or

23 (21) the murder was committed by the defendant in
24 connection with or as a result of the offense of terrorism
25 as defined in Section 29D-14.9 of this Code.

26 (b-5) Aggravating Factor; Natural Life Imprisonment. A

1 defendant who has been found guilty of first degree murder and
2 who at the time of the commission of the offense had attained
3 the age of 18 years or more may be sentenced to natural life
4 imprisonment if (i) the murdered individual was a physician,
5 physician assistant, psychologist, nurse, or advanced practice
6 registered nurse, (ii) the defendant knew or should have known
7 that the murdered individual was a physician, physician
8 assistant, psychologist, nurse, or advanced practice
9 registered nurse, and (iii) the murdered individual was killed
10 in the course of acting in his or her capacity as a physician,
11 physician assistant, psychologist, nurse, or advanced practice
12 registered nurse, or to prevent him or her from acting in that
13 capacity, or in retaliation for his or her acting in that
14 capacity.

15 (c) Consideration of factors in Aggravation and
16 Mitigation.

17 The court shall consider, or shall instruct the jury to
18 consider any aggravating and any mitigating factors which are
19 relevant to the imposition of the death penalty. Aggravating
20 factors may include but need not be limited to those factors
21 set forth in subsection (b). Mitigating factors may include but
22 need not be limited to the following:

23 (1) the defendant has no significant history of prior
24 criminal activity;

25 (2) the murder was committed while the defendant was
26 under the influence of extreme mental or emotional

1 disturbance, although not such as to constitute a defense
2 to prosecution;

3 (3) the murdered individual was a participant in the
4 defendant's homicidal conduct or consented to the
5 homicidal act;

6 (4) the defendant acted under the compulsion of threat
7 or menace of the imminent infliction of death or great
8 bodily harm;

9 (5) the defendant was not personally present during
10 commission of the act or acts causing death;

11 (6) the defendant's background includes a history of
12 extreme emotional or physical abuse;

13 (7) the defendant suffers from a reduced mental
14 capacity.

15 (d) Separate sentencing hearing.

16 Where requested by the State, the court shall conduct a
17 separate sentencing proceeding to determine the existence of
18 factors set forth in subsection (b) and to consider any
19 aggravating or mitigating factors as indicated in subsection
20 (c). The proceeding shall be conducted:

21 (1) before the jury that determined the defendant's
22 guilt; or

23 (2) before a jury impanelled for the purpose of the
24 proceeding if:

25 A. the defendant was convicted upon a plea of
26 guilty; or

1 B. the defendant was convicted after a trial before
2 the court sitting without a jury; or

3 C. the court for good cause shown discharges the
4 jury that determined the defendant's guilt; or

5 (3) before the court alone if the defendant waives a
6 jury for the separate proceeding.

7 (e) Evidence and Argument.

8 During the proceeding any information relevant to any of
9 the factors set forth in subsection (b) may be presented by
10 either the State or the defendant under the rules governing the
11 admission of evidence at criminal trials. Any information
12 relevant to any additional aggravating factors or any
13 mitigating factors indicated in subsection (c) may be presented
14 by the State or defendant regardless of its admissibility under
15 the rules governing the admission of evidence at criminal
16 trials. The State and the defendant shall be given fair
17 opportunity to rebut any information received at the hearing.

18 (f) Proof.

19 The burden of proof of establishing the existence of any of
20 the factors set forth in subsection (b) is on the State and
21 shall not be satisfied unless established beyond a reasonable
22 doubt.

23 (g) Procedure - Jury.

24 If at the separate sentencing proceeding the jury finds
25 that none of the factors set forth in subsection (b) exists,
26 the court shall sentence the defendant to a term of

1 imprisonment under Chapter V of the Unified Code of
2 Corrections. If there is a unanimous finding by the jury that
3 one or more of the factors set forth in subsection (b) exist,
4 the jury shall consider aggravating and mitigating factors as
5 instructed by the court and shall determine whether the
6 sentence of death shall be imposed. If the jury determines
7 unanimously, after weighing the factors in aggravation and
8 mitigation, that death is the appropriate sentence, the court
9 shall sentence the defendant to death. If the court does not
10 concur with the jury determination that death is the
11 appropriate sentence, the court shall set forth reasons in
12 writing including what facts or circumstances the court relied
13 upon, along with any relevant documents, that compelled the
14 court to non-concur with the sentence. This document and any
15 attachments shall be part of the record for appellate review.
16 The court shall be bound by the jury's sentencing
17 determination.

18 If after weighing the factors in aggravation and
19 mitigation, one or more jurors determines that death is not the
20 appropriate sentence, the court shall sentence the defendant to
21 a term of imprisonment under Chapter V of the Unified Code of
22 Corrections.

23 (h) Procedure - No Jury.

24 In a proceeding before the court alone, if the court finds
25 that none of the factors found in subsection (b) exists, the
26 court shall sentence the defendant to a term of imprisonment

1 under Chapter V of the Unified Code of Corrections.

2 If the Court determines that one or more of the factors set
3 forth in subsection (b) exists, the Court shall consider any
4 aggravating and mitigating factors as indicated in subsection
5 (c). If the Court determines, after weighing the factors in
6 aggravation and mitigation, that death is the appropriate
7 sentence, the Court shall sentence the defendant to death.

8 If the court finds that death is not the appropriate
9 sentence, the court shall sentence the defendant to a term of
10 imprisonment under Chapter V of the Unified Code of
11 Corrections.

12 (h-5) Decertification as a capital case.

13 In a case in which the defendant has been found guilty of
14 first degree murder by a judge or jury, or a case on remand for
15 resentencing, and the State seeks the death penalty as an
16 appropriate sentence, on the court's own motion or the written
17 motion of the defendant, the court may decertify the case as a
18 death penalty case if the court finds that the only evidence
19 supporting the defendant's conviction is the uncorroborated
20 testimony of an informant witness, as defined in Section 115-21
21 of the Code of Criminal Procedure of 1963, concerning the
22 confession or admission of the defendant or that the sole
23 evidence against the defendant is a single eyewitness or single
24 accomplice without any other corroborating evidence. If the
25 court decertifies the case as a capital case under either of
26 the grounds set forth above, the court shall issue a written

1 finding. The State may pursue its right to appeal the
2 decertification pursuant to Supreme Court Rule 604(a)(1). If
3 the court does not decertify the case as a capital case, the
4 matter shall proceed to the eligibility phase of the sentencing
5 hearing.

6 (i) Appellate Procedure.

7 The conviction and sentence of death shall be subject to
8 automatic review by the Supreme Court. Such review shall be in
9 accordance with rules promulgated by the Supreme Court. The
10 Illinois Supreme Court may overturn the death sentence, and
11 order the imposition of imprisonment under Chapter V of the
12 Unified Code of Corrections if the court finds that the death
13 sentence is fundamentally unjust as applied to the particular
14 case. If the Illinois Supreme Court finds that the death
15 sentence is fundamentally unjust as applied to the particular
16 case, independent of any procedural grounds for relief, the
17 Illinois Supreme Court shall issue a written opinion explaining
18 this finding.

19 (j) Disposition of reversed death sentence.

20 In the event that the death penalty in this Act is held to
21 be unconstitutional by the Supreme Court of the United States
22 or of the State of Illinois, any person convicted of first
23 degree murder shall be sentenced by the court to a term of
24 imprisonment under Chapter V of the Unified Code of
25 Corrections.

26 In the event that any death sentence pursuant to the

1 sentencing provisions of this Section is declared
2 unconstitutional by the Supreme Court of the United States or
3 of the State of Illinois, the court having jurisdiction over a
4 person previously sentenced to death shall cause the defendant
5 to be brought before the court, and the court shall sentence
6 the defendant to a term of imprisonment under Chapter V of the
7 Unified Code of Corrections.

8 (k) Guidelines for seeking the death penalty.

9 The Attorney General and State's Attorneys Association
10 shall consult on voluntary guidelines for procedures governing
11 whether or not to seek the death penalty. The guidelines do not
12 have the force of law and are only advisory in nature.

13 (Source: P.A. 99-143, eff. 7-27-15.)

14 Section 320. The Illinois Controlled Substances Act is
15 amended by changing Sections 102, 302, 303.05, 313, and 320 as
16 follows:

17 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

18 Sec. 102. Definitions. As used in this Act, unless the
19 context otherwise requires:

20 (a) "Addict" means any person who habitually uses any drug,
21 chemical, substance or dangerous drug other than alcohol so as
22 to endanger the public morals, health, safety or welfare or who
23 is so far addicted to the use of a dangerous drug or controlled
24 substance other than alcohol as to have lost the power of self

1 control with reference to his or her addiction.

2 (b) "Administer" means the direct application of a
3 controlled substance, whether by injection, inhalation,
4 ingestion, or any other means, to the body of a patient,
5 research subject, or animal (as defined by the Humane
6 Euthanasia in Animal Shelters Act) by:

7 (1) a practitioner (or, in his or her presence, by his
8 or her authorized agent),

9 (2) the patient or research subject pursuant to an
10 order, or

11 (3) a euthanasia technician as defined by the Humane
12 Euthanasia in Animal Shelters Act.

13 (c) "Agent" means an authorized person who acts on behalf
14 of or at the direction of a manufacturer, distributor,
15 dispenser, prescriber, or practitioner. It does not include a
16 common or contract carrier, public warehouseman or employee of
17 the carrier or warehouseman.

18 (c-1) "Anabolic Steroids" means any drug or hormonal
19 substance, chemically and pharmacologically related to
20 testosterone (other than estrogens, progestins,
21 corticosteroids, and dehydroepiandrosterone), and includes:

22 (i) 3[beta],17-dihydroxy-5a-androstane,

23 (ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,

24 (iii) 5[alpha]-androstan-3,17-dione,

25 (iv) 1-androstenediol (3[beta],

26 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

- 1 (v) 1-androstenediol (3[alpha],
2 17[beta]-dihydroxy-5[alpha]-androst-1-ene),
3 (vi) 4-androstenediol
4 (3[beta],17[beta]-dihydroxy-androst-4-ene),
5 (vii) 5-androstenediol
6 (3[beta],17[beta]-dihydroxy-androst-5-ene),
7 (viii) 1-androstenedione
8 ([5alpha]-androst-1-en-3,17-dione),
9 (ix) 4-androstenedione
10 (androst-4-en-3,17-dione),
11 (x) 5-androstenedione
12 (androst-5-en-3,17-dione),
13 (xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-
14 hydroxyandrost-4-en-3-one),
15 (xii) boldenone (17[beta]-hydroxyandrost-
16 1,4,-diene-3-one),
17 (xiii) boldione (androsta-1,4-
18 diene-3,17-dione),
19 (xiv) calusterone (7[beta],17[alpha]-dimethyl-17
20 [beta]-hydroxyandrost-4-en-3-one),
21 (xv) clostebol (4-chloro-17[beta]-
22 hydroxyandrost-4-en-3-one),
23 (xvi) dehydrochloromethyltestosterone (4-chloro-
24 17[beta]-hydroxy-17[alpha]-methyl-
25 androst-1,4-dien-3-one),
26 (xvii) desoxymethyltestosterone

1 (17[alpha]-methyl-5[alpha]
2 -androst-2-en-17[beta]-ol) (a.k.a., madol),
3 (xviii) [delta]1-dihydrotestosterone (a.k.a.
4 '1-testosterone') (17[beta]-hydroxy-
5 5[alpha]-androst-1-en-3-one),
6 (xix) 4-dihydrotestosterone (17[beta]-hydroxy-
7 androstan-3-one),
8 (xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-
9 5[alpha]-androstan-3-one),
10 (xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-
11 hydroxyestr-4-ene),
12 (xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-
13 1[beta],17[beta]-dihydroxyandrost-4-en-3-one),
14 (xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha],
15 17[beta]-dihydroxyandrost-1,4-dien-3-one),
16 (xxiv) furazabol (17[alpha]-methyl-17[beta]-
17 hydroxyandrostan[2,3-c]-furan),
18 (xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one)
19 (xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-
20 androst-4-en-3-one),
21 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-
22 dihydroxy-estr-4-en-3-one),
23 (xxviii) mestanolone (17[alpha]-methyl-17[beta]-
24 hydroxy-5-androstan-3-one),
25 (xxix) mesterolone (17[alpha]-methyl-17[beta]-hydroxy-
26 [5a]-androstan-3-one),

1 (xxx) methandienone (17[alpha]-methyl-17[beta]-
2 hydroxyandrost-1,4-dien-3-one),
3 (xxxi) methandriol (17[alpha]-methyl-3[beta],17[beta]-
4 dihydroxyandrost-5-ene),
5 (xxxii) methenolone (1-methyl-17[beta]-hydroxy-
6 5[alpha]-androst-1-en-3-one),
7 (xxxiii) 17[alpha]-methyl-3[beta], 17[beta]-
8 dihydroxy-5a-androstane),
9 (xxxiv) 17[alpha]-methyl-3[alpha],17[beta]-dihydroxy
10 -5a-androstane),
11 (xxxv) 17[alpha]-methyl-3[beta],17[beta]-
12 dihydroxyandrost-4-ene),
13 (xxxvi) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-
14 methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),
15 (xxxvii) methyldienolone (17[alpha]-methyl-17[beta]-
16 hydroxyestra-4,9(10)-dien-3-one),
17 (xxxviii) methyltrienolone (17[alpha]-methyl-17[beta]-
18 hydroxyestra-4,9-11-trien-3-one),
19 (xxxix) methyltestosterone (17[alpha]-methyl-17[beta]-
20 hydroxyandrost-4-en-3-one),
21 (xl) mibolerone (7[alpha],17a-dimethyl-17[beta]-
22 hydroxyestr-4-en-3-one),
23 (xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone
24 (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-
25 androst-1-en-3-one) (a.k.a. '17-[alpha]-methyl-
26 1-testosterone'),

- 1 (xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),
2 (xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-
3 dihydroxyestr-4-ene),
4 (xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-
5 dihydroxyestr-4-ene),
6 (xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-
7 dihydroxyestr-5-ene),
8 (xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-
9 dihydroxyestr-5-ene),
10 (xlvii) 19-nor-4,9(10)-androstadienedione
11 (estra-4,9(10)-diene-3,17-dione),
12 (xlviii) 19-nor-4-androstenedione (estr-4-
13 en-3,17-dione),
14 (xlix) 19-nor-5-androstenedione (estr-5-
15 en-3,17-dione),
16 (l) norbolethone (13[beta], 17a-diethyl-17[beta]-
17 hydroxygon-4-en-3-one),
18 (li) norclostebol (4-chloro-17[beta]-
19 hydroxyestr-4-en-3-one),
20 (lii) norethandrolone (17[alpha]-ethyl-17[beta]-
21 hydroxyestr-4-en-3-one),
22 (liii) normethandrolone (17[alpha]-methyl-17[beta]-
23 hydroxyestr-4-en-3-one),
24 (liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-
25 2-oxa-5[alpha]-androstan-3-one),
26 (lv) oxymesterone (17[alpha]-methyl-4,17[beta]-

- 1 dihydroxyandrost-4-en-3-one),
2 (lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-
3 17[beta]-hydroxy-(5[alpha]-androst-3-one),
4 (lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-
5 (5[alpha]-androst-2-eno[3,2-c]-pyrazole),
6 (lviii) stenbolone (17[beta]-hydroxy-2-methyl-
7 (5[alpha]-androst-1-en-3-one),
8 (lix) testolactone (13-hydroxy-3-oxo-13,17-
9 secoandrosta-1,4-dien-17-oic
10 acid lactone),
11 (lx) testosterone (17[beta]-hydroxyandrost-
12 4-en-3-one),
13 (lxi) tetrahydrogestrinone (13[beta], 17[alpha]-
14 diethyl-17[beta]-hydroxygon-
15 4,9,11-trien-3-one),
16 (lxii) trenbolone (17[beta]-hydroxyestr-4,9,
17 11-trien-3-one).

18 Any person who is otherwise lawfully in possession of an
19 anabolic steroid, or who otherwise lawfully manufactures,
20 distributes, dispenses, delivers, or possesses with intent to
21 deliver an anabolic steroid, which anabolic steroid is
22 expressly intended for and lawfully allowed to be administered
23 through implants to livestock or other nonhuman species, and
24 which is approved by the Secretary of Health and Human Services
25 for such administration, and which the person intends to
26 administer or have administered through such implants, shall

1 not be considered to be in unauthorized possession or to
2 unlawfully manufacture, distribute, dispense, deliver, or
3 possess with intent to deliver such anabolic steroid for
4 purposes of this Act.

5 (d) "Administration" means the Drug Enforcement
6 Administration, United States Department of Justice, or its
7 successor agency.

8 (d-5) "Clinical Director, Prescription Monitoring Program"
9 means a Department of Human Services administrative employee
10 licensed to either prescribe or dispense controlled substances
11 who shall run the clinical aspects of the Department of Human
12 Services Prescription Monitoring Program and its Prescription
13 Information Library.

14 (d-10) "Compounding" means the preparation and mixing of
15 components, excluding flavorings, (1) as the result of a
16 prescriber's prescription drug order or initiative based on the
17 prescriber-patient-pharmacist relationship in the course of
18 professional practice or (2) for the purpose of, or incident
19 to, research, teaching, or chemical analysis and not for sale
20 or dispensing. "Compounding" includes the preparation of drugs
21 or devices in anticipation of receiving prescription drug
22 orders based on routine, regularly observed dispensing
23 patterns. Commercially available products may be compounded
24 for dispensing to individual patients only if both of the
25 following conditions are met: (i) the commercial product is not
26 reasonably available from normal distribution channels in a

1 timely manner to meet the patient's needs and (ii) the
2 prescribing practitioner has requested that the drug be
3 compounded.

4 (e) "Control" means to add a drug or other substance, or
5 immediate precursor, to a Schedule whether by transfer from
6 another Schedule or otherwise.

7 (f) "Controlled Substance" means (i) a drug, substance,
8 immediate precursor, or synthetic drug in the Schedules of
9 Article II of this Act or (ii) a drug or other substance, or
10 immediate precursor, designated as a controlled substance by
11 the Department through administrative rule. The term does not
12 include distilled spirits, wine, malt beverages, or tobacco, as
13 those terms are defined or used in the Liquor Control Act of
14 1934 and the Tobacco Products Tax Act of 1995.

15 (f-5) "Controlled substance analog" means a substance:

16 (1) the chemical structure of which is substantially
17 similar to the chemical structure of a controlled substance
18 in Schedule I or II;

19 (2) which has a stimulant, depressant, or
20 hallucinogenic effect on the central nervous system that is
21 substantially similar to or greater than the stimulant,
22 depressant, or hallucinogenic effect on the central
23 nervous system of a controlled substance in Schedule I or
24 II; or

25 (3) with respect to a particular person, which such
26 person represents or intends to have a stimulant,

1 depressant, or hallucinogenic effect on the central
2 nervous system that is substantially similar to or greater
3 than the stimulant, depressant, or hallucinogenic effect
4 on the central nervous system of a controlled substance in
5 Schedule I or II.

6 (g) "Counterfeit substance" means a controlled substance,
7 which, or the container or labeling of which, without
8 authorization bears the trademark, trade name, or other
9 identifying mark, imprint, number or device, or any likeness
10 thereof, of a manufacturer, distributor, or dispenser other
11 than the person who in fact manufactured, distributed, or
12 dispensed the substance.

13 (h) "Deliver" or "delivery" means the actual, constructive
14 or attempted transfer of possession of a controlled substance,
15 with or without consideration, whether or not there is an
16 agency relationship.

17 (i) "Department" means the Illinois Department of Human
18 Services (as successor to the Department of Alcoholism and
19 Substance Abuse) or its successor agency.

20 (j) (Blank).

21 (k) "Department of Corrections" means the Department of
22 Corrections of the State of Illinois or its successor agency.

23 (l) "Department of Financial and Professional Regulation"
24 means the Department of Financial and Professional Regulation
25 of the State of Illinois or its successor agency.

26 (m) "Depressant" means any drug that (i) causes an overall

1 depression of central nervous system functions, (ii) causes
2 impaired consciousness and awareness, and (iii) can be
3 habit-forming or lead to a substance abuse problem, including
4 but not limited to alcohol, cannabis and its active principles
5 and their analogs, benzodiazepines and their analogs,
6 barbiturates and their analogs, opioids (natural and
7 synthetic) and their analogs, and chloral hydrate and similar
8 sedative hypnotics.

9 (n) (Blank).

10 (o) "Director" means the Director of the Illinois State
11 Police or his or her designated agents.

12 (p) "Dispense" means to deliver a controlled substance to
13 an ultimate user or research subject by or pursuant to the
14 lawful order of a prescriber, including the prescribing,
15 administering, packaging, labeling, or compounding necessary
16 to prepare the substance for that delivery.

17 (q) "Dispenser" means a practitioner who dispenses.

18 (r) "Distribute" means to deliver, other than by
19 administering or dispensing, a controlled substance.

20 (s) "Distributor" means a person who distributes.

21 (t) "Drug" means (1) substances recognized as drugs in the
22 official United States Pharmacopoeia, Official Homeopathic
23 Pharmacopoeia of the United States, or official National
24 Formulary, or any supplement to any of them; (2) substances
25 intended for use in diagnosis, cure, mitigation, treatment, or
26 prevention of disease in man or animals; (3) substances (other

1 than food) intended to affect the structure of any function of
2 the body of man or animals and (4) substances intended for use
3 as a component of any article specified in clause (1), (2), or
4 (3) of this subsection. It does not include devices or their
5 components, parts, or accessories.

6 (t-3) "Electronic health record" or "EHR" means an
7 electronic record of health-related information on an
8 individual that is created, gathered, managed, and consulted by
9 authorized health care clinicians and staff.

10 (t-5) "Euthanasia agency" means an entity certified by the
11 Department of Financial and Professional Regulation for the
12 purpose of animal euthanasia that holds an animal control
13 facility license or animal shelter license under the Animal
14 Welfare Act. A euthanasia agency is authorized to purchase,
15 store, possess, and utilize Schedule II nonnarcotic and
16 Schedule III nonnarcotic drugs for the sole purpose of animal
17 euthanasia.

18 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
19 substances (nonnarcotic controlled substances) that are used
20 by a euthanasia agency for the purpose of animal euthanasia.

21 (u) "Good faith" means the prescribing or dispensing of a
22 controlled substance by a practitioner in the regular course of
23 professional treatment to or for any person who is under his or
24 her treatment for a pathology or condition other than that
25 individual's physical or psychological dependence upon or
26 addiction to a controlled substance, except as provided herein:

1 and application of the term to a pharmacist shall mean the
2 dispensing of a controlled substance pursuant to the
3 prescriber's order which in the professional judgment of the
4 pharmacist is lawful. The pharmacist shall be guided by
5 accepted professional standards including, but not limited to
6 the following, in making the judgment:

7 (1) lack of consistency of prescriber-patient
8 relationship,

9 (2) frequency of prescriptions for same drug by one
10 prescriber for large numbers of patients,

11 (3) quantities beyond those normally prescribed,

12 (4) unusual dosages (recognizing that there may be
13 clinical circumstances where more or less than the usual
14 dose may be used legitimately),

15 (5) unusual geographic distances between patient,
16 pharmacist and prescriber,

17 (6) consistent prescribing of habit-forming drugs.

18 (u-0.5) "Hallucinogen" means a drug that causes markedly
19 altered sensory perception leading to hallucinations of any
20 type.

21 (u-1) "Home infusion services" means services provided by a
22 pharmacy in compounding solutions for direct administration to
23 a patient in a private residence, long-term care facility, or
24 hospice setting by means of parenteral, intravenous,
25 intramuscular, subcutaneous, or intraspinal infusion.

26 (u-5) "Illinois State Police" means the State Police of the

1 State of Illinois, or its successor agency.

2 (v) "Immediate precursor" means a substance:

3 (1) which the Department has found to be and by rule
4 designated as being a principal compound used, or produced
5 primarily for use, in the manufacture of a controlled
6 substance;

7 (2) which is an immediate chemical intermediary used or
8 likely to be used in the manufacture of such controlled
9 substance; and

10 (3) the control of which is necessary to prevent,
11 curtail or limit the manufacture of such controlled
12 substance.

13 (w) "Instructional activities" means the acts of teaching,
14 educating or instructing by practitioners using controlled
15 substances within educational facilities approved by the State
16 Board of Education or its successor agency.

17 (x) "Local authorities" means a duly organized State,
18 County or Municipal peace unit or police force.

19 (y) "Look-alike substance" means a substance, other than a
20 controlled substance which (1) by overall dosage unit
21 appearance, including shape, color, size, markings or lack
22 thereof, taste, consistency, or any other identifying physical
23 characteristic of the substance, would lead a reasonable person
24 to believe that the substance is a controlled substance, or (2)
25 is expressly or impliedly represented to be a controlled
26 substance or is distributed under circumstances which would

1 lead a reasonable person to believe that the substance is a
2 controlled substance. For the purpose of determining whether
3 the representations made or the circumstances of the
4 distribution would lead a reasonable person to believe the
5 substance to be a controlled substance under this clause (2) of
6 subsection (y), the court or other authority may consider the
7 following factors in addition to any other factor that may be
8 relevant:

9 (a) statements made by the owner or person in control
10 of the substance concerning its nature, use or effect;

11 (b) statements made to the buyer or recipient that the
12 substance may be resold for profit;

13 (c) whether the substance is packaged in a manner
14 normally used for the illegal distribution of controlled
15 substances;

16 (d) whether the distribution or attempted distribution
17 included an exchange of or demand for money or other
18 property as consideration, and whether the amount of the
19 consideration was substantially greater than the
20 reasonable retail market value of the substance.

21 Clause (1) of this subsection (y) shall not apply to a
22 noncontrolled substance in its finished dosage form that was
23 initially introduced into commerce prior to the initial
24 introduction into commerce of a controlled substance in its
25 finished dosage form which it may substantially resemble.

26 Nothing in this subsection (y) prohibits the dispensing or

1 distributing of noncontrolled substances by persons authorized
2 to dispense and distribute controlled substances under this
3 Act, provided that such action would be deemed to be carried
4 out in good faith under subsection (u) if the substances
5 involved were controlled substances.

6 Nothing in this subsection (y) or in this Act prohibits the
7 manufacture, preparation, propagation, compounding,
8 processing, packaging, advertising or distribution of a drug or
9 drugs by any person registered pursuant to Section 510 of the
10 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

11 (y-1) "Mail-order pharmacy" means a pharmacy that is
12 located in a state of the United States that delivers,
13 dispenses or distributes, through the United States Postal
14 Service or other common carrier, to Illinois residents, any
15 substance which requires a prescription.

16 (z) "Manufacture" means the production, preparation,
17 propagation, compounding, conversion or processing of a
18 controlled substance other than methamphetamine, either
19 directly or indirectly, by extraction from substances of
20 natural origin, or independently by means of chemical
21 synthesis, or by a combination of extraction and chemical
22 synthesis, and includes any packaging or repackaging of the
23 substance or labeling of its container, except that this term
24 does not include:

25 (1) by an ultimate user, the preparation or compounding
26 of a controlled substance for his or her own use; or

1 (2) by a practitioner, or his or her authorized agent
2 under his or her supervision, the preparation,
3 compounding, packaging, or labeling of a controlled
4 substance:

5 (a) as an incident to his or her administering or
6 dispensing of a controlled substance in the course of
7 his or her professional practice; or

8 (b) as an incident to lawful research, teaching or
9 chemical analysis and not for sale.

10 (z-1) (Blank).

11 (z-5) "Medication shopping" means the conduct prohibited
12 under subsection (a) of Section 314.5 of this Act.

13 (z-10) "Mid-level practitioner" means (i) a physician
14 assistant who has been delegated authority to prescribe through
15 a written delegation of authority by a physician licensed to
16 practice medicine in all of its branches, in accordance with
17 Section 7.5 of the Physician Assistant Practice Act of 1987,
18 (ii) an advanced practice registered nurse who has been
19 delegated authority to prescribe through a written delegation
20 of authority by a physician licensed to practice medicine in
21 all of its branches or by a podiatric physician, in accordance
22 with Section 65-40 of the Nurse Practice Act, (iii) an advanced
23 practice registered nurse certified as a nurse practitioner,
24 nurse midwife, or clinical nurse specialist who has been
25 granted authority to prescribe by a hospital affiliate in
26 accordance with Section 65-45 of the Nurse Practice Act, (iv)

1 an animal euthanasia agency, or (v) a prescribing psychologist.

2 (aa) "Narcotic drug" means any of the following, whether
3 produced directly or indirectly by extraction from substances
4 of vegetable origin, or independently by means of chemical
5 synthesis, or by a combination of extraction and chemical
6 synthesis:

7 (1) opium, opiates, derivatives of opium and opiates,
8 including their isomers, esters, ethers, salts, and salts
9 of isomers, esters, and ethers, whenever the existence of
10 such isomers, esters, ethers, and salts is possible within
11 the specific chemical designation; however the term
12 "narcotic drug" does not include the isoquinoline
13 alkaloids of opium;

14 (2) (blank);

15 (3) opium poppy and poppy straw;

16 (4) coca leaves, except coca leaves and extracts of
17 coca leaves from which substantially all of the cocaine and
18 ecgonine, and their isomers, derivatives and salts, have
19 been removed;

20 (5) cocaine, its salts, optical and geometric isomers,
21 and salts of isomers;

22 (6) ecgonine, its derivatives, their salts, isomers,
23 and salts of isomers;

24 (7) any compound, mixture, or preparation which
25 contains any quantity of any of the substances referred to
26 in subparagraphs (1) through (6).

1 (bb) "Nurse" means a registered nurse licensed under the
2 Nurse Practice Act.

3 (cc) (Blank).

4 (dd) "Opiate" means any substance having an addiction
5 forming or addiction sustaining liability similar to morphine
6 or being capable of conversion into a drug having addiction
7 forming or addiction sustaining liability.

8 (ee) "Opium poppy" means the plant of the species *Papaver*
9 *somniferum* L., except its seeds.

10 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
11 solution or other liquid form of medication intended for
12 administration by mouth, but the term does not include a form
13 of medication intended for buccal, sublingual, or transmucosal
14 administration.

15 (ff) "Parole and Pardon Board" means the Parole and Pardon
16 Board of the State of Illinois or its successor agency.

17 (gg) "Person" means any individual, corporation,
18 mail-order pharmacy, government or governmental subdivision or
19 agency, business trust, estate, trust, partnership or
20 association, or any other entity.

21 (hh) "Pharmacist" means any person who holds a license or
22 certificate of registration as a registered pharmacist, a local
23 registered pharmacist or a registered assistant pharmacist
24 under the Pharmacy Practice Act.

25 (ii) "Pharmacy" means any store, ship or other place in
26 which pharmacy is authorized to be practiced under the Pharmacy

1 Practice Act.

2 (ii-5) "Pharmacy shopping" means the conduct prohibited
3 under subsection (b) of Section 314.5 of this Act.

4 (ii-10) "Physician" (except when the context otherwise
5 requires) means a person licensed to practice medicine in all
6 of its branches.

7 (jj) "Poppy straw" means all parts, except the seeds, of
8 the opium poppy, after mowing.

9 (kk) "Practitioner" means a physician licensed to practice
10 medicine in all its branches, dentist, optometrist, podiatric
11 physician, veterinarian, scientific investigator, pharmacist,
12 physician assistant, advanced practice registered nurse,
13 licensed practical nurse, registered nurse, hospital,
14 laboratory, or pharmacy, or other person licensed, registered,
15 or otherwise lawfully permitted by the United States or this
16 State to distribute, dispense, conduct research with respect
17 to, administer or use in teaching or chemical analysis, a
18 controlled substance in the course of professional practice or
19 research.

20 (ll) "Pre-printed prescription" means a written
21 prescription upon which the designated drug has been indicated
22 prior to the time of issuance; the term does not mean a written
23 prescription that is individually generated by machine or
24 computer in the prescriber's office.

25 (mm) "Prescriber" means a physician licensed to practice
26 medicine in all its branches, dentist, optometrist,

1 prescribing psychologist licensed under Section 4.2 of the
2 Clinical Psychologist Licensing Act with prescriptive
3 authority delegated under Section 4.3 of the Clinical
4 Psychologist Licensing Act, podiatric physician, or
5 veterinarian who issues a prescription, a physician assistant
6 who issues a prescription for a controlled substance in
7 accordance with Section 303.05, a written delegation, and a
8 written supervision agreement required under Section 7.5 of the
9 Physician Assistant Practice Act of 1987, an advanced practice
10 registered nurse with prescriptive authority delegated under
11 Section 65-40 of the Nurse Practice Act and in accordance with
12 Section 303.05, a written delegation, and a written
13 collaborative agreement under Section 65-35 of the Nurse
14 Practice Act, ~~or~~ an advanced practice registered nurse
15 certified as a nurse practitioner, nurse midwife, or clinical
16 nurse specialist who has been granted authority to prescribe by
17 a hospital affiliate in accordance with Section 65-45 of the
18 Nurse Practice Act and in accordance with Section 303.05, or an
19 advanced practice registered nurse certified as a nurse
20 practitioner, nurse midwife, or clinical nurse specialist who
21 has full practice authority pursuant to Section 65-43 of the
22 Nurse Practice Act.

23 (nn) "Prescription" means a written, facsimile, or oral
24 order, or an electronic order that complies with applicable
25 federal requirements, of a physician licensed to practice
26 medicine in all its branches, dentist, podiatric physician or

1 veterinarian for any controlled substance, of an optometrist in
2 accordance with Section 15.1 of the Illinois Optometric
3 Practice Act of 1987, of a prescribing psychologist licensed
4 under Section 4.2 of the Clinical Psychologist Licensing Act
5 with prescriptive authority delegated under Section 4.3 of the
6 Clinical Psychologist Licensing Act, of a physician assistant
7 for a controlled substance in accordance with Section 303.05, a
8 written delegation, and a written supervision agreement
9 required under Section 7.5 of the Physician Assistant Practice
10 Act of 1987, of an advanced practice registered nurse with
11 prescriptive authority delegated under Section 65-40 of the
12 Nurse Practice Act who issues a prescription for a controlled
13 substance in accordance with Section 303.05, a written
14 delegation, and a written collaborative agreement under
15 Section 65-35 of the Nurse Practice Act, ~~or~~ of an advanced
16 practice registered nurse certified as a nurse practitioner,
17 nurse midwife, or clinical nurse specialist who has been
18 granted authority to prescribe by a hospital affiliate in
19 accordance with Section 65-45 of the Nurse Practice Act and in
20 accordance with Section 303.05 when required by law, or of an
21 advanced practice registered nurse certified as a nurse
22 practitioner, nurse midwife, or clinical nurse specialist who
23 has full practice authority pursuant to Section 65-43 of the
24 Nurse Practice Act.

25 (nn-5) "Prescription Information Library" (PIL) means an
26 electronic library that contains reported controlled substance

1 data.

2 (nn-10) "Prescription Monitoring Program" (PMP) means the
3 entity that collects, tracks, and stores reported data on
4 controlled substances and select drugs pursuant to Section 316.

5 (oo) "Production" or "produce" means manufacture,
6 planting, cultivating, growing, or harvesting of a controlled
7 substance other than methamphetamine.

8 (pp) "Registrant" means every person who is required to
9 register under Section 302 of this Act.

10 (qq) "Registry number" means the number assigned to each
11 person authorized to handle controlled substances under the
12 laws of the United States and of this State.

13 (qq-5) "Secretary" means, as the context requires, either
14 the Secretary of the Department or the Secretary of the
15 Department of Financial and Professional Regulation, and the
16 Secretary's designated agents.

17 (rr) "State" includes the State of Illinois and any state,
18 district, commonwealth, territory, insular possession thereof,
19 and any area subject to the legal authority of the United
20 States of America.

21 (rr-5) "Stimulant" means any drug that (i) causes an
22 overall excitation of central nervous system functions, (ii)
23 causes impaired consciousness and awareness, and (iii) can be
24 habit-forming or lead to a substance abuse problem, including
25 but not limited to amphetamines and their analogs,
26 methylphenidate and its analogs, cocaine, and phencyclidine

1 and its analogs.

2 (ss) "Ultimate user" means a person who lawfully possesses
3 a controlled substance for his or her own use or for the use of
4 a member of his or her household or for administering to an
5 animal owned by him or her or by a member of his or her
6 household.

7 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;
8 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14; 99-78, eff.
9 7-20-15; 99-173, eff. 7-29-15; 99-371, eff. 1-1-16; 99-480,
10 eff. 9-9-15; 99-642, eff. 7-28-16.)

11 (720 ILCS 570/302) (from Ch. 56 1/2, par. 1302)

12 Sec. 302. (a) Every person who manufactures, distributes,
13 or dispenses any controlled substances; engages in chemical
14 analysis, research, or instructional activities which utilize
15 controlled substances; purchases, stores, or administers
16 euthanasia drugs, within this State; provides canine odor
17 detection services; proposes to engage in the manufacture,
18 distribution, or dispensing of any controlled substance;
19 proposes to engage in chemical analysis, research, or
20 instructional activities which utilize controlled substances;
21 proposes to engage in purchasing, storing, or administering
22 euthanasia drugs; or proposes to provide canine odor detection
23 services within this State, must obtain a registration issued
24 by the Department of Financial and Professional Regulation in
25 accordance with its rules. The rules shall include, but not be

1 limited to, setting the expiration date and renewal period for
2 each registration under this Act. The Department, any facility
3 or service licensed by the Department, and any veterinary
4 hospital or clinic operated by a veterinarian or veterinarians
5 licensed under the Veterinary Medicine and Surgery Practice Act
6 of 2004 or maintained by a State-supported or publicly funded
7 university or college shall be exempt from the regulation
8 requirements of this Section; however, such exemption shall not
9 operate to bar the University of Illinois from requesting, nor
10 the Department of Financial and Professional Regulation from
11 issuing, a registration to the University of Illinois
12 Veterinary Teaching Hospital under this Act. Neither a request
13 for such registration nor the issuance of such registration to
14 the University of Illinois shall operate to otherwise waive or
15 modify the exemption provided in this subsection (a).

16 (b) Persons registered by the Department of Financial and
17 Professional Regulation under this Act to manufacture,
18 distribute, or dispense controlled substances, engage in
19 chemical analysis, research, or instructional activities which
20 utilize controlled substances, purchase, store, or administer
21 euthanasia drugs, or provide canine odor detection services,
22 may possess, manufacture, distribute, engage in chemical
23 analysis, research, or instructional activities which utilize
24 controlled substances, dispense those substances, or purchase,
25 store, or administer euthanasia drugs, or provide canine odor
26 detection services to the extent authorized by their

1 registration and in conformity with the other provisions of
2 this Article.

3 (c) The following persons need not register and may
4 lawfully possess controlled substances under this Act:

5 (1) an agent or employee of any registered
6 manufacturer, distributor, or dispenser of any controlled
7 substance if he or she is acting in the usual course of his
8 or her employer's lawful business or employment;

9 (2) a common or contract carrier or warehouseman, or an
10 agent or employee thereof, whose possession of any
11 controlled substance is in the usual lawful course of such
12 business or employment;

13 (3) an ultimate user or a person in possession of a
14 controlled substance prescribed for the ultimate user
15 under a lawful prescription of a practitioner, including an
16 advanced practice registered nurse, practical nurse, or
17 registered nurse licensed under the Nurse Practice Act, or
18 a physician assistant licensed under the Physician
19 Assistant Practice Act of 1987, who provides hospice
20 services to a hospice patient or who provides home health
21 services to a person, or a person in possession of any
22 controlled substance pursuant to a lawful prescription of a
23 practitioner or in lawful possession of a Schedule V
24 substance. In this Section, "home health services" has the
25 meaning ascribed to it in the Home Health, Home Services,
26 and Home Nursing Agency Licensing Act; and "hospice

1 patient" and "hospice services" have the meanings ascribed
2 to them in the Hospice Program Licensing Act;

3 (4) officers and employees of this State or of the
4 United States while acting in the lawful course of their
5 official duties which requires possession of controlled
6 substances;

7 (5) a registered pharmacist who is employed in, or the
8 owner of, a pharmacy licensed under this Act and the
9 Federal Controlled Substances Act, at the licensed
10 location, or if he or she is acting in the usual course of
11 his or her lawful profession, business, or employment;

12 (6) a holder of a temporary license issued under
13 Section 17 of the Medical Practice Act of 1987 practicing
14 within the scope of that license and in compliance with the
15 rules adopted under this Act. In addition to possessing
16 controlled substances, a temporary license holder may
17 order, administer, and prescribe controlled substances
18 when acting within the scope of his or her license and in
19 compliance with the rules adopted under this Act.

20 (d) A separate registration is required at each place of
21 business or professional practice where the applicant
22 manufactures, distributes, or dispenses controlled substances,
23 or purchases, stores, or administers euthanasia drugs. Persons
24 are required to obtain a separate registration for each place
25 of business or professional practice where controlled
26 substances are located or stored. A separate registration is

1 not required for every location at which a controlled substance
2 may be prescribed.

3 (e) The Department of Financial and Professional
4 Regulation or the Illinois State Police may inspect the
5 controlled premises, as defined in Section 502 of this Act, of
6 a registrant or applicant for registration in accordance with
7 this Act and the rules promulgated hereunder and with regard to
8 persons licensed by the Department, in accordance with
9 subsection (bb) of Section 30-5 of the Alcoholism and Other
10 Drug Abuse and Dependency Act and the rules and regulations
11 promulgated thereunder.

12 (Source: P.A. 99-163, eff. 1-1-16; 99-247, eff. 8-3-15; 99-642,
13 eff. 7-28-16.)

14 (720 ILCS 570/303.05)

15 Sec. 303.05. Mid-level practitioner registration.

16 (a) The Department of Financial and Professional
17 Regulation shall register licensed physician assistants,
18 licensed advanced practice registered nurses, and prescribing
19 psychologists licensed under Section 4.2 of the Clinical
20 Psychologist Licensing Act to prescribe and dispense
21 controlled substances under Section 303 and euthanasia
22 agencies to purchase, store, or administer animal euthanasia
23 drugs under the following circumstances:

24 (1) with respect to physician assistants,

25 (A) the physician assistant has been delegated

1 written authority to prescribe any Schedule III
2 through V controlled substances by a physician
3 licensed to practice medicine in all its branches in
4 accordance with Section 7.5 of the Physician Assistant
5 Practice Act of 1987; and the physician assistant has
6 completed the appropriate application forms and has
7 paid the required fees as set by rule; or

8 (B) the physician assistant has been delegated
9 authority by a supervising physician licensed to
10 practice medicine in all its branches to prescribe or
11 dispense Schedule II controlled substances through a
12 written delegation of authority and under the
13 following conditions:

14 (i) Specific Schedule II controlled substances
15 by oral dosage or topical or transdermal
16 application may be delegated, provided that the
17 delegated Schedule II controlled substances are
18 routinely prescribed by the supervising physician.
19 This delegation must identify the specific
20 Schedule II controlled substances by either brand
21 name or generic name. Schedule II controlled
22 substances to be delivered by injection or other
23 route of administration may not be delegated;

24 (ii) any delegation must be of controlled
25 substances prescribed by the supervising
26 physician;

1 (iii) all prescriptions must be limited to no
2 more than a 30-day supply, with any continuation
3 authorized only after prior approval of the
4 supervising physician;

5 (iv) the physician assistant must discuss the
6 condition of any patients for whom a controlled
7 substance is prescribed monthly with the
8 delegating physician;

9 (v) the physician assistant must have
10 completed the appropriate application forms and
11 paid the required fees as set by rule;

12 (vi) the physician assistant must provide
13 evidence of satisfactory completion of 45 contact
14 hours in pharmacology from any physician assistant
15 program accredited by the Accreditation Review
16 Commission on Education for the Physician
17 Assistant (ARC-PA), or its predecessor agency, for
18 any new license issued with Schedule II authority
19 after the effective date of this amendatory Act of
20 the 97th General Assembly; and

21 (vii) the physician assistant must annually
22 complete at least 5 hours of continuing education
23 in pharmacology;

24 (2) with respect to advanced practice registered
25 nurses who do not meet the requirements of Section 65-43 of
26 the Nurse Practice Act,

1 (A) the advanced practice registered nurse has
2 been delegated authority to prescribe any Schedule III
3 through V controlled substances by a collaborating
4 physician licensed to practice medicine in all its
5 branches or a collaborating podiatric physician in
6 accordance with Section 65-40 of the Nurse Practice
7 Act. The advanced practice registered nurse has
8 completed the appropriate application forms and has
9 paid the required fees as set by rule; or

10 (B) the advanced practice registered nurse has
11 been delegated authority by a collaborating physician
12 licensed to practice medicine in all its branches ~~or~~
13 ~~collaborating podiatric physician~~ to prescribe or
14 dispense Schedule II controlled substances through a
15 written delegation of authority and under the
16 following conditions:

17 (i) specific Schedule II controlled substances
18 by oral dosage or topical or transdermal
19 application may be delegated, provided that the
20 delegated Schedule II controlled substances are
21 routinely prescribed by the collaborating
22 physician ~~or podiatric physician~~. This delegation
23 must identify the specific Schedule II controlled
24 substances by either brand name or generic name.
25 Schedule II controlled substances to be delivered
26 by injection or other route of administration may

1 not be delegated;

2 (ii) any delegation must be of controlled
3 substances prescribed by the collaborating
4 physician ~~or podiatric physician~~;

5 (iii) all prescriptions must be limited to no
6 more than a 30-day supply, with any continuation
7 authorized only after prior approval of the
8 collaborating physician ~~or podiatric physician~~;

9 (iv) the advanced practice registered nurse
10 must discuss the condition of any patients for whom
11 a controlled substance is prescribed monthly with
12 the delegating physician ~~or podiatric physician~~ or
13 in the course of review as required by Section
14 65-40 of the Nurse Practice Act;

15 (v) the advanced practice registered nurse
16 must have completed the appropriate application
17 forms and paid the required fees as set by rule;

18 (vi) the advanced practice registered nurse
19 must provide evidence of satisfactory completion
20 of at least 45 graduate contact hours in
21 pharmacology for any new license issued with
22 Schedule II authority after the effective date of
23 this amendatory Act of the 97th General Assembly;
24 and

25 (vii) the advanced practice registered nurse
26 must annually complete 5 hours of continuing

1 education in pharmacology;

2 (2.5) with respect to advanced practice registered
3 nurses certified as nurse practitioners, nurse midwives,
4 or clinical nurse specialists who do not meet the
5 requirements of Section 65-43 of the Nurse Practice Act
6 practicing in a hospital affiliate,

7 (A) the advanced practice registered nurse
8 certified as a nurse practitioner, nurse midwife, or
9 clinical nurse specialist has been privileged ~~granted~~
10 ~~authority~~ to prescribe any Schedule II through V
11 controlled substances by the hospital affiliate upon
12 the recommendation of the appropriate physician
13 committee of the hospital affiliate in accordance with
14 Section 65-45 of the Nurse Practice Act, has completed
15 the appropriate application forms, and has paid the
16 required fees as set by rule; and

17 (B) an advanced practice registered nurse
18 certified as a nurse practitioner, nurse midwife, or
19 clinical nurse specialist has been privileged ~~granted~~
20 ~~authority~~ to prescribe any Schedule II controlled
21 substances by the hospital affiliate upon the
22 recommendation of the appropriate physician committee
23 of the hospital affiliate, then the following
24 conditions must be met:

25 (i) specific Schedule II controlled substances
26 by oral dosage or topical or transdermal

1 application may be designated, provided that the
2 designated Schedule II controlled substances are
3 routinely prescribed by advanced practice
4 registered nurses in their area of certification;
5 the privileging documents ~~this grant of authority~~
6 must identify the specific Schedule II controlled
7 substances by either brand name or generic name;
8 privileges ~~authority~~ to prescribe or dispense
9 Schedule II controlled substances to be delivered
10 by injection or other route of administration may
11 not be granted;

12 (ii) any privileges ~~grant of authority~~ must be
13 controlled substances limited to the practice of
14 the advanced practice registered nurse;

15 (iii) any prescription must be limited to no
16 more than a 30-day supply;

17 (iv) the advanced practice registered nurse
18 must discuss the condition of any patients for whom
19 a controlled substance is prescribed monthly with
20 the appropriate physician committee of the
21 hospital affiliate or its physician designee; and

22 (v) the advanced practice registered nurse
23 must meet the education requirements of this
24 Section;

25 (3) with respect to animal euthanasia agencies, the
26 euthanasia agency has obtained a license from the

1 Department of Financial and Professional Regulation and
2 obtained a registration number from the Department; or

3 (4) with respect to prescribing psychologists, the
4 prescribing psychologist has been delegated authority to
5 prescribe any nonnarcotic Schedule III through V
6 controlled substances by a collaborating physician
7 licensed to practice medicine in all its branches in
8 accordance with Section 4.3 of the Clinical Psychologist
9 Licensing Act, and the prescribing psychologist has
10 completed the appropriate application forms and has paid
11 the required fees as set by rule.

12 (b) The mid-level practitioner shall only be licensed to
13 prescribe those schedules of controlled substances for which a
14 licensed physician ~~or licensed podiatric physician~~ has
15 delegated prescriptive authority, except that an animal
16 euthanasia agency does not have any prescriptive authority. A
17 physician assistant and an advanced practice registered nurse
18 are prohibited from prescribing medications and controlled
19 substances not set forth in the required written delegation of
20 authority or as authorized by their practice Act.

21 (c) Upon completion of all registration requirements,
22 physician assistants, advanced practice registered nurses, and
23 animal euthanasia agencies may be issued a mid-level
24 practitioner controlled substances license for Illinois.

25 (d) A collaborating physician ~~or podiatric physician~~ may,
26 but is not required to, delegate prescriptive authority to an

1 advanced practice registered nurse as part of a written
2 collaborative agreement, and the delegation of prescriptive
3 authority shall conform to the requirements of Section 65-40 of
4 the Nurse Practice Act.

5 (e) A supervising physician may, but is not required to,
6 delegate prescriptive authority to a physician assistant as
7 part of a written supervision agreement, and the delegation of
8 prescriptive authority shall conform to the requirements of
9 Section 7.5 of the Physician Assistant Practice Act of 1987.

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

12 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;
13 99-173, eff. 7-29-15.)

14 (720 ILCS 570/313) (from Ch. 56 1/2, par. 1313)

15 Sec. 313. (a) Controlled substances which are lawfully
16 administered in hospitals or institutions licensed under the
17 Hospital Licensing Act shall be exempt from the requirements of
18 Sections 312 and 316, except that the prescription for the
19 controlled substance shall be in writing on the patient's
20 record, signed by the prescriber, and dated, and shall state
21 the name and quantity of controlled substances ordered and the
22 quantity actually administered. The records of such
23 prescriptions shall be maintained for two years and shall be
24 available for inspection by officers and employees of the
25 Illinois State Police and the Department of Financial and

1 Professional Regulation.

2 The exemption under this subsection (a) does not apply to a
3 prescription (including an outpatient prescription from an
4 emergency department or outpatient clinic) for more than a
5 72-hour supply of a discharge medication to be consumed outside
6 of the hospital or institution.

7 (b) Controlled substances that can lawfully be
8 administered or dispensed directly to a patient in a long-term
9 care facility licensed by the Department of Public Health as a
10 skilled nursing facility, intermediate care facility, or
11 long-term care facility for residents under 22 years of age,
12 are exempt from the requirements of Section 312 except that a
13 prescription for a Schedule II controlled substance must be
14 either a prescription signed by the prescriber or a
15 prescription transmitted by the prescriber or prescriber's
16 agent to the dispensing pharmacy by facsimile. The facsimile
17 serves as the original prescription and must be maintained for
18 2 years from the date of issue in the same manner as a written
19 prescription signed by the prescriber.

20 (c) A prescription that is generated for a Schedule II
21 controlled substance to be compounded for direct
22 administration to a patient in a private residence, long-term
23 care facility, or hospice program may be transmitted by
24 facsimile by the prescriber or the prescriber's agent to the
25 pharmacy providing the home infusion services. The facsimile
26 serves as the original prescription for purposes of this

1 paragraph (c) and it shall be maintained in the same manner as
2 the original prescription.

3 (c-1) A prescription generated for a Schedule II controlled
4 substance for a patient residing in a hospice certified by
5 Medicare under Title XVIII of the Social Security Act or
6 licensed by the State may be transmitted by the practitioner or
7 the practitioner's agent to the dispensing pharmacy by
8 facsimile or electronically as provided in Section 311.5. The
9 practitioner or practitioner's agent must note on the
10 prescription that the patient is a hospice patient. The
11 facsimile or electronic record serves as the original
12 prescription for purposes of this paragraph (c-1) and it shall
13 be maintained in the same manner as the original prescription.

14 (d) Controlled substances which are lawfully administered
15 and/or dispensed in drug abuse treatment programs licensed by
16 the Department shall be exempt from the requirements of
17 Sections 312 and 316, except that the prescription for such
18 controlled substances shall be issued and authenticated on
19 official prescription logs prepared and maintained in
20 accordance with 77 Ill. Adm. Code 2060: Alcoholism and
21 Substance Abuse Treatment and Intervention Licenses, and in
22 compliance with other applicable State and federal laws. The
23 Department-licensed drug treatment program shall report
24 applicable prescriptions via electronic record keeping
25 software approved by the Department. This software must be
26 compatible with the specifications of the Department. Drug

1 abuse treatment programs shall report to the Department
2 methadone prescriptions or medications dispensed through the
3 use of Department-approved File Transfer Protocols (FTPs).
4 Methadone prescription records must be maintained in
5 accordance with the applicable requirements as set forth by the
6 Department in accordance with 77 Ill. Adm. Code 2060:
7 Alcoholism and Substance Abuse Treatment and Intervention
8 Licenses, and in compliance with other applicable State and
9 federal laws.

10 (e) Nothing in this Act shall be construed to limit the
11 authority of a hospital pursuant to Section 65-45 of the Nurse
12 Practice Act to grant hospital clinical privileges to an
13 individual advanced practice registered nurse to select, order
14 or administer medications, including controlled substances to
15 provide services within a hospital. Nothing in this Act shall
16 be construed to limit the authority of an ambulatory surgical
17 treatment center pursuant to Section 65-45 of the Nurse
18 Practice Act to grant ambulatory surgical treatment center
19 clinical privileges to an individual advanced practice
20 registered nurse to select, order or administer medications,
21 including controlled substances to provide services within an
22 ambulatory surgical treatment center.

23 (Source: P.A. 97-334, eff. 1-1-12.)

24 (720 ILCS 570/320)

25 Sec. 320. Advisory committee.

1 (a) There is created a Prescription Monitoring Program
2 Advisory Committee to assist the Department of Human Services
3 in implementing the Prescription Monitoring Program created by
4 this Article and to advise the Department on the professional
5 performance of prescribers and dispensers and other matters
6 germane to the advisory committee's field of competence.

7 (b) The Clinical Director of the Prescription Monitoring
8 Program shall appoint members to serve on the advisory
9 committee. The advisory committee shall be composed of
10 prescribers and dispensers as follows: 4 physicians licensed to
11 practice medicine in all its branches; one advanced practice
12 registered nurse; one physician assistant; one optometrist;
13 one dentist; one podiatric physician; and 3 pharmacists. The
14 Clinical Director of the Prescription Monitoring Program may
15 appoint a representative of an organization representing a
16 profession required to be appointed. The Clinical Director of
17 the Prescription Monitoring Program shall serve as the chair of
18 the committee.

19 (c) The advisory committee may appoint its other officers
20 as it deems appropriate.

21 (d) The members of the advisory committee shall receive no
22 compensation for their services as members of the advisory
23 committee but may be reimbursed for their actual expenses
24 incurred in serving on the advisory committee.

25 (e) The advisory committee shall:

26 (1) provide a uniform approach to reviewing this Act in

1 order to determine whether changes should be recommended to
2 the General Assembly;

3 (2) review current drug schedules in order to manage
4 changes to the administrative rules pertaining to the
5 utilization of this Act;

6 (3) review the following: current clinical guidelines
7 developed by health care professional organizations on the
8 prescribing of opioids or other controlled substances;
9 accredited continuing education programs related to
10 prescribing and dispensing; programs or information
11 developed by health care professional organizations that
12 may be used to assess patients or help ensure compliance
13 with prescriptions; updates from the Food and Drug
14 Administration, the Centers for Disease Control and
15 Prevention, and other public and private organizations
16 which are relevant to prescribing and dispensing; relevant
17 medical studies; and other publications which involve the
18 prescription of controlled substances;

19 (4) make recommendations for inclusion of these
20 materials or other studies which may be effective resources
21 for prescribers and dispensers on the Internet website of
22 the inquiry system established under Section 318;

23 (5) on at least a quarterly basis, review the content
24 of the Internet website of the inquiry system established
25 pursuant to Section 318 to ensure this Internet website has
26 the most current available information;

1 (6) on at least a quarterly basis, review opportunities
2 for federal grants and other forms of funding to support
3 projects which will increase the number of pilot programs
4 which integrate the inquiry system with electronic health
5 records; and

6 (7) on at least a quarterly basis, review communication
7 to be sent to all registered users of the inquiry system
8 established pursuant to Section 318, including
9 recommendations for relevant accredited continuing
10 education and information regarding prescribing and
11 dispensing.

12 (f) The Clinical Director of the Prescription Monitoring
13 Program shall select 5 members, 3 physicians and 2 pharmacists,
14 of the Prescription Monitoring Program Advisory Committee to
15 serve as members of the peer review subcommittee. The purpose
16 of the peer review subcommittee is to advise the Program on
17 matters germane to the advisory committee's field of
18 competence, establish a formal peer review of professional
19 performance of prescribers and dispensers, and develop
20 communications to transmit to prescribers and dispensers. The
21 deliberations, information, and communications of the peer
22 review subcommittee are privileged and confidential and shall
23 not be disclosed in any manner except in accordance with
24 current law.

25 (1) The peer review subcommittee shall periodically
26 review the data contained within the prescription

1 monitoring program to identify those prescribers or
2 dispensers who may be prescribing or dispensing outside the
3 currently accepted standards in the course of their
4 professional practice.

5 (2) The peer review subcommittee may identify
6 prescribers or dispensers who may be prescribing outside
7 the currently accepted medical standards in the course of
8 their professional practice and send the identified
9 prescriber or dispenser a request for information
10 regarding their prescribing or dispensing practices. This
11 request for information shall be sent via certified mail,
12 return receipt requested. A prescriber or dispenser shall
13 have 30 days to respond to the request for information.

14 (3) The peer review subcommittee shall refer a
15 prescriber or a dispenser to the Department of Financial
16 and Professional Regulation in the following situations:

17 (i) if a prescriber or dispenser does not respond
18 to three successive requests for information;

19 (ii) in the opinion of a majority of members of the
20 peer review subcommittee, the prescriber or dispenser
21 does not have a satisfactory explanation for the
22 practices identified by the peer review subcommittee
23 in its request for information; or

24 (iii) following communications with the peer
25 review subcommittee, the prescriber or dispenser does
26 not sufficiently rectify the practices identified in

1 the request for information in the opinion of a
2 majority of the members of the peer review
3 subcommittee.

4 (4) The Department of Financial and Professional
5 Regulation may initiate an investigation and discipline in
6 accordance with current laws and rules for any prescriber
7 or dispenser referred by the peer review subcommittee.

8 (5) The peer review subcommittee shall prepare an
9 annual report starting on July 1, 2017. This report shall
10 contain the following information: the number of times the
11 peer review subcommittee was convened; the number of
12 prescribers or dispensers who were reviewed by the peer
13 review committee; the number of requests for information
14 sent out by the peer review subcommittee; and the number of
15 prescribers or dispensers referred to the Department of
16 Financial and Professional Regulation. The annual report
17 shall be delivered electronically to the Department and to
18 the General Assembly. The report prepared by the peer
19 review subcommittee shall not identify any prescriber,
20 dispenser, or patient.

21 (Source: P.A. 99-480, eff. 9-9-15.)

22 Section 325. The Code of Civil Procedure is amended by
23 changing Section 8-2001 as follows:

24 (735 ILCS 5/8-2001) (from Ch. 110, par. 8-2001)

1 Sec. 8-2001. Examination of health care records.

2 (a) In this Section:

3 "Health care facility" or "facility" means a public or
4 private hospital, ambulatory surgical treatment center,
5 nursing home, independent practice association, or physician
6 hospital organization, or any other entity where health care
7 services are provided to any person. The term does not include
8 a health care practitioner.

9 "Health care practitioner" means any health care
10 practitioner, including a physician, dentist, podiatric
11 physician, advanced practice registered nurse, physician
12 assistant, clinical psychologist, or clinical social worker.
13 The term includes a medical office, health care clinic, health
14 department, group practice, and any other organizational
15 structure for a licensed professional to provide health care
16 services. The term does not include a health care facility.

17 (b) Every private and public health care facility shall,
18 upon the request of any patient who has been treated in such
19 health care facility, 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, or as authorized by Section 8-2001.5, permit
23 the patient, his or her health care practitioner, authorized
24 attorney, or any person, entity, or organization presenting a
25 valid authorization for the release of records signed by the
26 patient or the patient's legally authorized representative to

1 examine the health care facility patient care records,
2 including but not limited to the history, bedside notes,
3 charts, pictures and plates, kept in connection with the
4 treatment of such patient, and permit copies of such records to
5 be made by him or her or his or her health care practitioner or
6 authorized attorney.

7 (c) Every health care practitioner shall, upon the request
8 of any patient who has been treated by the health care
9 practitioner, or any person, entity, or organization
10 presenting a valid authorization for the release of records
11 signed by the patient or the patient's legally authorized
12 representative, permit the patient and the patient's health
13 care practitioner or authorized attorney, or any person,
14 entity, or organization presenting a valid authorization for
15 the release of records signed by the patient or the patient's
16 legally authorized representative, to examine and copy the
17 patient's records, including but not limited to those relating
18 to the diagnosis, treatment, prognosis, history, charts,
19 pictures and plates, kept in connection with the treatment of
20 such patient.

21 (d) A request for copies of the records shall be in writing
22 and shall be delivered to the administrator or manager of such
23 health care facility or to the health care practitioner. The
24 person (including patients, health care practitioners and
25 attorneys) requesting copies of records shall reimburse the
26 facility or the health care practitioner at the time of such

1 copying for all reasonable expenses, including the costs of
2 independent copy service companies, incurred in connection
3 with such copying not to exceed a \$20 handling charge for
4 processing the request and the actual postage or shipping
5 charge, if any, plus: (1) for paper copies 75 cents per page
6 for the first through 25th pages, 50 cents per page for the
7 26th through 50th pages, and 25 cents per page for all pages in
8 excess of 50 (except that the charge shall not exceed \$1.25 per
9 page for any copies made from microfiche or microfilm; records
10 retrieved from scanning, digital imaging, electronic
11 information or other digital format do not qualify as
12 microfiche or microfilm retrieval for purposes of calculating
13 charges); and (2) for electronic records, retrieved from a
14 scanning, digital imaging, electronic information or other
15 digital format in an electronic document, a charge of 50% of
16 the per page charge for paper copies under subdivision (d) (1).
17 This per page charge includes the cost of each CD Rom, DVD, or
18 other storage media. Records already maintained in an
19 electronic or digital format shall be provided in an electronic
20 format when so requested. If the records system does not allow
21 for the creation or transmission of an electronic or digital
22 record, then the facility or practitioner shall inform the
23 requester in writing of the reason the records can not be
24 provided electronically. The written explanation may be
25 included with the production of paper copies, if the requester
26 chooses to order paper copies. These rates shall be

1 automatically adjusted as set forth in Section 8-2006. The
2 facility or health care practitioner may, however, charge for
3 the reasonable cost of all duplication of record material or
4 information that cannot routinely be copied or duplicated on a
5 standard commercial photocopy machine such as x-ray films or
6 pictures.

7 (d-5) The handling fee shall not be collected from the
8 patient or the patient's personal representative who obtains
9 copies of records under Section 8-2001.5.

10 (e) The requirements of this Section shall be satisfied
11 within 30 days of the receipt of a written request by a patient
12 or by his or her legally authorized representative, health care
13 practitioner, authorized attorney, or any person, entity, or
14 organization presenting a valid authorization for the release
15 of records signed by the patient or the patient's legally
16 authorized representative. If the facility or health care
17 practitioner needs more time to comply with the request, then
18 within 30 days after receiving the request, the facility or
19 health care practitioner must provide the requesting party with
20 a written statement of the reasons for the delay and the date
21 by which the requested information will be provided. In any
22 event, the facility or health care practitioner must provide
23 the requested information no later than 60 days after receiving
24 the request.

25 (f) A health care facility or health care practitioner must
26 provide the public with at least 30 days prior notice of the

1 closure of the facility or the health care practitioner's
2 practice. The notice must include an explanation of how copies
3 of the facility's records may be accessed by patients. The
4 notice may be given by publication in a newspaper of general
5 circulation in the area in which the health care facility or
6 health care practitioner is located.

7 (g) Failure to comply with the time limit requirement of
8 this Section shall subject the denying party to expenses and
9 reasonable attorneys' fees incurred in connection with any
10 court ordered enforcement of the provisions of this Section.

11 (Source: P.A. 97-623, eff. 11-23-11; 97-867, eff. 7-30-12;
12 98-214, eff. 8-9-13; 98-756, eff. 7-16-14.)

13 Section 330. The Good Samaritan Act is amended by changing
14 Sections 30, 34, and 68 as follows:

15 (745 ILCS 49/30)

16 Sec. 30. Free medical clinic; exemption from civil
17 liability for services performed without compensation.

18 (a) A person licensed under the Medical Practice Act of
19 1987, a person licensed to practice the treatment of human
20 ailments in any other state or territory of the United States,
21 or a health care professional, including but not limited to an
22 advanced practice registered nurse, physician assistant,
23 nurse, pharmacist, physical therapist, podiatric physician, or
24 social worker licensed in this State or any other state or

1 territory of the United States, who, in good faith, provides
2 medical treatment, diagnosis, or advice as a part of the
3 services of an established free medical clinic providing care
4 to medically indigent patients which is limited to care that
5 does not require the services of a licensed hospital or
6 ambulatory surgical treatment center and who receives no fee or
7 compensation from that source shall not be liable for civil
8 damages as a result of his or her acts or omissions in
9 providing that medical treatment, except for willful or wanton
10 misconduct.

11 (b) For purposes of this Section, a "free medical clinic"
12 is:

13 (1) an organized community based program providing
14 medical care without charge to individuals unable to pay
15 for it, at which the care provided does not include the use
16 of general anesthesia or require an overnight stay in a
17 health-care facility; or

18 (2) a program organized by a certified local health
19 department pursuant to Part 600 of Title 77 of the Illinois
20 Administrative Code, utilizing health professional members
21 of the Volunteer Medical Reserve Corps (the federal
22 organization under 42 U.S.C. 300hh-15) providing medical
23 care without charge to individuals unable to pay for it, at
24 which the care provided does not include an overnight stay
25 in a health-care facility.

26 (c) The provisions of subsection (a) of this Section do not

1 apply to a particular case unless the free medical clinic has
2 posted in a conspicuous place on its premises an explanation of
3 the exemption from civil liability provided herein.

4 (d) The immunity from civil damages provided under
5 subsection (a) also applies to physicians, hospitals, and other
6 health care providers that provide further medical treatment,
7 diagnosis, or advice to a patient upon referral from an
8 established free medical clinic without fee or compensation.

9 (e) Nothing in this Section prohibits a free medical clinic
10 from accepting voluntary contributions for medical services
11 provided to a patient who has acknowledged his or her ability
12 and willingness to pay a portion of the value of the medical
13 services provided.

14 Any voluntary contribution collected for providing care at
15 a free medical clinic shall be used only to pay overhead
16 expenses of operating the clinic. No portion of any moneys
17 collected shall be used to provide a fee or other compensation
18 to any person licensed under Medical Practice Act of 1987.

19 (f) The changes to this Section made by this amendatory Act
20 of the 99th General Assembly apply only to causes of action
21 accruing on or after the effective date of this amendatory Act
22 of the 99th General Assembly.

23 (Source: P.A. 98-214, eff. 8-9-13; 99-42, eff. 1-1-16.)

24 (745 ILCS 49/34)

25 Sec. 34. Advanced practice registered nurse; exemption

1 from civil liability for emergency care. A person licensed as
2 an advanced practice registered nurse under the Nurse Practice
3 Act who in good faith provides emergency care without fee to a
4 person shall not be liable for civil damages as a result of his
5 or her acts or omissions, except for willful or wanton
6 misconduct on the part of the person in providing the care.

7 (Source: P.A. 95-639, eff. 10-5-07.)

8 (745 ILCS 49/68)

9 Sec. 68. Disaster Relief Volunteers. Any firefighter,
10 licensed emergency medical technician (EMT) as defined by
11 Section 3.50 of the Emergency Medical Services (EMS) Systems
12 Act, physician, dentist, podiatric physician, optometrist,
13 pharmacist, advanced practice registered nurse, physician
14 assistant, or nurse who in good faith and without fee or
15 compensation provides health care services as a disaster relief
16 volunteer shall not, as a result of his or her acts or
17 omissions, except willful and wanton misconduct on the part of
18 the person, in providing health care services, be liable to a
19 person to whom the health care services are provided for civil
20 damages. This immunity applies to health care services that are
21 provided without fee or compensation during or within 10 days
22 following the end of a disaster or catastrophic event.

23 The immunity provided in this Section only applies to a
24 disaster relief volunteer who provides health care services in
25 relief of an earthquake, hurricane, tornado, nuclear attack,

1 terrorist attack, epidemic, or pandemic without fee or
2 compensation for providing the volunteer health care services.

3 The provisions of this Section shall not apply to any
4 health care facility as defined in Section 8-2001 of the Code
5 of Civil Procedure or to any practitioner, who is not a
6 disaster relief volunteer, providing health care services in a
7 hospital or health care facility.

8 (Source: P.A. 98-214, eff. 8-9-13.)

9 Section 335. The Health Care Surrogate Act is amended by
10 changing Section 65 as follows:

11 (755 ILCS 40/65)

12 Sec. 65. Department of Public Health Uniform POLST form.

13 (a) An individual of sound mind and having reached the age
14 of majority or having obtained the status of an emancipated
15 person pursuant to the Emancipation of Minors Act may execute a
16 document (consistent with the Department of Public Health
17 Uniform POLST form described in Section 2310-600 of the
18 Department of Public Health Powers and Duties Law of the Civil
19 Administrative Code of Illinois) directing that resuscitating
20 efforts shall not be implemented. Such a document may also be
21 executed by an attending health care practitioner. If more than
22 one practitioner shares that responsibility, any of the
23 attending health care practitioners may act under this Section.
24 Notwithstanding the existence of a do-not-resuscitate (DNR)

1 order or Department of Public Health Uniform POLST form,
2 appropriate organ donation treatment may be applied or
3 continued temporarily in the event of the patient's death, in
4 accordance with subsection (g) of Section 20 of this Act, if
5 the patient is an organ donor.

6 (a-5) Execution of a Department of Public Health Uniform
7 POLST form is voluntary; no person can be required to execute
8 either form. A person who has executed a Department of Public
9 Health Uniform POLST form should review the form annually and
10 when the person's condition changes.

11 (b) Consent to a Department of Public Health Uniform POLST
12 form may be obtained from the individual, or from another
13 person at the individual's direction, or from the individual's
14 legal guardian, agent under a power of attorney for health
15 care, or surrogate decision maker, and witnessed by one
16 individual 18 years of age or older, who attests that the
17 individual, other person, guardian, agent, or surrogate (1) has
18 had an opportunity to read the form; and (2) has signed the
19 form or acknowledged his or her signature or mark on the form
20 in the witness's presence.

21 (b-5) As used in this Section, "attending health care
22 practitioner" means an individual who (1) is an Illinois
23 licensed physician, advanced practice registered nurse,
24 physician assistant, or licensed resident after completion of
25 one year in a program; (2) is selected by or assigned to the
26 patient; and (3) has primary responsibility for treatment and

1 care of the patient. "POLST" means practitioner orders for
2 life-sustaining treatments.

3 (c) Nothing in this Section shall be construed to affect
4 the ability of an individual to include instructions in an
5 advance directive, such as a power of attorney for health care.
6 The uniform form may, but need not, be in the form adopted by
7 the Department of Public Health pursuant to Section 2310-600 of
8 the Department of Public Health Powers and Duties Law (20 ILCS
9 2310/2310-600).

10 (d) A health care professional or health care provider may
11 presume, in the absence of knowledge to the contrary, that a
12 completed Department of Public Health Uniform POLST form, or a
13 copy of that form or a previous version of the uniform form, is
14 valid. A health care professional or health care provider, or
15 an employee of a health care professional or health care
16 provider, who in good faith complies with a cardiopulmonary
17 resuscitation (CPR) or life-sustaining treatment order,
18 Department of Public Health Uniform POLST form, or a previous
19 version of the uniform form made in accordance with this Act is
20 not, as a result of that compliance, subject to any criminal or
21 civil liability, except for willful and wanton misconduct, and
22 may not be found to have committed an act of unprofessional
23 conduct.

24 (e) Nothing in this Section or this amendatory Act of the
25 94th General Assembly or this amendatory Act of the 98th
26 General Assembly shall be construed to affect the ability of a

1 physician or other practitioner to make a do-not-resuscitate
2 order.

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

4 Section 340. The Illinois Power of Attorney Act is amended
5 by changing Sections 4-5.1 and 4-10 as follows:

6 (755 ILCS 45/4-5.1)

7 Sec. 4-5.1. Limitations on who may witness health care
8 agencies.

9 (a) Every health care agency shall bear the signature of a
10 witness to the signing of the agency. No witness may be under
11 18 years of age. None of the following licensed professionals
12 providing services to the principal may serve as a witness to
13 the signing of a health care agency:

14 (1) the attending physician, advanced practice
15 registered nurse, physician assistant, dentist, podiatric
16 physician, optometrist, or psychologist of the principal,
17 or a relative of the physician, advanced practice
18 registered nurse, physician assistant, dentist, podiatric
19 physician, optometrist, or psychologist;

20 (2) an owner, operator, or relative of an owner or
21 operator of a health care facility in which the principal
22 is a patient or resident;

23 (3) a parent, sibling, or descendant, or the spouse of
24 a parent, sibling, or descendant, of either the principal

1 or any agent or successor agent, regardless of whether the
2 relationship is by blood, marriage, or adoption;

3 (4) an agent or successor agent for health care.

4 (b) The prohibition on the operator of a health care
5 facility from serving as a witness shall extend to directors
6 and executive officers of an operator that is a corporate
7 entity but not other employees of the operator such as, but not
8 limited to, non-owner chaplains or social workers, nurses, and
9 other employees.

10 (Source: P.A. 98-1113, eff. 1-1-15; 99-328, eff. 1-1-16.)

11 (755 ILCS 45/4-10) (from Ch. 110 1/2, par. 804-10)

12 Sec. 4-10. Statutory short form power of attorney for
13 health care.

14 (a) The form prescribed in this Section (sometimes also
15 referred to in this Act as the "statutory health care power")
16 may be used to grant an agent powers with respect to the
17 principal's own health care; but the statutory health care
18 power is not intended to be exclusive nor to cover delegation
19 of a parent's power to control the health care of a minor
20 child, and no provision of this Article shall be construed to
21 invalidate or bar use by the principal of any other or
22 different form of power of attorney for health care.
23 Nonstatutory health care powers must be executed by the
24 principal, designate the agent and the agent's powers, and
25 comply with the limitations in Section 4-5 of this Article, but

1 they need not be witnessed or conform in any other respect to
2 the statutory health care power.

3 No specific format is required for the statutory health
4 care power of attorney other than the notice must precede the
5 form. The statutory health care power may be included in or
6 combined with any other form of power of attorney governing
7 property or other matters.

8 (b) The Illinois Statutory Short Form Power of Attorney for
9 Health Care shall be substantially as follows:

10 NOTICE TO THE INDIVIDUAL SIGNING

11 THE POWER OF ATTORNEY FOR HEALTH CARE

12 No one can predict when a serious illness or accident might
13 occur. When it does, you may need someone else to speak or make
14 health care decisions for you. If you plan now, you can
15 increase the chances that the medical treatment you get will be
16 the treatment you want.

17 In Illinois, you can choose someone to be your "health care
18 agent". Your agent is the person you trust to make health care
19 decisions for you if you are unable or do not want to make them
20 yourself. These decisions should be based on your personal
21 values and wishes.

22 It is important to put your choice of agent in writing. The
23 written form is often called an "advance directive". You may
24 use this form or another form, as long as it meets the legal
25 requirements of Illinois. There are many written and on-line

1 resources to guide you and your loved ones in having a
2 conversation about these issues. You may find it helpful to
3 look at these resources while thinking about and discussing
4 your advance directive.

5 WHAT ARE THE THINGS I WANT MY
6 HEALTH CARE AGENT TO KNOW?

7 The selection of your agent should be considered carefully,
8 as your agent will have the ultimate decision making authority
9 once this document goes into effect, in most instances after
10 you are no longer able to make your own decisions. While the
11 goal is for your agent to make decisions in keeping with your
12 preferences and in the majority of circumstances that is what
13 happens, please know that the law does allow your agent to make
14 decisions to direct or refuse health care interventions or
15 withdraw treatment. Your agent will need to think about
16 conversations you have had, your personality, and how you
17 handled important health care issues in the past. Therefore, it
18 is important to talk with your agent and your family about such
19 things as:

20 (i) What is most important to you in your life?

21 (ii) How important is it to you to avoid pain and
22 suffering?

23 (iii) If you had to choose, is it more important to you
24 to live as long as possible, or to avoid prolonged
25 suffering or disability?

1 (iv) Would you rather be at home or in a hospital for
2 the last days or weeks of your life?

3 (v) Do you have religious, spiritual, or cultural
4 beliefs that you want your agent and others to consider?

5 (vi) Do you wish to make a significant contribution to
6 medical science after your death through organ or whole
7 body donation?

8 (vii) Do you have an existing advanced directive, such
9 as a living will, that contains your specific wishes about
10 health care that is only delaying your death? If you have
11 another advance directive, make sure to discuss with your
12 agent the directive and the treatment decisions contained
13 within that outline your preferences. Make sure that your
14 agent agrees to honor the wishes expressed in your advance
15 directive.

16 WHAT KIND OF DECISIONS CAN MY AGENT MAKE?

17 If there is ever a period of time when your physician
18 determines that you cannot make your own health care decisions,
19 or if you do not want to make your own decisions, some of the
20 decisions your agent could make are to:

21 (i) talk with physicians and other health care
22 providers about your condition.

23 (ii) see medical records and approve who else can see
24 them.

25 (iii) give permission for medical tests, medicines,

1 surgery, or other treatments.

2 (iv) choose where you receive care and which physicians
3 and others provide it.

4 (v) decide to accept, withdraw, or decline treatments
5 designed to keep you alive if you are near death or not
6 likely to recover. You may choose to include guidelines
7 and/or restrictions to your agent's authority.

8 (vi) agree or decline to donate your organs or your
9 whole body if you have not already made this decision
10 yourself. This could include donation for transplant,
11 research, and/or education. You should let your agent know
12 whether you are registered as a donor in the First Person
13 Consent registry maintained by the Illinois Secretary of
14 State or whether you have agreed to donate your whole body
15 for medical research and/or education.

16 (vii) decide what to do with your remains after you
17 have died, if you have not already made plans.

18 (viii) talk with your other loved ones to help come to
19 a decision (but your designated agent will have the final
20 say over your other loved ones).

21 Your agent is not automatically responsible for your health
22 care expenses.

23 WHOM SHOULD I CHOOSE TO BE MY HEALTH CARE AGENT?

24 You can pick a family member, but you do not have to. Your
25 agent will have the responsibility to make medical treatment

1 decisions, even if other people close to you might urge a
2 different decision. The selection of your agent should be done
3 carefully, as he or she will have ultimate decision-making
4 authority for your treatment decisions once you are no longer
5 able to voice your preferences. Choose a family member, friend,
6 or other person who:

7 (i) is at least 18 years old;

8 (ii) knows you well;

9 (iii) you trust to do what is best for you and is
10 willing to carry out your wishes, even if he or she may not
11 agree with your wishes;

12 (iv) would be comfortable talking with and questioning
13 your physicians and other health care providers;

14 (v) would not be too upset to carry out your wishes if
15 you became very sick; and

16 (vi) can be there for you when you need it and is
17 willing to accept this important role.

18 WHAT IF MY AGENT IS NOT AVAILABLE OR IS

19 UNWILLING TO MAKE DECISIONS FOR ME?

20 If the person who is your first choice is unable to carry
21 out this role, then the second agent you chose will make the
22 decisions; if your second agent is not available, then the
23 third agent you chose will make the decisions. The second and
24 third agents are called your successor agents and they function
25 as back-up agents to your first choice agent and may act only

1 one at a time and in the order you list them.

2 WHAT WILL HAPPEN IF I DO NOT

3 CHOOSE A HEALTH CARE AGENT?

4 If you become unable to make your own health care decisions
5 and have not named an agent in writing, your physician and
6 other health care providers will ask a family member, friend,
7 or guardian to make decisions for you. In Illinois, a law
8 directs which of these individuals will be consulted. In that
9 law, each of these individuals is called a "surrogate".

10 There are reasons why you may want to name an agent rather
11 than rely on a surrogate:

12 (i) The person or people listed by this law may not be
13 who you would want to make decisions for you.

14 (ii) Some family members or friends might not be able
15 or willing to make decisions as you would want them to.

16 (iii) Family members and friends may disagree with one
17 another about the best decisions.

18 (iv) Under some circumstances, a surrogate may not be
19 able to make the same kinds of decisions that an agent can
20 make.

21 WHAT IF THERE IS NO ONE AVAILABLE

22 WHOM I TRUST TO BE MY AGENT?

23 In this situation, it is especially important to talk to
24 your physician and other health care providers and create

1 written guidance about what you want or do not want, in case
2 you are ever critically ill and cannot express your own wishes.
3 You can complete a living will. You can also write your wishes
4 down and/or discuss them with your physician or other health
5 care provider and ask him or her to write it down in your
6 chart. You might also want to use written or on-line resources
7 to guide you through this process.

8 WHAT DO I DO WITH THIS FORM ONCE I COMPLETE IT?

9 Follow these instructions after you have completed the
10 form:

11 (i) Sign the form in front of a witness. See the form
12 for a list of who can and cannot witness it.

13 (ii) Ask the witness to sign it, too.

14 (iii) There is no need to have the form notarized.

15 (iv) Give a copy to your agent and to each of your
16 successor agents.

17 (v) Give another copy to your physician.

18 (vi) Take a copy with you when you go to the hospital.

19 (vii) Show it to your family and friends and others who
20 care for you.

21 WHAT IF I CHANGE MY MIND?

22 You may change your mind at any time. If you do, tell
23 someone who is at least 18 years old that you have changed your
24 mind, and/or destroy your document and any copies. If you wish,

1 fill out a new form and make sure everyone you gave the old
2 form to has a copy of the new one, including, but not limited
3 to, your agents and your physicians.

4 WHAT IF I DO NOT WANT TO USE THIS FORM?

5 In the event you do not want to use the Illinois statutory
6 form provided here, any document you complete must be executed
7 by you, designate an agent who is over 18 years of age and not
8 prohibited from serving as your agent, and state the agent's
9 powers, but it need not be witnessed or conform in any other
10 respect to the statutory health care power.

11 If you have questions about the use of any form, you may
12 want to consult your physician, other health care provider,
13 and/or an attorney.

14 MY POWER OF ATTORNEY FOR HEALTH CARE

15 THIS POWER OF ATTORNEY REVOKES ALL PREVIOUS POWERS OF ATTORNEY
16 FOR HEALTH CARE. (You must sign this form and a witness must
17 also sign it before it is valid)

18 My name (Print your full name):

19 My address:

20 I WANT THE FOLLOWING PERSON TO BE MY HEALTH CARE AGENT

21 (an agent is your personal representative under state and

1 federal law):

2 (Agent name)

3 (Agent address)

4 (Agent phone number)

5 (Please check box if applicable) If a guardian of my
6 person is to be appointed, I nominate the agent acting under
7 this power of attorney as guardian.

8 SUCCESSOR HEALTH CARE AGENT(S) (optional):

9 If the agent I selected is unable or does not want to make
10 health care decisions for me, then I request the person(s) I
11 name below to be my successor health care agent(s). Only one
12 person at a time can serve as my agent (add another page if you
13 want to add more successor agent names):

14

15 (Successor agent #1 name, address and phone number)

16

17 (Successor agent #2 name, address and phone number)

18 MY AGENT CAN MAKE HEALTH CARE DECISIONS FOR ME, INCLUDING:

19 (i) Deciding to accept, withdraw or decline treatment
20 for any physical or mental condition of mine, including
21 life-and-death decisions.

22 (ii) Agreeing to admit me to or discharge me from any
23 hospital, home, or other institution, including a mental

1 health facility.

2 (iii) Having complete access to my medical and mental
3 health records, and sharing them with others as needed,
4 including after I die.

5 (iv) Carrying out the plans I have already made, or, if
6 I have not done so, making decisions about my body or
7 remains, including organ, tissue or whole body donation,
8 autopsy, cremation, and burial.

9 The above grant of power is intended to be as broad as
10 possible so that my agent will have the authority to make any
11 decision I could make to obtain or terminate any type of health
12 care, including withdrawal of nutrition and hydration and other
13 life-sustaining measures.

14 I AUTHORIZE MY AGENT TO (please check any one box):

15 Make decisions for me only when I cannot make them for
16 myself. The physician(s) taking care of me will determine
17 when I lack this ability.

18 (If no box is checked, then the box above shall be
19 implemented.) OR

20 Make decisions for me only when I cannot make them for
21 myself. The physician(s) taking care of me will determine
22 when I lack this ability. Starting now, for the purpose of
23 assisting me with my health care plans and decisions, my
24 agent shall have complete access to my medical and mental
25 health records, the authority to share them with others as

1 needed, and the complete ability to communicate with my
2 personal physician(s) and other health care providers,
3 including the ability to require an opinion of my physician
4 as to whether I lack the ability to make decisions for
5 myself. OR

6 Make decisions for me starting now and continuing
7 after I am no longer able to make them for myself. While I
8 am still able to make my own decisions, I can still do so
9 if I want to.

10 The subject of life-sustaining treatment is of particular
11 importance. Life-sustaining treatments may include tube
12 feedings or fluids through a tube, breathing machines, and CPR.
13 In general, in making decisions concerning life-sustaining
14 treatment, your agent is instructed to consider the relief of
15 suffering, the quality as well as the possible extension of
16 your life, and your previously expressed wishes. Your agent
17 will weigh the burdens versus benefits of proposed treatments
18 in making decisions on your behalf.

19 Additional statements concerning the withholding or
20 removal of life-sustaining treatment are described below.
21 These can serve as a guide for your agent when making decisions
22 for you. Ask your physician or health care provider if you have
23 any questions about these statements.

24 SELECT ONLY ONE STATEMENT BELOW THAT BEST EXPRESSES YOUR WISHES

1 (optional):

2 The quality of my life is more important than the
3 length of my life. If I am unconscious and my attending
4 physician believes, in accordance with reasonable medical
5 standards, that I will not wake up or recover my ability to
6 think, communicate with my family and friends, and
7 experience my surroundings, I do not want treatments to
8 prolong my life or delay my death, but I do want treatment
9 or care to make me comfortable and to relieve me of pain.

10 Staying alive is more important to me, no matter how
11 sick I am, how much I am suffering, the cost of the
12 procedures, or how unlikely my chances for recovery are. I
13 want my life to be prolonged to the greatest extent
14 possible in accordance with reasonable medical standards.

15 SPECIFIC LIMITATIONS TO MY AGENT'S DECISION-MAKING AUTHORITY:

16 The above grant of power is intended to be as broad as
17 possible so that your agent will have the authority to make any
18 decision you could make to obtain or terminate any type of
19 health care. If you wish to limit the scope of your agent's
20 powers or prescribe special rules or limit the power to
21 authorize autopsy or dispose of remains, you may do so
22 specifically in this form.

23

24

1 My signature:.....

2 Today's date:.....

3 HAVE YOUR WITNESS AGREE TO WHAT IS WRITTEN BELOW, AND THEN
4 COMPLETE THE SIGNATURE PORTION:

5 I am at least 18 years old. (check one of the options
6 below):

7 I saw the principal sign this document, or

8 the principal told me that the signature or mark on
9 the principal signature line is his or hers.

10 I am not the agent or successor agent(s) named in this
11 document. I am not related to the principal, the agent, or the
12 successor agent(s) by blood, marriage, or adoption. I am not
13 the principal's physician, advanced practice registered nurse,
14 dentist, podiatric physician, optometrist, psychologist, or a
15 relative of one of those individuals. I am not an owner or
16 operator (or the relative of an owner or operator) of the
17 health care facility where the principal is a patient or
18 resident.

19 Witness printed name:.....

20 Witness address:

21 Witness signature:

22 Today's date:.....

23 (c) The statutory short form power of attorney for health
24 care (the "statutory health care power") authorizes the agent

1 to make any and all health care decisions on behalf of the
2 principal which the principal could make if present and under
3 no disability, subject to any limitations on the granted powers
4 that appear on the face of the form, to be exercised in such
5 manner as the agent deems consistent with the intent and
6 desires of the principal. The agent will be under no duty to
7 exercise granted powers or to assume control of or
8 responsibility for the principal's health care; but when
9 granted powers are exercised, the agent will be required to use
10 due care to act for the benefit of the principal in accordance
11 with the terms of the statutory health care power and will be
12 liable for negligent exercise. The agent may act in person or
13 through others reasonably employed by the agent for that
14 purpose but may not delegate authority to make health care
15 decisions. The agent may sign and deliver all instruments,
16 negotiate and enter into all agreements and do all other acts
17 reasonably necessary to implement the exercise of the powers
18 granted to the agent. Without limiting the generality of the
19 foregoing, the statutory health care power shall include the
20 following powers, subject to any limitations appearing on the
21 face of the form:

22 (1) The agent is authorized to give consent to and
23 authorize or refuse, or to withhold or withdraw consent to,
24 any and all types of medical care, treatment or procedures
25 relating to the physical or mental health of the principal,
26 including any medication program, surgical procedures,

1 life-sustaining treatment or provision of food and fluids
2 for the principal.

3 (2) The agent is authorized to admit the principal to
4 or discharge the principal from any and all types of
5 hospitals, institutions, homes, residential or nursing
6 facilities, treatment centers and other health care
7 institutions providing personal care or treatment for any
8 type of physical or mental condition. The agent shall have
9 the same right to visit the principal in the hospital or
10 other institution as is granted to a spouse or adult child
11 of the principal, any rule of the institution to the
12 contrary notwithstanding.

13 (3) The agent is authorized to contract for any and all
14 types of health care services and facilities in the name of
15 and on behalf of the principal and to bind the principal to
16 pay for all such services and facilities, and to have and
17 exercise those powers over the principal's property as are
18 authorized under the statutory property power, to the
19 extent the agent deems necessary to pay health care costs;
20 and the agent shall not be personally liable for any
21 services or care contracted for on behalf of the principal.

22 (4) At the principal's expense and subject to
23 reasonable rules of the health care provider to prevent
24 disruption of the principal's health care, the agent shall
25 have the same right the principal has to examine and copy
26 and consent to disclosure of all the principal's medical

1 records that the agent deems relevant to the exercise of
2 the agent's powers, whether the records relate to mental
3 health or any other medical condition and whether they are
4 in the possession of or maintained by any physician,
5 psychiatrist, psychologist, therapist, hospital, nursing
6 home or other health care provider. The authority under
7 this paragraph (4) applies to any information governed by
8 the Health Insurance Portability and Accountability Act of
9 1996 ("HIPAA") and regulations thereunder. The agent
10 serves as the principal's personal representative, as that
11 term is defined under HIPAA and regulations thereunder.

12 (5) The agent is authorized: to direct that an autopsy
13 be made pursuant to Section 2 of "An Act in relation to
14 autopsy of dead bodies", approved August 13, 1965,
15 including all amendments; to make a disposition of any part
16 or all of the principal's body pursuant to the Illinois
17 Anatomical Gift Act, as now or hereafter amended; and to
18 direct the disposition of the principal's remains.

19 (6) At any time during which there is no executor or
20 administrator appointed for the principal's estate, the
21 agent is authorized to continue to pursue an application or
22 appeal for government benefits if those benefits were
23 applied for during the life of the principal.

24 (d) A physician may determine that the principal is unable
25 to make health care decisions for himself or herself only if
26 the principal lacks decisional capacity, as that term is

1 defined in Section 10 of the Health Care Surrogate Act.

2 (e) If the principal names the agent as a guardian on the
3 statutory short form, and if a court decides that the
4 appointment of a guardian will serve the principal's best
5 interests and welfare, the court shall appoint the agent to
6 serve without bond or security.

7 (Source: P.A. 98-1113, eff. 1-1-15; 99-328, eff. 1-1-16.)

8 Section 995. No acceleration or delay. Where this Act makes
9 changes in a statute that is represented in this Act by text
10 that is not yet or no longer in effect (for example, a Section
11 represented by multiple versions), the use of that text does
12 not accelerate or delay the taking effect of (i) the changes
13 made by this Act or (ii) provisions derived from any other
14 Public Act.

15 Section 999. Effective date. This Act takes effect January
16 1, 2018, except that this Section and Section 5 take effect
17 upon becoming law.