



Rep. Sara Feigenholtz

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1 AMENDMENT TO HOUSE BILL 313

2 AMENDMENT NO. _____. Amend House Bill 313 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Regulatory Sunset Act is amended by
5 changing 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 Acts repealed on January 1, 2018.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8 Acts are repealed on January 1, 2018: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.

1 The Pharmacy Practice Act.

2 The Home Medical Equipment and Services Provider License
3 Act.

4 The Marriage and Family Therapy Licensing Act.

5 The Nursing Home Administrators Licensing and Disciplinary
6 Act.

7 The Physician Assistant Practice Act of 1987.

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

13 (5 ILCS 80/4.38 new)

14 Sec. 4.38. Act repealed on January 1, 2028. The following
15 Act is repealed on January 1, 2028:

16 The Nurse Practice Act.

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

19 (5 ILCS 375/6.11A)

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

21 (a) The program of health benefits provided under this Act
22 shall provide coverage for medically necessary physical
23 therapy and occupational therapy when that therapy is ordered

1 for the treatment of autoimmune diseases or referred for the
2 same purpose by (i) a physician licensed under the Medical
3 Practice Act of 1987, (ii) a physician assistant licensed under
4 the Physician Assistant Practice Act of 1987, or (iii) an
5 advanced practice registered nurse licensed under the Nurse
6 Practice Act.

7 (b) For the purpose of this Section, "medically necessary"
8 means any care, treatment, intervention, service, or item that
9 will or is reasonably expected to:

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

12 (ii) reduce or ameliorate the physical, mental, or
13 developmental effects of an illness, condition, injury,
14 disease, or disability; or

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

17 (c) The coverage required under this Section shall be
18 subject to the same deductible, coinsurance, waiting period,
19 cost sharing limitation, treatment limitation, calendar year
20 maximum, or other limitations as provided for other physical or
21 rehabilitative or occupational therapy benefits covered by the
22 policy.

23 (d) Upon request of the reimbursing insurer, the provider
24 of the physical therapy or occupational therapy shall furnish
25 medical records, clinical notes, or other necessary data that
26 substantiate that initial or continued treatment is medically

1 necessary. When treatment is anticipated to require continued
2 services to achieve demonstrable progress, the insurer may
3 request a treatment plan consisting of the diagnosis, proposed
4 treatment by type, proposed frequency of treatment,
5 anticipated duration of treatment, anticipated outcomes stated
6 as goals, and proposed frequency of updating the treatment
7 plan.

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

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

21 (10 ILCS 5/19-12.1) (from Ch. 46, par. 19-12.1)

22 Sec. 19-12.1. Any qualified elector who has secured an
23 Illinois Person with a Disability Identification Card in
24 accordance with the Illinois Identification Card Act,

1 indicating that the person named thereon has a Class 1A or
2 Class 2 disability or any qualified voter who has a permanent
3 physical incapacity of such a nature as to make it improbable
4 that he will be able to be present at the polls at any future
5 election, or any voter who is a resident of (i) a federally
6 operated veterans' home, hospital, or facility located in
7 Illinois or (ii) a facility licensed or certified pursuant to
8 the Nursing Home Care Act, the Specialized Mental Health
9 Rehabilitation Act of 2013, the ID/DD Community Care Act, or
10 the MC/DD Act and has a condition or disability of such a
11 nature as to make it improbable that he will be able to be
12 present at the polls at any future election, may secure a
13 voter's identification card for persons with disabilities or a
14 nursing home resident's identification card, which will enable
15 him to vote under this Article as a physically incapacitated or
16 nursing home voter. For the purposes of this Section,
17 "federally operated veterans' home, hospital, or facility"
18 means the long-term care facilities at the Jesse Brown VA
19 Medical Center, Illiana Health Care System, Edward Hines, Jr.
20 VA Hospital, Marion VA Medical Center, and Captain James A.
21 Lovell Federal Health Care Center.

22 Application for a voter's identification card for persons
23 with disabilities or a nursing home resident's identification
24 card shall be made either: (a) in writing, with voter's sworn
25 affidavit, to the county clerk or board of election
26 commissioners, as the case may be, and shall be accompanied by

1 the affidavit of the attending physician, advanced practice
2 registered nurse, or a physician assistant specifically
3 describing the nature of the physical incapacity or the fact
4 that the voter is a nursing home resident and is physically
5 unable to be present at the polls on election days; or (b) by
6 presenting, in writing or otherwise, to the county clerk or
7 board of election commissioners, as the case may be, proof that
8 the applicant has secured an Illinois Person with a Disability
9 Identification Card indicating that the person named thereon
10 has a Class 1A or Class 2 disability. Upon the receipt of
11 either the sworn-to application and the physician's, advanced
12 practice registered nurse's, or a physician assistant's
13 affidavit or proof that the applicant has secured an Illinois
14 Person with a Disability Identification Card indicating that
15 the person named thereon has a Class 1A or Class 2 disability,
16 the county clerk or board of election commissioners shall issue
17 a voter's identification card for persons with disabilities or
18 a nursing home resident's identification card. Such
19 identification cards shall be issued for a period of 5 years,
20 upon the expiration of which time the voter may secure a new
21 card by making application in the same manner as is prescribed
22 for the issuance of an original card, accompanied by a new
23 affidavit of the attending physician, advanced practice
24 registered nurse, or a physician assistant. The date of
25 expiration of such five-year period shall be made known to any
26 interested person by the election authority upon the request of

1 such person. Applications for the renewal of the identification
2 cards shall be mailed to the voters holding such cards not less
3 than 3 months prior to the date of expiration of the cards.

4 Each voter's identification card for persons with
5 disabilities or nursing home resident's identification card
6 shall bear an identification number, which shall be clearly
7 noted on the voter's original and duplicate registration record
8 cards. In the event the holder becomes physically capable of
9 resuming normal voting, he must surrender his voter's
10 identification card for persons with disabilities or nursing
11 home resident's identification card to the county clerk or
12 board of election commissioners before the next election.

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

1 the ballot shall be the same as that provided in this Article
2 for other vote by mail ballots, except that a statement to be
3 subscribed to by the voter but which need not be sworn to shall
4 be placed on the ballot envelope in lieu of the affidavit
5 prescribed by Section 19-5.

6 Any person who knowingly subscribes to a false statement in
7 connection with voting under this Section shall be guilty of a
8 Class A misdemeanor.

9 For the purposes of this Section, "nursing home resident"
10 includes a resident of (i) a federally operated veterans' home,
11 hospital, or facility located in Illinois or (ii) a facility
12 licensed under the ID/DD Community Care Act, the MC/DD Act, or
13 the Specialized Mental Health Rehabilitation Act of 2013. For
14 the purposes of this Section, "federally operated veterans'
15 home, hospital, or facility" means the long-term care
16 facilities at the Jesse Brown VA Medical Center, Illiana Health
17 Care System, Edward Hines, Jr. VA Hospital, Marion VA Medical
18 Center, and Captain James A. Lovell Federal Health Care Center.
19 (Source: P.A. 98-104, eff. 7-22-13; 98-1171, eff. 6-1-15;
20 99-143, eff. 7-27-15; 99-180, eff. 7-29-15; 99-581, eff.
21 1-1-17; 99-642, eff. 6-28-16.)

22 (10 ILCS 5/19-13) (from Ch. 46, par. 19-13)

23 Sec. 19-13. Any qualified voter who has been admitted to a
24 hospital, nursing home, or rehabilitation center due to an
25 illness or physical injury not more than 14 days before an

1 election shall be entitled to personal delivery of a vote by
2 mail ballot in the hospital, nursing home, or rehabilitation
3 center subject to the following conditions:

4 (1) The voter completes the Application for Physically
5 Incapacitated Elector as provided in Section 19-3, stating as
6 reasons therein that he is a patient in (name
7 of hospital/home/center), located at,
8 (address of hospital/home/center),
9 (county, city/village), was admitted for
10 (nature of illness or physical injury), on
11 (date of admission), and does not expect to be
12 released from the hospital/home/center on or before the day of
13 election or, if released, is expected to be homebound on the
14 day of the election and unable to travel to the polling place.

15 (2) The voter's physician, advanced practice registered
16 nurse, or physician assistant completes a Certificate of
17 Attending Health Care Professional in a form substantially as
18 follows:

19 CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL

20 I state that I am a physician, advanced practice registered
21 nurse, or physician assistant, duly licensed to practice in the
22 State of; that is a patient in
23 (name of hospital/home/center), located at
24 (address of hospital/home/center), (county,
25 city/village); that such individual was admitted for
26 (nature of illness or physical injury), on

1 (date of admission); and that I have examined such
 2 individual in the State in which I am licensed to practice and
 3 do not expect such individual to be released from the
 4 hospital/home/center on or before the day of election or, if
 5 released, to be able to travel to the polling place on election
 6 day.

7 Under penalties as provided by law pursuant to Section
 8 29-10 of The Election Code, the undersigned certifies that the
 9 statements set forth in this certification are true and
 10 correct.

11 (Signature)

12 (Date licensed)

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

1 the election authority and deliver such ballot to him in the
2 hospital, home, or center.

3 Upon receipt of the admitted voter's application,
4 physician's, advanced practice registered nurse's, or a
5 physician assistant's certificate, and the affidavit of the
6 precinct voter or the relative, the election authority shall
7 examine the registration records to determine if the applicant
8 is qualified to vote and, if found to be qualified, shall
9 provide the precinct voter or the relative the vote by mail
10 ballot for delivery to the applicant.

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

20 Upon receipt of the admitted voter's vote by mail ballot,
21 the ballot shall be counted in the manner prescribed in this
22 Article.

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

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

1 (15 ILCS 335/4) (from Ch. 124, par. 24)

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

3 Sec. 4. Identification card.

4 (a) The Secretary of State shall issue a standard Illinois
5 Identification Card to any natural person who is a resident of
6 the State of Illinois who applies for such card, or renewal
7 thereof, or who applies for a standard Illinois Identification
8 Card upon release as a committed person on parole, mandatory
9 supervised release, aftercare release, final discharge, or
10 pardon from the Department of Corrections or Department of
11 Juvenile Justice by submitting an identification card issued by
12 the Department of Corrections or Department of Juvenile Justice
13 under Section 3-14-1 or Section 3-2.5-70 of the Unified Code of
14 Corrections, together with the prescribed fees. No
15 identification card shall be issued to any person who holds a
16 valid foreign state identification card, license, or permit
17 unless the person first surrenders to the Secretary of State
18 the valid foreign state identification card, license, or
19 permit. The card shall be prepared and supplied by the
20 Secretary of State and shall include a photograph and signature
21 or mark of the applicant. However, the Secretary of State may
22 provide by rule for the issuance of Illinois Identification
23 Cards without photographs if the applicant has a bona fide
24 religious objection to being photographed or to the display of
25 his or her photograph. The Illinois Identification Card may be

1 used for identification purposes in any lawful situation only
2 by the person to whom it was issued. As used in this Act,
3 "photograph" means any color photograph or digitally produced
4 and captured image of an applicant for an identification card.
5 As used in this Act, "signature" means the name of a person as
6 written by that person and captured in a manner acceptable to
7 the Secretary of State.

8 (a-5) If an applicant for an identification card has a
9 current driver's license or instruction permit issued by the
10 Secretary of State, the Secretary may require the applicant to
11 utilize the same residence address and name on the
12 identification card, driver's license, and instruction permit
13 records maintained by the Secretary. The Secretary may
14 promulgate rules to implement this provision.

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

26 (a-15) The Secretary of State may provide for an expedited

1 process for the issuance of an Illinois Identification Card.
2 The Secretary shall charge an additional fee for the expedited
3 issuance of an Illinois Identification Card, to be set by rule,
4 not to exceed \$75. All fees collected by the Secretary for
5 expedited Illinois Identification Card service shall be
6 deposited into the Secretary of State Special Services Fund.
7 The Secretary may adopt rules regarding the eligibility,
8 process, and fee for an expedited Illinois Identification Card.
9 If the Secretary of State determines that the volume of
10 expedited identification card requests received on a given day
11 exceeds the ability of the Secretary to process those requests
12 in an expedited manner, the Secretary may decline to provide
13 expedited services, and the additional fee for the expedited
14 service shall be refunded to the applicant.

15 (b) The Secretary of State shall issue a special Illinois
16 Identification Card, which shall be known as an Illinois Person
17 with a Disability Identification Card, to any natural person
18 who is a resident of the State of Illinois, who is a person
19 with a disability as defined in Section 4A of this Act, who
20 applies for such card, or renewal thereof. No Illinois Person
21 with a Disability Identification Card shall be issued to any
22 person who holds a valid foreign state identification card,
23 license, or permit unless the person first surrenders to the
24 Secretary of State the valid foreign state identification card,
25 license, or permit. The Secretary of State shall charge no fee
26 to issue such card. The card shall be prepared and supplied by

1 the Secretary of State, and shall include a photograph and
2 signature or mark of the applicant, a designation indicating
3 that the card is an Illinois Person with a Disability
4 Identification Card, and shall include a comprehensible
5 designation of the type and classification of the applicant's
6 disability as set out in Section 4A of this Act. However, the
7 Secretary of State may provide by rule for the issuance of
8 Illinois Person with a Disability Identification Cards without
9 photographs if the applicant has a bona fide religious
10 objection to being photographed or to the display of his or her
11 photograph. If the applicant so requests, the card shall
12 include a description of the applicant's disability and any
13 information about the applicant's disability or medical
14 history which the Secretary determines would be helpful to the
15 applicant in securing emergency medical care. If a mark is used
16 in lieu of a signature, such mark shall be affixed to the card
17 in the presence of two witnesses who attest to the authenticity
18 of the mark. The Illinois Person with a Disability
19 Identification Card may be used for identification purposes in
20 any lawful situation by the person to whom it was issued.

21 The Illinois Person with a Disability Identification Card
22 may be used as adequate documentation of disability in lieu of
23 a physician's determination of disability, a determination of
24 disability from a physician assistant, a determination of
25 disability from an advanced practice registered nurse, or any
26 other documentation of disability whenever any State law

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

16 An optometrist's determination of a visual disability
17 under Section 4A of this Act is acceptable as documentation for
18 the purpose of issuing an Illinois Person with a Disability
19 Identification Card.

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

24 (c) The Secretary of State shall provide that each original
25 or renewal Illinois Identification Card or Illinois Person with
26 a Disability Identification Card issued to a person under the

1 age of 21 shall be of a distinct nature from those Illinois
2 Identification Cards or Illinois Person with a Disability
3 Identification Cards issued to individuals 21 years of age or
4 older. The color designated for Illinois Identification Cards
5 or Illinois Person with a Disability Identification Cards for
6 persons under the age of 21 shall be at the discretion of the
7 Secretary of State.

8 (c-1) Each original or renewal Illinois Identification
9 Card or Illinois Person with a Disability Identification Card
10 issued to a person under the age of 21 shall display the date
11 upon which the person becomes 18 years of age and the date upon
12 which the person becomes 21 years of age.

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

1 unrelated to the purpose of the identification card.

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

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

19 (e) The Secretary of State, in his or her discretion, may
20 designate on each Illinois Identification Card or Illinois
21 Person with a Disability Identification Card a space where the
22 card holder may place a sticker or decal, issued by the
23 Secretary of State, of uniform size as the Secretary may
24 specify, that shall indicate in appropriate language that the
25 card holder has renewed his or her Illinois Identification Card
26 or Illinois Person with a Disability Identification Card.

1 (Source: P.A. 98-323, eff. 1-1-14; 98-463, eff. 8-16-13;
2 98-558, eff. 1-1-14; 98-756, eff. 7-16-14; 99-143, eff.
3 7-27-15; 99-173, eff. 7-29-15; 99-305, eff. 1-1-16; 99-642,
4 eff. 7-28-16.)

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

6 Sec. 4. Identification Card.

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

1 written by that person and captured in a manner acceptable to
2 the Secretary of State.

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

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

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

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

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

25 (a-25) The Secretary of State shall issue a limited-term
26 Illinois Identification Card valid for 90 days to a committed

1 person upon release on parole, mandatory supervised release,
2 aftercare release, final discharge, or pardon from the
3 Department of Corrections or Department of Juvenile Justice, if
4 the released person is unable to present a certified copy of
5 his or her birth certificate and social security card or other
6 documents authorized by the Secretary, but does present a
7 Secretary of State prescribed verification form completed by
8 the Department of Corrections or Department of Juvenile
9 Justice, verifying the released person's date of birth and
10 social security number and 2 documents proving his or her
11 Illinois residence address. The verification form must have
12 been completed no more than 30 days prior to the date of
13 application for the Illinois Identification Card. Documents
14 proving residence address shall include any official document
15 of the Department of Corrections or the Department of Juvenile
16 Justice showing the person's address after release and a
17 Secretary of State prescribed certificate of residency, which
18 may be executed by Department of Corrections or Department of
19 Juvenile Justice personnel.

20 Prior to the expiration of the 90-day period of the
21 limited-term Illinois Identification Card, if the released
22 person submits to the Secretary of State a certified copy of
23 his or her birth certificate and his or her social security
24 card or other documents authorized by the Secretary, a standard
25 Illinois Identification Card shall be issued. A limited-term
26 Illinois Identification Card may not be renewed.

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

1 applicant in securing emergency medical care. If a mark is used
2 in lieu of a signature, such mark shall be affixed to the card
3 in the presence of two witnesses who attest to the authenticity
4 of the mark. The Illinois Person with a Disability
5 Identification Card may be used for identification purposes in
6 any lawful situation by the person to whom it was issued.

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

1 so used.

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

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

10 (c) The Secretary of State shall provide that each original
11 or renewal Illinois Identification Card or Illinois Person with
12 a Disability Identification Card issued to a person under the
13 age of 21 shall be of a distinct nature from those Illinois
14 Identification Cards or Illinois Person with a Disability
15 Identification Cards issued to individuals 21 years of age or
16 older. The color designated for Illinois Identification Cards
17 or Illinois Person with a Disability Identification Cards for
18 persons under the age of 21 shall be at the discretion of the
19 Secretary of State.

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

25 (c-3) The General Assembly recognizes the need to identify
26 military veterans living in this State for the purpose of

1 ensuring that they receive all of the services and benefits to
2 which they are legally entitled, including healthcare,
3 education assistance, and job placement. To assist the State in
4 identifying these veterans and delivering these vital services
5 and benefits, the Secretary of State is authorized to issue
6 Illinois Identification Cards and Illinois Person with a
7 Disability Identification Cards with the word "veteran"
8 appearing on the face of the cards. This authorization is
9 predicated on the unique status of veterans. The Secretary may
10 not issue any other identification card which identifies an
11 occupation, status, affiliation, hobby, or other unique
12 characteristics of the identification card holder which is
13 unrelated to the purpose of the identification card.

14 (c-5) Beginning on or before July 1, 2015, the Secretary of
15 State shall designate a space on each original or renewal
16 identification card where, at the request of the applicant, the
17 word "veteran" shall be placed. The veteran designation shall
18 be available to a person identified as a veteran under
19 subsection (b) of Section 5 of this Act who was discharged or
20 separated under honorable conditions.

21 (d) The Secretary of State may issue a Senior Citizen
22 discount card, to any natural person who is a resident of the
23 State of Illinois who is 60 years of age or older and who
24 applies for such a card or renewal thereof. The Secretary of
25 State shall charge no fee to issue such card. The card shall be
26 issued in every county and applications shall be made available

1 at, but not limited to, nutrition sites, senior citizen centers
2 and Area Agencies on Aging. The applicant, upon receipt of such
3 card and prior to its use for any purpose, shall have affixed
4 thereon in the space provided therefor his signature or mark.

5 (e) The Secretary of State, in his or her discretion, may
6 designate on each Illinois Identification Card or Illinois
7 Person with a Disability Identification Card a space where the
8 card holder may place a sticker or decal, issued by the
9 Secretary of State, of uniform size as the Secretary may
10 specify, that shall indicate in appropriate language that the
11 card holder has renewed his or her Illinois Identification Card
12 or Illinois Person with a Disability Identification Card.

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

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

19 (20 ILCS 301/5-23)

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

21 (a) Reports of drug overdose.

22 (1) The Director of the Division of Alcoholism and
23 Substance Abuse shall publish annually a report on drug
24 overdose trends statewide that reviews State death rates

1 from available data to ascertain changes in the causes or
2 rates of fatal and nonfatal drug overdose. The report shall
3 also provide information on interventions that would be
4 effective in reducing the rate of fatal or nonfatal drug
5 overdose and shall include an analysis of drug overdose
6 information reported to the Department of Public Health
7 pursuant to subsection (e) of Section 3-3013 of the
8 Counties Code, Section 6.14g of the Hospital Licensing Act,
9 and subsection (j) of Section 22-30 of the School Code.

10 (2) The report may include:

11 (A) Trends in drug overdose death rates.

12 (B) Trends in emergency room utilization related
13 to drug overdose and the cost impact of emergency room
14 utilization.

15 (C) Trends in utilization of pre-hospital and
16 emergency services and the cost impact of emergency
17 services utilization.

18 (D) Suggested improvements in data collection.

19 (E) A description of other interventions effective
20 in reducing the rate of fatal or nonfatal drug
21 overdose.

22 (F) A description of efforts undertaken to educate
23 the public about unused medication and about how to
24 properly dispose of unused medication, including the
25 number of registered collection receptacles in this
26 State, mail-back programs, and drug take-back events.

1 (b) Programs; drug overdose prevention.

2 (1) The Director may establish a program to provide for
3 the production and publication, in electronic and other
4 formats, of drug overdose prevention, recognition, and
5 response literature. The Director may develop and
6 disseminate curricula for use by professionals,
7 organizations, individuals, or committees interested in
8 the prevention of fatal and nonfatal drug overdose,
9 including, but not limited to, drug users, jail and prison
10 personnel, jail and prison inmates, drug treatment
11 professionals, emergency medical personnel, hospital
12 staff, families and associates of drug users, peace
13 officers, firefighters, public safety officers, needle
14 exchange program staff, and other persons. In addition to
15 information regarding drug overdose prevention,
16 recognition, and response, literature produced by the
17 Department shall stress that drug use remains illegal and
18 highly dangerous and that complete abstinence from illegal
19 drug use is the healthiest choice. The literature shall
20 provide information and resources for substance abuse
21 treatment.

22 The Director may establish or authorize programs for
23 prescribing, dispensing, or distributing opioid
24 antagonists for the treatment of drug overdose. Such
25 programs may include the prescribing of opioid antagonists
26 for the treatment of drug overdose to a person who is not

1 at risk of opioid overdose but who, in the judgment of the
2 health care professional, may be in a position to assist
3 another individual during an opioid-related drug overdose
4 and who has received basic instruction on how to administer
5 an opioid antagonist.

6 (2) The Director may provide advice to State and local
7 officials on the growing drug overdose crisis, including
8 the prevalence of drug overdose incidents, programs
9 promoting the disposal of unused prescription drugs,
10 trends in drug overdose incidents, and solutions to the
11 drug overdose crisis.

12 (c) Grants.

13 (1) The Director may award grants, in accordance with
14 this subsection, to create or support local drug overdose
15 prevention, recognition, and response projects. Local
16 health departments, correctional institutions, hospitals,
17 universities, community-based organizations, and
18 faith-based organizations may apply to the Department for a
19 grant under this subsection at the time and in the manner
20 the Director prescribes.

21 (2) In awarding grants, the Director shall consider the
22 necessity for overdose prevention projects in various
23 settings and shall encourage all grant applicants to
24 develop interventions that will be effective and viable in
25 their local areas.

26 (3) The Director shall give preference for grants to

1 proposals that, in addition to providing life-saving
2 interventions and responses, provide information to drug
3 users on how to access drug treatment or other strategies
4 for abstaining from illegal drugs. The Director shall give
5 preference to proposals that include one or more of the
6 following elements:

7 (A) Policies and projects to encourage persons,
8 including drug users, to call 911 when they witness a
9 potentially fatal drug overdose.

10 (B) Drug overdose prevention, recognition, and
11 response education projects in drug treatment centers,
12 outreach programs, and other organizations that work
13 with, or have access to, drug users and their families
14 and communities.

15 (C) Drug overdose recognition and response
16 training, including rescue breathing, in drug
17 treatment centers and for other organizations that
18 work with, or have access to, drug users and their
19 families and communities.

20 (D) The production and distribution of targeted or
21 mass media materials on drug overdose prevention and
22 response, the potential dangers of keeping unused
23 prescription drugs in the home, and methods to properly
24 dispose of unused prescription drugs.

25 (E) Prescription and distribution of opioid
26 antagonists.

1 (F) The institution of education and training
2 projects on drug overdose response and treatment for
3 emergency services and law enforcement personnel.

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

6 (4) In addition to moneys appropriated by the General
7 Assembly, the Director may seek grants from private
8 foundations, the federal government, and other sources to
9 fund the grants under this Section and to fund an
10 evaluation of the programs supported by the grants.

11 (d) Health care professional prescription of opioid
12 antagonists.

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

1 or any other professional licensing statute or (ii) any
2 criminal liability, except for willful and wanton
3 misconduct.

4 (2) A person who is not otherwise licensed to
5 administer an opioid antagonist may in an emergency
6 administer without fee an opioid antagonist if the person
7 has received the patient information specified in
8 paragraph (4) of this subsection and believes in good faith
9 that another person is experiencing a drug overdose. The
10 person shall not, as a result of his or her acts or
11 omissions, be (i) liable for any violation of the Medical
12 Practice Act of 1987, the Physician Assistant Practice Act
13 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,
14 or any other professional licensing statute, or (ii)
15 subject to any criminal prosecution or civil liability,
16 except for willful and wanton misconduct.

17 (3) A health care professional prescribing an opioid
18 antagonist to a patient shall ensure that the patient
19 receives the patient information specified in paragraph
20 (4) of this subsection. Patient information may be provided
21 by the health care professional or a community-based
22 organization, substance abuse program, or other
23 organization with which the health care professional
24 establishes a written agreement that includes a
25 description of how the organization will provide patient
26 information, how employees or volunteers providing

1 information will be trained, and standards for documenting
2 the provision of patient information to patients.
3 Provision of patient information shall be documented in the
4 patient's medical record or through similar means as
5 determined by agreement between the health care
6 professional and the organization. The Director of the
7 Division of Alcoholism and Substance Abuse, in
8 consultation with statewide organizations representing
9 physicians, pharmacists, advanced practice registered
10 nurses, physician assistants, substance abuse programs,
11 and other interested groups, shall develop and disseminate
12 to health care professionals, community-based
13 organizations, substance abuse programs, and other
14 organizations training materials in video, electronic, or
15 other formats to facilitate the provision of such patient
16 information.

17 (4) For the purposes of this subsection:

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

23 "Health care professional" means a physician licensed
24 to practice medicine in all its branches, a licensed
25 physician assistant with prescriptive authority, a
26 licensed advanced practice registered nurse with

1 prescriptive authority, an advanced practice registered
2 nurse or physician assistant who practices in a hospital,
3 hospital affiliate, or ambulatory surgical treatment
4 center and possesses appropriate clinical privileges in
5 accordance with the Nurse Practice Act, or a pharmacist
6 licensed to practice pharmacy under the Pharmacy Practice
7 Act.

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

16 "Patient information" includes information provided to
17 the patient on drug overdose prevention and recognition;
18 how to perform rescue breathing and resuscitation; opioid
19 antagonist dosage and administration; the importance of
20 calling 911; care for the overdose victim after
21 administration of the overdose antagonist; and other
22 issues as necessary.

23 (e) Drug overdose response policy.

24 (1) Every State and local government agency that
25 employs a law enforcement officer or fireman as those terms
26 are defined in the Line of Duty Compensation Act must

1 possess opioid antagonists and must establish a policy to
2 control the acquisition, storage, transportation, and
3 administration of such opioid antagonists and to provide
4 training in the administration of opioid antagonists. A
5 State or local government agency that employs a fireman as
6 defined in the Line of Duty Compensation Act but does not
7 respond to emergency medical calls or provide medical
8 services shall be exempt from this subsection.

9 (2) Every publicly or privately owned ambulance,
10 special emergency medical services vehicle, non-transport
11 vehicle, or ambulance assist vehicle, as described in the
12 Emergency Medical Services (EMS) Systems Act, which
13 responds to requests for emergency services or transports
14 patients between hospitals in emergency situations must
15 possess opioid antagonists.

16 (3) Entities that are required under paragraphs (1) and
17 (2) to possess opioid antagonists may also apply to the
18 Department for a grant to fund the acquisition of opioid
19 antagonists and training programs on the administration of
20 opioid antagonists.

21 (Source: P.A. 99-173, eff. 7-29-15; 99-480, eff. 9-9-15;
22 99-581, eff. 1-1-17; 99-642, eff. 7-28-16; revised 9-19-16.)

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

1 (20 ILCS 405/405-105) (was 20 ILCS 405/64.1)

2 Sec. 405-105. Fidelity, surety, property, and casualty
3 insurance. The Department shall establish and implement a
4 program to coordinate the handling of all fidelity, surety,
5 property, and casualty insurance exposures of the State and the
6 departments, divisions, agencies, branches, and universities
7 of the State. In performing this responsibility, the Department
8 shall have the power and duty to do the following:

9 (1) Develop and maintain loss and exposure data on all
10 State property.

11 (2) Study the feasibility of establishing a
12 self-insurance plan for State property and prepare
13 estimates of the costs of reinsurance for risks beyond the
14 realistic limits of the self-insurance.

15 (3) Prepare a plan for centralizing the purchase of
16 property and casualty insurance on State property under a
17 master policy or policies and purchase the insurance
18 contracted for as provided in the Illinois Purchasing Act.

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

24 (5) Investigate procedures for inclusion of school
25 districts, public community college districts, and other

1 units of local government in programs for the centralized
2 purchase of insurance.

3 (6) Implement recommendations of the State Property
4 Insurance Study Commission that the Department finds
5 necessary or desirable in the performance of its powers and
6 duties under this Section to achieve efficient and
7 comprehensive risk management.

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

1 (11).

2 The term "employee" as used in this subdivision (7) and
3 in subdivision (11) means a person while in the employ of
4 the State who is a member of the staff or personnel of a
5 State agency, bureau, board, commission, committee,
6 department, university, or college or who is a State
7 officer, elected official, commissioner, member of or ex
8 officio member of a State agency, bureau, board,
9 commission, committee, department, university, or college,
10 or a member of the National Guard while on active duty
11 pursuant to orders of the Governor of the State of
12 Illinois, or any other person while using a licensed motor
13 vehicle owned, leased, or controlled by the State of
14 Illinois with the authorization of the State of Illinois,
15 provided the actual use of the motor vehicle is within the
16 scope of that authorization and within the course of State
17 service.

18 Subsequent to payment of a claim on behalf of an
19 employee pursuant to this Section and after reasonable
20 advance written notice to the employee, the Director may
21 exclude the employee from future coverage or limit the
22 coverage under the plan if (i) the Director determines that
23 the claim resulted from an incident in which the employee
24 was grossly negligent or had engaged in willful and wanton
25 misconduct or (ii) the Director determines that the
26 employee is no longer an acceptable risk based on a review

1 of prior accidents in which the employee was at fault and
2 for which payments were made pursuant to this Section.

3 The Director is authorized to promulgate
4 administrative rules that may be necessary to establish and
5 administer the plan.

6 Appropriations from the Road Fund shall be used to pay
7 auto liability claims and related expenses involving
8 employees of the Department of Transportation, the
9 Illinois State Police, and the Secretary of State.

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

13 (9) Establish, through the Director, charges for risk
14 management services rendered to State agencies by the
15 Department. The State agencies so charged shall reimburse
16 the Department by vouchers drawn against their respective
17 appropriations. The reimbursement shall be determined by
18 the Director as amounts sufficient to reimburse the
19 Department for expenditures incurred in rendering the
20 service.

21 The Department shall charge the employing State agency
22 or university for workers' compensation payments for
23 temporary total disability paid to any employee after the
24 employee has received temporary total disability payments
25 for 120 days if the employee's treating physician, advanced
26 practice registered nurse, or physician assistant has

1 issued a release to return to work with restrictions and
2 the employee is able to perform modified duty work but the
3 employing State agency or university does not return the
4 employee to work at modified duty. Modified duty shall be
5 duties assigned that may or may not be delineated as part
6 of the duties regularly performed by the employee. Modified
7 duties shall be assigned within the prescribed
8 restrictions established by the treating physician and the
9 physician who performed the independent medical
10 examination. The amount of all reimbursements shall be
11 deposited into the Workers' Compensation Revolving Fund
12 which is hereby created as a revolving fund in the State
13 treasury. In addition to any other purpose authorized by
14 law, moneys in the Fund shall be used, subject to
15 appropriation, to pay these or other temporary total
16 disability claims of employees of State agencies and
17 universities.

18 Beginning with fiscal year 1996, all amounts recovered
19 by the Department through subrogation in workers'
20 compensation and workers' occupational disease cases shall
21 be deposited into the Workers' Compensation Revolving Fund
22 created under this subdivision (9).

23 (10) Establish rules, procedures, and forms to be used
24 by State agencies in the administration and payment of
25 workers' compensation claims. For claims filed prior to
26 July 1, 2013, the Department shall initially evaluate and

1 determine the compensability of any injury that is the
2 subject of a workers' compensation claim and provide for
3 the administration and payment of such a claim for all
4 State agencies. For claims filed on or after July 1, 2013,
5 the Department shall retain responsibility for certain
6 administrative payments including, but not limited to,
7 payments to the private vendor contracted to perform
8 services under subdivision (10b) of this Section, payments
9 related to travel expenses for employees of the Office of
10 the Attorney General, and payments to internal Department
11 staff responsible for the oversight and management of any
12 contract awarded pursuant to subdivision (10b) of this
13 Section. Through December 31, 2012, the Director may
14 delegate to any agency with the agreement of the agency
15 head the responsibility for evaluation, administration,
16 and payment of that agency's claims. Neither the Department
17 nor the private vendor contracted to perform services under
18 subdivision (10b) of this Section shall be responsible for
19 providing workers' compensation services to the Illinois
20 State Toll Highway Authority or to State universities that
21 maintain self-funded workers' compensation liability
22 programs.

23 (10a) By April 1 of each year prior to calendar year
24 2013, the Director must report and provide information to
25 the State Workers' Compensation Program Advisory Board
26 concerning the status of the State workers' compensation

1 program for the next fiscal year. Information that the
2 Director must provide to the State Workers' Compensation
3 Program Advisory Board includes, but is not limited to,
4 documents, reports of negotiations, bid invitations,
5 requests for proposals, specifications, copies of proposed
6 and final contracts or agreements, and any other materials
7 concerning contracts or agreements for the program. By the
8 first of each month prior to calendar year 2013, the
9 Director must provide updated, and any new, information to
10 the State Workers' Compensation Program Advisory Board
11 until the State workers' compensation program for the next
12 fiscal year is determined.

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

1 designated as the agency that enters into the contract and
2 shall be responsible for the contract. If the chief
3 procurement officer procures multiple contracts applicable
4 to one or more State agencies, each agency to which the
5 contract applies shall be designated as the agency that
6 shall enter into the contract and shall be responsible for
7 the contract. If the chief procurement officer procures
8 contracts applicable to an individual State agency, the
9 agency subject to the contract shall be designated as the
10 agency responsible for the contract.

11 (10c) The procurement of private vendors for the
12 administration of the workers' compensation program for
13 State employees is subject to the provisions of the
14 Illinois Procurement Code and administration by the chief
15 procurement officer.

16 (10d) Contracts for the procurement of private vendors
17 for the administration of the workers' compensation
18 program for State employees shall be based upon, but
19 limited to, the following criteria: (i) administrative
20 cost, (ii) service capabilities of the vendor, and (iii)
21 the compensation (including premiums, fees, or other
22 charges). A vendor for the administration of the workers'
23 compensation program for State employees shall provide
24 services, including, but not limited to:

25 (A) providing a web-based case management system
26 and provide access to the Office of the Attorney

1 General;

2 (B) ensuring claims adjusters are available to
3 provide testimony or information as requested by the
4 Office of the Attorney General;

5 (C) establishing a preferred provider program for
6 all State agencies and facilities; and

7 (D) authorizing the payment of medical bills at the
8 preferred provider discount rate.

9 (10e) By September 15, 2012, the Department of Central
10 Management Services shall prepare a plan to effectuate the
11 transfer of responsibility and administration of the
12 workers' compensation program for State employees to the
13 selected private vendors. The Department shall submit a
14 copy of the plan to the General Assembly.

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

1 of action against the State and the employee for acts
2 within the scope of the employee's employment giving rise
3 to the claim.

4 Whenever and to the extent that a State employee
5 operates a motor vehicle or engages in other activity
6 covered by self-insurance under this Section, the State of
7 Illinois shall defend, indemnify, and hold harmless the
8 employee against any claim in tort filed against the
9 employee for acts or omissions within the scope of the
10 employee's employment in any proper judicial forum and not
11 settled pursuant to this subdivision (11), provided that
12 this obligation of the State of Illinois shall not exceed a
13 maximum liability of \$2,000,000 for any single occurrence
14 in connection with the operation of a motor vehicle or
15 \$100,000 per person per occurrence for any other single
16 occurrence, or \$500,000 for any single occurrence in
17 connection with the provision of medical care by a licensed
18 physician, advanced practice registered nurse, or
19 physician assistant employee.

20 Any claims against the State of Illinois under a
21 self-insurance plan that are not settled pursuant to this
22 subdivision (11) shall be heard and determined by the Court
23 of Claims and may not be filed or adjudicated in any other
24 forum. The Attorney General of the State of Illinois or the
25 Attorney General's designee shall be the attorney with
26 respect to all public liability self-insurance claims that

1 are not settled pursuant to this subdivision (11) and
2 therefore result in litigation. The payment of any award of
3 the Court of Claims entered against the State relating to
4 any public liability self-insurance claim shall act as a
5 release against any State employee involved in the
6 occurrence.

7 (12) Administer a plan the purpose of which is to make
8 payments on final settlements or final judgments in
9 accordance with the State Employee Indemnification Act.
10 The plan shall be funded through appropriations from the
11 General Revenue Fund specifically designated for that
12 purpose, except that indemnification expenses for
13 employees of the Department of Transportation, the
14 Illinois State Police, and the Secretary of State shall be
15 paid from the Road Fund. The term "employee" as used in
16 this subdivision (12) has the same meaning as under
17 subsection (b) of Section 1 of the State Employee
18 Indemnification Act. Subject to sufficient appropriation,
19 the Director shall approve payment of any claim, without
20 regard to fiscal year limitations, presented to the
21 Director that is supported by a final settlement or final
22 judgment when the Attorney General and the chief officer of
23 the public body against whose employee the claim or cause
24 of action is asserted certify to the Director that the
25 claim is in accordance with the State Employee
26 Indemnification Act and that they approve of the payment.

1 In no event shall an amount in excess of \$150,000 be paid
2 from this plan to or for the benefit of any claimant.

3 (13) Administer a plan the purpose of which is to make
4 payments on final settlements or final judgments for
5 employee wage claims in situations where there was an
6 appropriation relevant to the wage claim, the fiscal year
7 and lapse period have expired, and sufficient funds were
8 available to pay the claim. The plan shall be funded
9 through appropriations from the General Revenue Fund
10 specifically designated for that purpose.

11 Subject to sufficient appropriation, the Director is
12 authorized to pay any wage claim presented to the Director
13 that is supported by a final settlement or final judgment
14 when the chief officer of the State agency employing the
15 claimant certifies to the Director that the claim is a
16 valid wage claim and that the fiscal year and lapse period
17 have expired. Payment for claims that are properly
18 submitted and certified as valid by the Director shall
19 include interest accrued at the rate of 7% per annum from
20 the forty-fifth day after the claims are received by the
21 Department or 45 days from the date on which the amount of
22 payment is agreed upon, whichever is later, until the date
23 the claims are submitted to the Comptroller for payment.
24 When the Attorney General has filed an appearance in any
25 proceeding concerning a wage claim settlement or judgment,
26 the Attorney General shall certify to the Director that the

1 wage claim is valid before any payment is made. In no event
2 shall an amount in excess of \$150,000 be paid from this
3 plan to or for the benefit of any claimant.

4 Nothing in Public Act 84-961 shall be construed to
5 affect in any manner the jurisdiction of the Court of
6 Claims concerning wage claims made against the State of
7 Illinois.

8 (14) Prepare and, in the discretion of the Director,
9 implement a program for self-insurance for official
10 fidelity and surety bonds for officers and employees as
11 authorized by the Official Bond Act.

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

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

15 (20 ILCS 1340/20)

16 Sec. 20. Steering Committee and Networks.

17 (a) To achieve these goals, the Department of Human
18 Services shall convene a Regional Integrated Behavioral Health
19 Networks Steering Committee (hereinafter "Steering Committee")
20 comprised of State agencies involved in the provision,
21 regulation, or financing of health, mental health, substance
22 abuse, rehabilitation, and other services. These include, but
23 shall not be limited to, the following agencies:

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

1 (2) The Department of Human Services and its Divisions
2 of Mental Illness and Alcoholism and Substance Abuse
3 Services.

4 (3) The Department of Public Health, including its
5 Center for Rural Health.

6 The Steering Committee shall include a representative from
7 each Network. The agencies of the Steering Committee are
8 directed to work collaboratively to provide consultation,
9 advice, and leadership to the Networks in facilitating
10 communication within and across multiple agencies and in
11 removing regulatory barriers that may prevent Networks from
12 accomplishing the goals. The Steering Committee collectively
13 or through one of its member Agencies shall also provide
14 technical assistance to the Networks.

15 (b) There also shall be convened Networks in each of the
16 Department of Human Services' regions comprised of
17 representatives of community stakeholders represented in the
18 Network, including when available, but not limited to, relevant
19 trade and professional associations representing hospitals,
20 community providers, public health care, hospice care, long
21 term care, law enforcement, emergency medical service,
22 physicians, advanced practice registered nurses, and physician
23 assistants trained in psychiatry; an organization that
24 advocates on behalf of federally qualified health centers, an
25 organization that advocates on behalf of persons suffering with
26 mental illness and substance abuse disorders, an organization

1 that advocates on behalf of persons with disabilities, an
2 organization that advocates on behalf of persons who live in
3 rural areas, an organization that advocates on behalf of
4 persons who live in medically underserved areas; and others
5 designated by the Steering Committee or the Networks. A member
6 from each Network may choose a representative who may serve on
7 the Steering Committee.

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

9 Section 40. The Mental Health and Developmental
10 Disabilities Administrative Act is amended by changing
11 Sections 5.1, 14, and 15.4 as follows:

12 (20 ILCS 1705/5.1) (from Ch. 91 1/2, par. 100-5.1)

13 Sec. 5.1. The Department shall develop, by rule, the
14 procedures and standards by which it shall approve medications
15 for clinical use in its facilities. A list of those drugs
16 approved pursuant to these procedures shall be distributed to
17 all Department facilities.

18 Drugs not listed by the Department may not be administered
19 in facilities under the jurisdiction of the Department,
20 provided that an unlisted drug may be administered as part of
21 research with the prior written consent of the Secretary
22 specifying the nature of the permitted use and the physicians
23 authorized to prescribe the drug. Drugs, as used in this
24 Section, mean psychotropic and narcotic drugs.

1 No physician, advanced practice registered nurse, or
2 physician assistant in the Department shall sign a prescription
3 in blank, nor permit blank prescription forms to circulate out
4 of his possession or control.

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

6 (20 ILCS 1705/14) (from Ch. 91 1/2, par. 100-14)

7 Sec. 14. Chester Mental Health Center. To maintain and
8 operate a facility for the care, custody, and treatment of
9 persons with mental illness or habilitation of persons with
10 developmental disabilities hereinafter designated, to be known
11 as the Chester Mental Health Center.

12 Within the Chester Mental Health Center there shall be
13 confined the following classes of persons, whose history, in
14 the opinion of the Department, discloses dangerous or violent
15 tendencies and who, upon examination under the direction of the
16 Department, have been found a fit subject for confinement in
17 that facility:

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

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

25 (c) Any male person with mental illness or

1 developmental disabilities or person in need of mental
2 treatment now confined under the supervision of the
3 Department or hereafter admitted to any facility thereof or
4 committed thereto by any court of competent jurisdiction.

5 If and when it shall appear to the facility director of the
6 Chester Mental Health Center that it is necessary to confine
7 persons in order to maintain security or provide for the
8 protection and safety of recipients and staff, the Chester
9 Mental Health Center may confine all persons on a unit to their
10 rooms. This period of confinement shall not exceed 10 hours in
11 a 24 hour period, including the recipient's scheduled hours of
12 sleep, unless approved by the Secretary of the Department.
13 During the period of confinement, the persons confined shall be
14 observed at least every 15 minutes. A record shall be kept of
15 the observations. This confinement shall not be considered
16 seclusion as defined in the Mental Health and Developmental
17 Disabilities Code.

18 The facility director of the Chester Mental Health Center
19 may authorize the temporary use of handcuffs on a recipient for
20 a period not to exceed 10 minutes when necessary in the course
21 of transport of the recipient within the facility to maintain
22 custody or security. Use of handcuffs is subject to the
23 provisions of Section 2-108 of the Mental Health and
24 Developmental Disabilities Code. The facility shall keep a
25 monthly record listing each instance in which handcuffs are
26 used, circumstances indicating the need for use of handcuffs,

1 and time of application of handcuffs and time of release
2 therefrom. The facility director shall allow the Illinois
3 Guardianship and Advocacy Commission, the agency designated by
4 the Governor under Section 1 of the Protection and Advocacy for
5 Persons with Developmental Disabilities Act, and the
6 Department to examine and copy such record upon request.

7 The facility director of the Chester Mental Health Center
8 may authorize the temporary use of transport devices on a civil
9 recipient when necessary in the course of transport of the
10 civil recipient outside the facility to maintain custody or
11 security. The decision whether to use any transport devices
12 shall be reviewed and approved on an individualized basis by a
13 physician, an advanced practice registered nurse, or a
14 physician assistant based upon a determination of the civil
15 recipient's: (1) history of violence, (2) history of violence
16 during transports, (3) history of escapes and escape attempts,
17 (4) history of trauma, (5) history of incidents of restraint or
18 seclusion and use of involuntary medication, (6) current
19 functioning level and medical status, and (7) prior experience
20 during similar transports, and the length, duration, and
21 purpose of the transport. The least restrictive transport
22 device consistent with the individual's need shall be used.
23 Staff transporting the individual shall be trained in the use
24 of the transport devices, recognizing and responding to a
25 person in distress, and shall observe and monitor the
26 individual while being transported. The facility shall keep a

1 monthly record listing all transports, including those
2 transports for which use of transport devices was not sought,
3 those for which use of transport devices was sought but denied,
4 and each instance in which transport devices are used,
5 circumstances indicating the need for use of transport devices,
6 time of application of transport devices, time of release from
7 those devices, and any adverse events. The facility director
8 shall allow the Illinois Guardianship and Advocacy Commission,
9 the agency designated by the Governor under Section 1 of the
10 Protection and Advocacy for Persons with Developmental
11 Disabilities Act, and the Department to examine and copy the
12 record upon request. This use of transport devices shall not be
13 considered restraint as defined in the Mental Health and
14 Developmental Disabilities Code. For the purpose of this
15 Section "transport device" means ankle cuffs, handcuffs, waist
16 chains or wrist-waist devices designed to restrict an
17 individual's range of motion while being transported. These
18 devices must be approved by the Division of Mental Health, used
19 in accordance with the manufacturer's instructions, and used
20 only by qualified staff members who have completed all training
21 required to be eligible to transport patients and all other
22 required training relating to the safe use and application of
23 transport devices, including recognizing and responding to
24 signs of distress in an individual whose movement is being
25 restricted by a transport device.

26 If and when it shall appear to the satisfaction of the

1 Department that any person confined in the Chester Mental
2 Health Center is not or has ceased to be such a source of
3 danger to the public as to require his subjection to the
4 regimen of the center, the Department is hereby authorized to
5 transfer such person to any State facility for treatment of
6 persons with mental illness or habilitation of persons with
7 developmental disabilities, as the nature of the individual
8 case may require.

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

21 The Department may elect to place persons who have been
22 ordered by the court to be detained under the Sexually Violent
23 Persons Commitment Act in a distinct portion of the Chester
24 Mental Health Center. The persons so placed shall be separated
25 and shall not comingle with the recipients of the Chester
26 Mental Health Center. The portion of Chester Mental Health

1 Center that is used for the persons detained under the Sexually
2 Violent Persons Commitment Act shall not be a part of the
3 mental health facility for the enforcement and implementation
4 of the Mental Health and Developmental Disabilities Code nor
5 shall their care and treatment be subject to the provisions of
6 the Mental Health and Developmental Disabilities Code. The
7 changes added to this Section by this amendatory Act of the
8 98th General Assembly are inoperative on and after June 30,
9 2015.

10 (Source: P.A. 98-79, eff. 7-15-13; 98-356, eff. 8-16-13;
11 98-756, eff. 7-16-14; 99-143, eff. 7-27-15; 99-581, eff.
12 1-1-17.)

13 (20 ILCS 1705/15.4)

14 Sec. 15.4. Authorization for nursing delegation to permit
15 direct care staff to administer medications.

16 (a) This Section applies to (i) all programs for persons
17 with a developmental disability in settings of 16 persons or
18 fewer that are funded or licensed by the Department of Human
19 Services and that distribute or administer medications and (ii)
20 all intermediate care facilities for persons with
21 developmental disabilities with 16 beds or fewer that are
22 licensed by the Department of Public Health. The Department of
23 Human Services shall develop a training program for authorized
24 direct care staff to administer medications under the
25 supervision and monitoring of a registered professional nurse.

1 This training program shall be developed in consultation with
2 professional associations representing (i) physicians licensed
3 to practice medicine in all its branches, (ii) registered
4 professional nurses, and (iii) pharmacists.

5 (b) For the purposes of this Section:

6 "Authorized direct care staff" means non-licensed persons
7 who have successfully completed a medication administration
8 training program approved by the Department of Human Services
9 and conducted by a nurse-trainer. This authorization is
10 specific to an individual receiving service in a specific
11 agency and does not transfer to another agency.

12 "Medications" means oral and topical medications, insulin
13 in an injectable form, oxygen, epinephrine auto-injectors, and
14 vaginal and rectal creams and suppositories. "Oral" includes
15 inhalants and medications administered through enteral tubes,
16 utilizing aseptic technique. "Topical" includes eye, ear, and
17 nasal medications. Any controlled substances must be packaged
18 specifically for an identified individual.

19 "Insulin in an injectable form" means a subcutaneous
20 injection via an insulin pen pre-filled by the manufacturer.
21 Authorized direct care staff may administer insulin, as ordered
22 by a physician, advanced practice registered nurse, or
23 physician assistant, if: (i) the staff has successfully
24 completed a Department-approved advanced training program
25 specific to insulin administration developed in consultation
26 with professional associations listed in subsection (a) of this

1 Section, and (ii) the staff consults with the registered nurse,
2 prior to administration, of any insulin dose that is determined
3 based on a blood glucose test result. The authorized direct
4 care staff shall not: (i) calculate the insulin dosage needed
5 when the dose is dependent upon a blood glucose test result, or
6 (ii) administer insulin to individuals who require blood
7 glucose monitoring greater than 3 times daily, unless directed
8 to do so by the registered nurse.

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

22 "Self-administration of medications" means an individual
23 administers his or her own medications. To be considered
24 capable to self-administer their own medication, individuals
25 must, at a minimum, be able to identify their medication by
26 size, shape, or color, know when they should take the

1 medication, and know the amount of medication to be taken each
2 time.

3 "Training program" means a standardized medication
4 administration training program approved by the Department of
5 Human Services and conducted by a registered professional nurse
6 for the purpose of training persons employed or under contract
7 to provide direct care or treatment to individuals receiving
8 services to administer medications and provide
9 self-administration of medication training to individuals
10 under the delegation and supervision of a nurse-trainer. The
11 program incorporates adult learning styles, teaching
12 strategies, classroom management, curriculum overview,
13 including ethical-legal aspects, and standardized
14 competency-based evaluations on administration of medications
15 and self-administration of medication training programs.

16 (c) Training and authorization of non-licensed direct care
17 staff by nurse-trainers must meet the requirements of this
18 subsection.

19 (1) Prior to training non-licensed direct care staff to
20 administer medication, the nurse-trainer shall perform the
21 following for each individual to whom medication will be
22 administered by non-licensed direct care staff:

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

25 (B) An evaluation of the medications prescribed.

26 (2) Non-licensed authorized direct care staff shall

1 meet the following criteria:

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

3 (B) Have completed high school or have a high
4 school equivalency certificate.

5 (C) Have demonstrated functional literacy.

6 (D) Have satisfactorily completed the Health and
7 Safety component of a Department of Human Services
8 authorized direct care staff training program.

9 (E) Have successfully completed the training
10 program, pass the written portion of the comprehensive
11 exam, and score 100% on the competency-based
12 assessment specific to the individual and his or her
13 medications.

14 (F) Have received additional competency-based
15 assessment by the nurse-trainer as deemed necessary by
16 the nurse-trainer whenever a change of medication
17 occurs or a new individual that requires medication
18 administration enters the program.

19 (3) Authorized direct care staff shall be re-evaluated
20 by a nurse-trainer at least annually or more frequently at
21 the discretion of the registered professional nurse. Any
22 necessary retraining shall be to the extent that is
23 necessary to ensure competency of the authorized direct
24 care staff to administer medication.

25 (4) Authorization of direct care staff to administer
26 medication shall be revoked if, in the opinion of the

1 registered professional nurse, the authorized direct care
2 staff is no longer competent to administer medication.

3 (5) The registered professional nurse shall assess an
4 individual's health status at least annually or more
5 frequently at the discretion of the registered
6 professional nurse.

7 (d) Medication self-administration shall meet the
8 following requirements:

9 (1) As part of the normalization process, in order for
10 each individual to attain the highest possible level of
11 independent functioning, all individuals shall be
12 permitted to participate in their total health care
13 program. This program shall include, but not be limited to,
14 individual training in preventive health and
15 self-medication procedures.

16 (A) Every program shall adopt written policies and
17 procedures for assisting individuals in obtaining
18 preventative health and self-medication skills in
19 consultation with a registered professional nurse,
20 advanced practice registered nurse, physician
21 assistant, or physician licensed to practice medicine
22 in all its branches.

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

1 (C) When the results of the screening and
2 assessment indicate an individual not to be capable to
3 self-administer his or her own medications, programs
4 shall be developed in consultation with the Community
5 Support Team or Interdisciplinary Team to provide
6 individuals with self-medication administration.

7 (2) Each individual shall be presumed to be competent
8 to self-administer medications if:

9 (A) authorized by an order of a physician licensed
10 to practice medicine in all its branches, an advanced
11 practice registered nurse, or a physician assistant;
12 and

13 (B) approved to self-administer medication by the
14 individual's Community Support Team or
15 Interdisciplinary Team, which includes a registered
16 professional nurse or an advanced practice registered
17 nurse.

18 (e) Quality Assurance.

19 (1) A registered professional nurse, advanced practice
20 registered nurse, licensed practical nurse, physician
21 licensed to practice medicine in all its branches,
22 physician assistant, or pharmacist shall review the
23 following for all individuals:

24 (A) Medication orders.

25 (B) Medication labels, including medications
26 listed on the medication administration record for

1 persons who are not self-medicating to ensure the
2 labels match the orders issued by the physician
3 licensed to practice medicine in all its branches,
4 advanced practice registered nurse, or physician
5 assistant.

6 (C) Medication administration records for persons
7 who are not self-medicating to ensure that the records
8 are completed appropriately for:

9 (i) medication administered as prescribed;

10 (ii) refusal by the individual; and

11 (iii) full signatures provided for all
12 initials used.

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

16 (3) A quality assurance review of medication errors and
17 data collection for the purpose of monitoring and
18 recommending corrective action shall be conducted within 7
19 days and included in the required annual review.

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

23 (g) The absence of this training program constitutes a
24 threat to the public interest, safety, and welfare and
25 necessitates emergency rulemaking by the Departments of Human
26 Services and Public Health under Section 5-45 of the Illinois

1 Administrative Procedure Act.

2 (h) Direct care staff who fail to qualify for delegated
3 authority to administer medications pursuant to the provisions
4 of this Section shall be given additional education and testing
5 to meet criteria for delegation authority to administer
6 medications. Any direct care staff person who fails to qualify
7 as an authorized direct care staff after initial training and
8 testing must within 3 months be given another opportunity for
9 retraining and retesting. A direct care staff person who fails
10 to meet criteria for delegated authority to administer
11 medication, including, but not limited to, failure of the
12 written test on 2 occasions shall be given consideration for
13 shift transfer or reassignment, if possible. No employee shall
14 be terminated for failure to qualify during the 3-month time
15 period following initial testing. Refusal to complete training
16 and testing required by this Section may be grounds for
17 immediate dismissal.

18 (i) No authorized direct care staff person delegated to
19 administer medication shall be subject to suspension or
20 discharge for errors resulting from the staff person's acts or
21 omissions when performing the functions unless the staff
22 person's actions or omissions constitute willful and wanton
23 conduct. Nothing in this subsection is intended to supersede
24 paragraph (4) of subsection (c).

25 (j) A registered professional nurse, advanced practice
26 registered nurse, physician licensed to practice medicine in

1 all its branches, or physician assistant shall be on duty or on
2 call at all times in any program covered by this Section.

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

5 (l) Any direct care staff person who qualifies as
6 authorized direct care staff pursuant to this Section shall be
7 granted consideration for a one-time additional salary
8 differential. The Department shall determine and provide the
9 necessary funding for the differential in the base. This
10 subsection (l) is inoperative on and after June 30, 2000.

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

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

16 (20 ILCS 2105/2105-17)

17 Sec. 2105-17. Volunteer licenses.

18 (a) For the purposes of this Section:

19 "Health care professional" means a physician licensed
20 under the Medical Practice Act of 1987, a dentist licensed
21 under the Illinois Dental Practice Act, an optometrist licensed
22 under the Illinois Optometric Practice Act of 1987, a physician
23 assistant licensed under the Physician Assistant Practice Act
24 of 1987, and a nurse or advanced practice registered nurse

1 licensed under the Nurse Practice Act. The Department may
2 expand this definition by rule.

3 "Volunteer practice" means the practice of a licensed
4 health care professional for the benefit of an individual or
5 the public and without compensation for the health care
6 services provided.

7 (b) The Department may grant a volunteer license to a
8 health care professional who:

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

12 (2) agrees to engage in the volunteer practice of his
13 or her health care profession in a free medical clinic, as
14 defined in the Good Samaritan Act, or in a public health
15 clinic, as defined in Section 6-101 of the Local
16 Governmental and Governmental Employees Tort Immunities
17 Act, and to not practice for compensation.

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

22 (d) No health care professional shall hold a non-volunteer
23 license in a health care profession and a volunteer license in
24 that profession at the same time. In the event that the health
25 care professional obtains a volunteer license in the profession
26 for which he or she holds a non-volunteer license, that

1 non-volunteer license shall automatically be placed in
2 inactive status. In the event that a health care professional
3 obtains a non-volunteer license in the profession for which he
4 or she holds a volunteer license, the volunteer license shall
5 be placed in inactive status. Practicing on an expired
6 volunteer license constitutes the unlicensed practice of the
7 health care professional's profession.

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

17 (f) The Department shall determine by rule the total number
18 of volunteer licenses to be issued. The Department shall file
19 proposed rules implementing this Section within 6 months after
20 the effective date of this amendatory Act of the 98th General
21 Assembly.

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

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

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

2 Sec. 7. The Illinois Department of Public Health shall
3 adopt rules requiring that upon death of a person who had or is
4 suspected of having an infectious or communicable disease that
5 could be transmitted through contact with the person's body or
6 bodily fluids, the body shall be labeled "Infection Hazard", or
7 with an equivalent term to inform persons having subsequent
8 contact with the body, including any funeral director or
9 embalmer, to take suitable precautions. Such rules shall
10 require that the label shall be prominently displayed on and
11 affixed to the outer wrapping or covering of the body if the
12 body is wrapped or covered in any manner. Responsibility for
13 such labeling shall lie with the attending physician, advanced
14 practice registered nurse, or physician assistant who
15 certifies death, or if the death occurs in a health care
16 facility, with such staff member as may be designated by the
17 administrator of the facility. The Department may adopt rules
18 providing for the safe disposal of human remains. To the extent
19 feasible without endangering the public's health, the
20 Department shall respect and accommodate the religious beliefs
21 of individuals in implementing this Section.

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

23 (20 ILCS 2305/8.2)

24 Sec. 8.2. Osteoporosis Prevention and Education Program.

25 (a) The Department of Public Health, utilizing available

1 federal funds, State funds appropriated for that purpose, or
2 other available funding as provided for in this Section, shall
3 establish, promote, and maintain an Osteoporosis Prevention
4 and Education Program to promote public awareness of the causes
5 of osteoporosis, options for prevention, the value of early
6 detection, and possible treatments (including the benefits and
7 risks of those treatments). The Department may accept, for that
8 purpose, any special grant of money, services, or property from
9 the federal government or any of its agencies or from any
10 foundation, organization, or medical school.

11 (b) The program shall include the following:

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

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

16 (B) Risk factors.

17 (C) The role of hysterectomy.

18 (D) Prevention of osteoporosis, including
19 nutrition, diet, and physical exercise.

20 (E) Diagnostic procedures and appropriate
21 indications for their use.

22 (F) Hormone replacement, including benefits and
23 risks.

24 (G) Environmental safety and injury prevention.

25 (H) Availability of osteoporosis diagnostic
26 treatment services in the community.

1 (2) Development of educational materials to be made
2 available for consumers, particularly targeted to
3 high-risk groups, through local health departments, local
4 physicians, advanced practice registered nurses, or
5 physician assistants, other providers (including, but not
6 limited to, health maintenance organizations, hospitals,
7 and clinics), and women's organizations.

8 (3) Development of professional education programs for
9 health care providers to assist them in understanding
10 research findings and the subjects set forth in paragraph
11 (1).

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

22 (c) The State Board of Health shall serve as an advisory
23 board to the Department with specific respect to the prevention
24 and education activities related to osteoporosis described in
25 this Section. The State Board of Health shall assist the
26 Department in implementing this Section.

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

2 Section 55. The Department of Public Health Powers and
3 Duties Law of the Civil Administrative Code of Illinois is
4 amended by changing Sections 2310-145, 2310-397, 2310-410,
5 2310-600, 2310-677, and 2310-690 as follows:

6 (20 ILCS 2310/2310-145)

7 Sec. 2310-145. Registry of health care professionals. The
8 Department of Public Health shall maintain a registry of all
9 active-status health care professionals, including nurses,
10 nurse practitioners, advanced practice registered nurses,
11 physicians, physician assistants, psychologists, professional
12 counselors, clinical professional counselors, and pharmacists.

13 The registry must consist of information shared between the
14 Department of Public Health and the Department of Financial and
15 Professional Regulation via a secure communication link. The
16 registry must be updated on a quarterly basis.

17 The registry shall be accessed in the event of an act of
18 bioterrorism or other public health emergency or for the
19 planning for the possibility of such an event.

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

21 (20 ILCS 2310/2310-397) (was 20 ILCS 2310/55.90)

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

23 (a) The Department, subject to appropriation or other

1 available funding, shall conduct a program to promote awareness
2 and early detection of prostate and testicular cancer. The
3 program may include, but need not be limited to:

4 (1) Dissemination of information regarding the
5 incidence of prostate and testicular cancer, the risk
6 factors associated with prostate and testicular cancer,
7 and the benefits of early detection and treatment.

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

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

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

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

19 (1) The Program shall apply to the following persons
20 and entities:

21 (A) uninsured and underinsured men 50 years of age
22 and older;

23 (B) uninsured and underinsured men between 40 and
24 50 years of age who are at high risk for prostate
25 cancer, upon the advice of a physician, advanced
26 practice registered nurse, or physician assistant or

1 upon the request of the patient; and

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

4 (2) Any entity funded by the Program shall coordinate
5 with other local providers of prostate cancer screening,
6 diagnostic, follow-up, education, and advocacy services to
7 avoid duplication of effort. Any entity funded by the
8 Program shall comply with any applicable State and federal
9 standards regarding prostate cancer screening.

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

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

25 (A) the number; and

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

1 (5) The Department or any entity funded by the Program
2 shall collect personal and medical information necessary
3 to administer the Program from any individual applying for
4 services under the Program. The information shall be
5 confidential and shall not be disclosed other than for
6 purposes directly connected with the administration of the
7 Program or except as otherwise provided by law or pursuant
8 to prior written consent of the subject of the information.

9 (6) The Department or any entity funded by the program
10 may disclose the confidential information to medical
11 personnel and fiscal intermediaries of the State to the
12 extent necessary to administer the Program, and to other
13 State public health agencies or medical researchers if the
14 confidential information is necessary to carry out the
15 duties of those agencies or researchers in the
16 investigation, control, or surveillance of prostate
17 cancer.

18 (c) The Department shall adopt rules to implement the
19 Prostate Cancer Screening Program in accordance with the
20 Illinois Administrative Procedure Act.

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

22 (20 ILCS 2310/2310-410) (was 20 ILCS 2310/55.42)

23 Sec. 2310-410. Sickle cell disease. To conduct a public
24 information campaign for physicians, advanced practice
25 registered nurses, physician assistants, hospitals, health

1 facilities, public health departments, and the general public
2 on sickle cell disease, methods of care, and treatment
3 modalities available; to identify and catalogue sickle cell
4 resources in this State for distribution and referral purposes;
5 and to coordinate services with the established programs,
6 including State, federal, and voluntary groups.

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

8 (20 ILCS 2310/2310-600)

9 Sec. 2310-600. Advance directive information.

10 (a) The Department of Public Health shall prepare and
11 publish the summary of advance directives law, as required by
12 the federal Patient Self-Determination Act, and related forms.
13 Publication may be limited to the World Wide Web. The summary
14 required under this subsection (a) must include the Department
15 of Public Health Uniform POLST form.

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

18 (1) The statutory Living Will Declaration form.

19 (2) The Illinois Statutory Short Form Power of Attorney
20 for Health Care.

21 (3) The statutory Declaration of Mental Health
22 Treatment Form.

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

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

1 (b-5) In consultation with a statewide professional
2 organization representing physicians licensed to practice
3 medicine in all its branches, statewide organizations
4 representing physician assistants, advanced practice
5 registered nurses, nursing homes, registered professional
6 nurses, and emergency medical systems, and a statewide
7 organization representing hospitals, the Department of Public
8 Health shall develop and publish a uniform form for
9 practitioner cardiopulmonary resuscitation (CPR) or
10 life-sustaining treatment orders that may be utilized in all
11 settings. The form shall meet the published minimum
12 requirements to nationally be considered a practitioner orders
13 for life-sustaining treatment form, or POLST, and may be
14 referred to as the Department of Public Health Uniform POLST
15 form. This form does not replace a physician's or other
16 practitioner's authority to make a do-not-resuscitate (DNR)
17 order.

18 (c) (Blank).

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

23 (Source: P.A. 98-1110, eff. 8-26-14; 99-319, eff. 1-1-16;
24 99-581, eff. 1-1-17.)

25 (20 ILCS 2310/2310-677)

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

2 Sec. 2310-677. Neonatal Abstinence Syndrome Advisory
3 Committee.

4 (a) As used in this Section:

5 "Department" means the Department of Public Health.

6 "Director" means the Director of Public Health.

7 "Neonatal Abstinence Syndrome" or "NAS" means various
8 adverse conditions that occur in a newborn infant who was
9 exposed to addictive or prescription drugs while in the
10 mother's womb.

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

20 (1) at least one member representing a statewide
21 association of hospitals;

22 (2) at least one member representing a statewide
23 organization of pediatricians;

24 (3) at least one member representing a statewide
25 organization of obstetricians;

26 (4) at least one member representing a statewide

1 organization that advocates for the health of mothers and
2 infants;

3 (5) at least one member representing a statewide
4 organization of licensed physicians;

5 (6) at least one member who is a licensed practical
6 nurse, registered professional nurse, or advanced practice
7 registered nurse with expertise in the treatment of
8 newborns in neonatal intensive care units;

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

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

13 (c) In addition to the membership in subsection (a) of this
14 Section, the following persons or their designees shall serve
15 as ex officio members of the Advisory Committee: the Director
16 of Public Health, the Secretary of Human Services, the Director
17 of Healthcare and Family Services, and the Director of Children
18 and Family Services. The Director of Public Health, or his or
19 her designee, shall serve as Chair of the Committee.

20 (d) The Advisory Committee shall meet at the call of the
21 Chair. The Committee shall meet at least 3 times each year and
22 its initial meeting shall take place within 120 days after the
23 effective date of this Act. The Advisory Committee shall advise
24 and assist the Department to:

25 (1) develop an appropriate standard clinical
26 definition of "NAS";

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

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

5 (4) identify and develop options for reporting NAS data
6 to the Department by using existing or new data reporting
7 options; and

8 (5) make recommendations to the Department on
9 evidence-based guidelines and programs to improve the
10 outcomes of pregnancies with respect to NAS.

11 (e) The Advisory Committee shall provide an annual report
12 of its activities and recommendations to the Director, the
13 General Assembly, and the Governor by March 31 of each year
14 beginning in 2016. The final report of the Advisory Committee
15 shall be submitted by March 31, 2019.

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

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

18 (20 ILCS 2310/2310-690)

19 Sec. 2310-690. Cytomegalovirus public education.

20 (a) In this Section:

21 "CMV" means cytomegalovirus.

22 "Health care professional and provider" means any
23 physician, advanced practice registered nurse, physician
24 assistant, hospital facility, or other person that is
25 licensed or otherwise authorized to deliver health care

1 services.

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

5 (1) the incidence of CMV;

6 (2) the transmission of CMV to pregnant women and women
7 who may become pregnant;

8 (3) birth defects caused by congenital CMV;

9 (4) methods of diagnosing congenital CMV; and

10 (5) available preventive measures to avoid the
11 infection of women who are pregnant or may become pregnant.

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

14 (d) The Department shall publish information to:

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

17 (2) raise awareness of CMV among health care
18 professionals and providers who provide care to expectant
19 mothers or infants.

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

24 (f) If a newborn infant fails the 2 initial hearing
25 screenings in the hospital, then the hospital performing that
26 screening shall provide to the parents of the newborn infant

1 information regarding: (i) birth defects caused by congenital
2 CMV; (ii) testing opportunities and options for CMV, including
3 the opportunity to test for CMV before leaving the hospital;
4 and (iii) early intervention services. Health care
5 professionals and providers may, but are not required to, use
6 the materials developed by the Department for distribution to
7 parents of newborn infants.

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

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

12 (20 ILCS 2335/10)

13 Sec. 10. Advisory Board.

14 (a) There is created the Advisory Board on Community Health
15 Workers. The Board shall consist of 16 members appointed by the
16 Director of Public Health. The Director shall make the
17 appointments to the Board within 90 days after the effective
18 date of this Act. The members of the Board shall represent
19 different racial and ethnic backgrounds and have the
20 qualifications as follows:

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

24 (2) two members who currently serve as community health

1 workers in DuPage, Kane, Lake, or Will County;

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

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

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

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

11 (7) one member who is a licensed nurse or advanced
12 practice registered nurse;

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

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

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

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

21 (12) one representative of a community college,
22 university, or educational institution that provides
23 training to community health workers.

24 (b) In addition, the following persons or their designees
25 shall serve as ex officio, non-voting members of the Board: the
26 Executive Director of the Illinois Community College Board, the

1 Director of Children and Family Services, the Director of
2 Aging, the Director of Public Health, the Director of
3 Employment Security, the Director of Commerce and Economic
4 Opportunity, the Secretary of Financial and Professional
5 Regulation, the Director of Healthcare and Family Services, and
6 the Secretary of Human Services.

7 (c) The voting members of the Board shall select a
8 chairperson from the voting members of the Board. The Board
9 shall consult with additional experts as needed. Members of the
10 Board shall serve without compensation. The Department shall
11 provide administrative and staff support to the Board. The
12 meetings of the Board are subject to the provisions of the Open
13 Meetings Act.

14 (d) The Board shall consider the core competencies of a
15 community health worker, including skills and areas of
16 knowledge that are essential to bringing about expanded health
17 and wellness in diverse communities and reducing health
18 disparities. As relating to members of communities and health
19 teams, the core competencies for effective community health
20 workers may include, but are not limited to:

21 (1) outreach methods and strategies;

22 (2) client and community assessment;

23 (3) effective community-based and participatory
24 methods, including research;

25 (4) culturally competent communication and care;

26 (5) health education for behavior change;

1 (6) support, advocacy, and health system navigation
2 for clients;

3 (7) application of public health concepts and
4 approaches;

5 (8) individual and community capacity building and
6 mobilization; and

7 (9) writing, oral, technical, and communication
8 skills.

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

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

12 (20 ILCS 3805/7.30)

13 Sec. 7.30. Foreclosure Prevention Program.

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

24 (b) Subject to appropriation and the annual receipt of

1 funds, the Authority shall make grants from the Foreclosure
2 Prevention Program Fund derived from fees paid as specified in
3 subsection (a) of Section 15-1504.1 of the Code of Civil
4 Procedure as follows:

5 (1) 25% of the moneys in the Fund shall be used to make
6 grants to approved counseling agencies that provide
7 services in Illinois outside of the City of Chicago. Grants
8 shall be based upon the number of foreclosures filed in an
9 approved counseling agency's service area, the capacity of
10 the agency to provide foreclosure counseling services, and
11 any other factors that the Authority deems appropriate.

12 (2) 25% of the moneys in the Fund shall be distributed
13 to the City of Chicago to make grants to approved
14 counseling agencies located within the City of Chicago for
15 approved housing counseling or to support foreclosure
16 prevention counseling programs administered by the City of
17 Chicago.

18 (3) 25% of the moneys in the Fund shall be used to make
19 grants to approved community-based organizations located
20 outside of the City of Chicago for approved foreclosure
21 prevention outreach programs.

22 (4) 25% of the moneys in the Fund shall be used to make
23 grants to approved community-based organizations located
24 within the City of Chicago for approved foreclosure
25 prevention outreach programs, with priority given to
26 programs that provide door-to-door outreach.

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

6 (1) 30% shall be used to make grants for approved
7 housing counseling in Cook County outside of the City of
8 Chicago;

9 (2) 25% shall be used to make grants for approved
10 housing counseling in the City of Chicago;

11 (3) 30% shall be used to make grants for approved
12 housing counseling in DuPage, Kane, Lake, McHenry, and Will
13 Counties; and

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

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

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

2 "Approved community-based organization" means a
3 not-for-profit entity that provides educational and financial
4 information to residents of a community through in-person
5 contact. "Approved community-based organization" does not
6 include a not-for-profit corporation or other entity or person
7 that provides legal representation or advice in a civil
8 proceeding or court-sponsored mediation services, or a
9 governmental agency.

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

19 "Approved counseling agency" means a housing counseling
20 agency approved by the U.S. Department of Housing and Urban
21 Development.

22 "Approved housing counseling" means in-person counseling
23 provided by a counselor employed by an approved counseling
24 agency to all borrowers, or documented telephone counseling
25 where a hardship would be imposed on one or more borrowers. A
26 hardship shall exist in instances in which the borrower is

1 confined to his or her home due to a medical condition, as
2 verified in writing by a physician, advanced practice
3 registered nurse, or physician assistant, or the borrower
4 resides 50 miles or more from the nearest approved counseling
5 agency. In instances of telephone counseling, the borrower must
6 supply all necessary documents to the counselor at least 72
7 hours prior to the scheduled telephone counseling session.

8 (c) (Blank).

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

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

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

16 (35 ILCS 200/15-168)

17 Sec. 15-168. Homestead exemption for persons with
18 disabilities.

19 (a) Beginning with taxable year 2007, an annual homestead
20 exemption is granted to persons with disabilities in the amount
21 of \$2,000, except as provided in subsection (c), to be deducted
22 from the property's value as equalized or assessed by the
23 Department of Revenue. The person with a disability shall
24 receive the homestead exemption upon meeting the following

1 requirements:

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

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

6 (3) The person with a disability must be an owner of
7 record of the property or have a legal or equitable
8 interest in the property as evidenced by a written
9 instrument. In the case of a leasehold interest in
10 property, the lease must be for a single family residence.

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

24 (b) For the purposes of this Section, "person with a
25 disability" means a person unable to engage in any substantial
26 gainful activity by reason of a medically determinable physical

1 or mental impairment which can be expected to result in death
2 or has lasted or can be expected to last for a continuous
3 period of not less than 12 months. Persons with disabilities
4 filing claims under this Act shall submit proof of disability
5 in such form and manner as the Department shall by rule and
6 regulation prescribe. Proof that a claimant is eligible to
7 receive disability benefits under the Federal Social Security
8 Act shall constitute proof of disability for purposes of this
9 Act. Issuance of an Illinois Person with a Disability
10 Identification Card stating that the claimant is under a Class
11 2 disability, as defined in Section 4A of the Illinois
12 Identification Card Act, shall constitute proof that the person
13 named thereon is a person with a disability for purposes of
14 this Act. A person with a disability not covered under the
15 Federal Social Security Act and not presenting an Illinois
16 Person with a Disability Identification Card stating that the
17 claimant is under a Class 2 disability shall be examined by a
18 physician, advanced practice registered nurse, or physician
19 assistant designated by the Department, and his status as a
20 person with a disability determined using the same standards as
21 used by the Social Security Administration. The costs of any
22 required examination shall be borne by the claimant.

23 (c) For land improved with (i) an apartment building owned
24 and operated as a cooperative or (ii) a life care facility as
25 defined under Section 2 of the Life Care Facilities Act that is
26 considered to be a cooperative, the maximum reduction from the

1 value of the property, as equalized or assessed by the
2 Department, shall be multiplied by the number of apartments or
3 units occupied by a person with a disability. The person with a
4 disability shall receive the homestead exemption upon meeting
5 the following requirements:

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

8 (2) The person with a disability must be liable by
9 contract with the owner or owners of record for paying the
10 apportioned property taxes on the property of the
11 cooperative or life care facility. In the case of a life
12 care facility, the person with a disability must be liable
13 for paying the apportioned property taxes under a life care
14 contract as defined in Section 2 of the Life Care
15 Facilities Act.

16 (3) The person with a disability must be an owner of
17 record of a legal or equitable interest in the cooperative
18 apartment building. A leasehold interest does not meet this
19 requirement.

20 If a homestead exemption is granted under this subsection, the
21 cooperative association or management firm shall credit the
22 savings resulting from the exemption to the apportioned tax
23 liability of the qualifying person with a disability. The chief
24 county assessment officer may request reasonable proof that the
25 association or firm has properly credited the exemption. A
26 person who willfully refuses to credit an exemption to the

1 qualified person with a disability is guilty of a Class B
2 misdemeanor.

3 (d) The chief county assessment officer shall determine the
4 eligibility of property to receive the homestead exemption
5 according to guidelines established by the Department. After a
6 person has received an exemption under this Section, an annual
7 verification of eligibility for the exemption shall be mailed
8 to the taxpayer.

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

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

1 (Source: P.A. 98-104, eff. 7-22-13; 99-143, eff. 7-27-15;
2 99-180, eff. 7-29-15; 99-581, eff. 1-1-17; 99-642, eff.
3 7-28-16.)

4 (35 ILCS 200/15-172)

5 Sec. 15-172. Senior Citizens Assessment Freeze Homestead
6 Exemption.

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

9 (b) As used in this Section:

10 "Applicant" means an individual who has filed an
11 application under this Section.

12 "Base amount" means the base year equalized assessed value
13 of the residence plus the first year's equalized assessed value
14 of any added improvements which increased the assessed value of
15 the residence after the base year.

16 "Base year" means the taxable year prior to the taxable
17 year for which the applicant first qualifies and applies for
18 the exemption provided that in the prior taxable year the
19 property was improved with a permanent structure that was
20 occupied as a residence by the applicant who was liable for
21 paying real property taxes on the property and who was either
22 (i) an owner of record of the property or had legal or
23 equitable interest in the property as evidenced by a written
24 instrument or (ii) had a legal or equitable interest as a
25 lessee in the parcel of property that was single family

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

22 "Chief County Assessment Officer" means the County
23 Assessor or Supervisor of Assessments of the county in which
24 the property is located.

25 "Equalized assessed value" means the assessed value as
26 equalized by the Illinois Department of Revenue.

1 "Household" means the applicant, the spouse of the
2 applicant, and all persons using the residence of the applicant
3 as their principal place of residence.

4 "Household income" means the combined income of the members
5 of a household for the calendar year preceding the taxable
6 year.

7 "Income" has the same meaning as provided in Section 3.07
8 of the Senior Citizens and Persons with Disabilities Property
9 Tax Relief Act, except that, beginning in assessment year 2001,
10 "income" does not include veteran's benefits.

11 "Internal Revenue Code of 1986" means the United States
12 Internal Revenue Code of 1986 or any successor law or laws
13 relating to federal income taxes in effect for the year
14 preceding the taxable year.

15 "Life care facility that qualifies as a cooperative" means
16 a facility as defined in Section 2 of the Life Care Facilities
17 Act.

18 "Maximum income limitation" means:

- 19 (1) \$35,000 prior to taxable year 1999;
- 20 (2) \$40,000 in taxable years 1999 through 2003;
- 21 (3) \$45,000 in taxable years 2004 through 2005;
- 22 (4) \$50,000 in taxable years 2006 and 2007; and
- 23 (5) \$55,000 in taxable year 2008 and thereafter.

24 "Residence" means the principal dwelling place and
25 appurtenant structures used for residential purposes in this
26 State occupied on January 1 of the taxable year by a household

1 and so much of the surrounding land, constituting the parcel
2 upon which the dwelling place is situated, as is used for
3 residential purposes. If the Chief County Assessment Officer
4 has established a specific legal description for a portion of
5 property constituting the residence, then that portion of
6 property shall be deemed the residence for the purposes of this
7 Section.

8 "Taxable year" means the calendar year during which ad
9 valorem property taxes payable in the next succeeding year are
10 levied.

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

1 lessee, and (iv) is liable for the payment of real property
2 taxes on that property.

3 In counties of 3,000,000 or more inhabitants, the amount of
4 the exemption for all taxable years is the equalized assessed
5 value of the residence in the taxable year for which
6 application is made minus the base amount. In all other
7 counties, the amount of the exemption is as follows: (i)
8 through taxable year 2005 and for taxable year 2007 and
9 thereafter, the amount of this exemption shall be the equalized
10 assessed value of the residence in the taxable year for which
11 application is made minus the base amount; and (ii) for taxable
12 year 2006, the amount of the exemption is as follows:

13 (1) For an applicant who has a household income of
14 \$45,000 or less, the amount of the exemption is the
15 equalized assessed value of the residence in the taxable
16 year for which application is made minus the base amount.

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

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

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

6 (5) For an applicant who has a household income
7 exceeding \$48,750 but not exceeding \$50,000, the amount of
8 the exemption is (i) the equalized assessed value of the
9 residence in the taxable year for which application is made
10 minus the base amount (ii) multiplied by 0.2.

11 When the applicant is a surviving spouse of an applicant
12 for a prior year for the same residence for which an exemption
13 under this Section has been granted, the base year and base
14 amount for that residence are the same as for the applicant for
15 the prior year.

16 Each year at the time the assessment books are certified to
17 the County Clerk, the Board of Review or Board of Appeals shall
18 give to the County Clerk a list of the assessed values of
19 improvements on each parcel qualifying for this exemption that
20 were added after the base year for this parcel and that
21 increased the assessed value of the property.

22 In the case of land improved with an apartment building
23 owned and operated as a cooperative or a building that is a
24 life care facility that qualifies as a cooperative, the maximum
25 reduction from the equalized assessed value of the property is
26 limited to the sum of the reductions calculated for each unit

1 occupied as a residence by a person or persons (i) 65 years of
2 age or older, (ii) with a household income that does not exceed
3 the maximum income limitation, (iii) who is liable, by contract
4 with the owner or owners of record, for paying real property
5 taxes on the property, and (iv) who is an owner of record of a
6 legal or equitable interest in the cooperative apartment
7 building, other than a leasehold interest. In the instance of a
8 cooperative where a homestead exemption has been granted under
9 this Section, the cooperative association or its management
10 firm shall credit the savings resulting from that exemption
11 only to the apportioned tax liability of the owner who
12 qualified for the exemption. Any person who willfully refuses
13 to credit that savings to an owner who qualifies for the
14 exemption is guilty of a Class B misdemeanor.

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

25 Beginning January 1, 1997, when an individual dies who
26 would have qualified for an exemption under this Section, and

1 the surviving spouse does not independently qualify for this
2 exemption because of age, the exemption under this Section
3 shall be granted to the surviving spouse for the taxable year
4 preceding and the taxable year of the death, provided that,
5 except for age, the surviving spouse meets all other
6 qualifications for the granting of this exemption for those
7 years.

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

11 For taxable year 1994 only, in counties having less than
12 3,000,000 inhabitants, to receive the exemption, a person shall
13 submit an application by February 15, 1995 to the Chief County
14 Assessment Officer of the county in which the property is
15 located. In counties having 3,000,000 or more inhabitants, for
16 taxable year 1994 and all subsequent taxable years, to receive
17 the exemption, a person may submit an application to the Chief
18 County Assessment Officer of the county in which the property
19 is located during such period as may be specified by the Chief
20 County Assessment Officer. The Chief County Assessment Officer
21 in counties of 3,000,000 or more inhabitants shall annually
22 give notice of the application period by mail or by
23 publication. In counties having less than 3,000,000
24 inhabitants, beginning with taxable year 1995 and thereafter,
25 to receive the exemption, a person shall submit an application
26 by July 1 of each taxable year to the Chief County Assessment

1 Officer of the county in which the property is located. A
2 county may, by ordinance, establish a date for submission of
3 applications that is different than July 1. The applicant shall
4 submit with the application an affidavit of the applicant's
5 total household income, age, marital status (and if married the
6 name and address of the applicant's spouse, if known), and
7 principal dwelling place of members of the household on January
8 1 of the taxable year. The Department shall establish, by rule,
9 a method for verifying the accuracy of affidavits filed by
10 applicants under this Section, and the Chief County Assessment
11 Officer may conduct audits of any taxpayer claiming an
12 exemption under this Section to verify that the taxpayer is
13 eligible to receive the exemption. Each application shall
14 contain or be verified by a written declaration that it is made
15 under the penalties of perjury. A taxpayer's signing a
16 fraudulent application under this Act is perjury, as defined in
17 Section 32-2 of the Criminal Code of 2012. The applications
18 shall be clearly marked as applications for the Senior Citizens
19 Assessment Freeze Homestead Exemption and must contain a notice
20 that any taxpayer who receives the exemption is subject to an
21 audit by the Chief County Assessment Officer.

22 Notwithstanding any other provision to the contrary, in
23 counties having fewer than 3,000,000 inhabitants, if an
24 applicant fails to file the application required by this
25 Section in a timely manner and this failure to file is due to a
26 mental or physical condition sufficiently severe so as to

1 render the applicant incapable of filing the application in a
2 timely manner, the Chief County Assessment Officer may extend
3 the filing deadline for a period of 30 days after the applicant
4 regains the capability to file the application, but in no case
5 may the filing deadline be extended beyond 3 months of the
6 original filing deadline. In order to receive the extension
7 provided in this paragraph, the applicant shall provide the
8 Chief County Assessment Officer with a signed statement from
9 the applicant's physician, advanced practice registered nurse,
10 or physician assistant stating the nature and extent of the
11 condition, that, in the physician's, advanced practice
12 registered nurse's, or physician assistant's opinion, the
13 condition was so severe that it rendered the applicant
14 incapable of filing the application in a timely manner, and the
15 date on which the applicant regained the capability to file the
16 application.

17 Beginning January 1, 1998, notwithstanding any other
18 provision to the contrary, in counties having fewer than
19 3,000,000 inhabitants, if an applicant fails to file the
20 application required by this Section in a timely manner and
21 this failure to file is due to a mental or physical condition
22 sufficiently severe so as to render the applicant incapable of
23 filing the application in a timely manner, the Chief County
24 Assessment Officer may extend the filing deadline for a period
25 of 3 months. In order to receive the extension provided in this
26 paragraph, the applicant shall provide the Chief County

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

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

22 For purposes of this Section, a person who will be 65 years
23 of age during the current taxable year shall be eligible to
24 apply for the homestead exemption during that taxable year.
25 Application shall be made during the application period in
26 effect for the county of his or her residence.

1 The Chief County Assessment Officer may determine the
2 eligibility of a life care facility that qualifies as a
3 cooperative to receive the benefits provided by this Section by
4 use of an affidavit, application, visual inspection,
5 questionnaire, or other reasonable method in order to insure
6 that the tax savings resulting from the exemption are credited
7 by the management firm to the apportioned tax liability of each
8 qualifying resident. The Chief County Assessment Officer may
9 request reasonable proof that the management firm has so
10 credited that exemption.

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

22 Nothing contained in this Section shall prevent the
23 Director or chief county assessment officer from publishing or
24 making available reasonable statistics concerning the
25 operation of the exemption contained in this Section in which
26 the contents of claims are grouped into aggregates in such a

1 way that information contained in any individual claim shall
2 not be disclosed.

3 (d) Each Chief County Assessment Officer shall annually
4 publish a notice of availability of the exemption provided
5 under this Section. The notice shall be published at least 60
6 days but no more than 75 days prior to the date on which the
7 application must be submitted to the Chief County Assessment
8 Officer of the county in which the property is located. The
9 notice shall appear in a newspaper of general circulation in
10 the county.

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

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

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

19 (55 ILCS 5/3-14049) (from Ch. 34, par. 3-14049)

20 Sec. 3-14049. Appointment of physicians and nurses for the
21 poor and mentally ill persons. The appointment, employment and
22 removal by the Board of Commissioners of Cook County of all
23 physicians and surgeons, advanced practice registered nurses,
24 physician assistants, and nurses for the care and treatment of

1 the sick, poor, mentally ill or persons in need of mental
2 treatment of said county shall be made only in conformity with
3 rules prescribed by the County Civil Service Commission to
4 accomplish the purposes of this Section.

5 The Board of Commissioners of Cook County may provide that
6 all such physicians and surgeons who serve without compensation
7 shall be appointed for a term to be fixed by the Board, and
8 that the physicians and surgeons usually designated and known
9 as interns shall be appointed for a term to be fixed by the
10 Board: Provided, that there may also, at the discretion of the
11 board, be a consulting staff of physicians and surgeons, which
12 staff may be appointed by the president, subject to the
13 approval of the board, and provided further, that the Board may
14 contract with any recognized training school or any program for
15 health professionals for health care services of any or all of
16 such sick or mentally ill or persons in need of mental
17 treatment.

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

19 (55 ILCS 5/3-15003.6)

20 Sec. 3-15003.6. Pregnant female prisoners.

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

22 (1) "Restraints" means any physical restraint or
23 mechanical device used to control the movement of a
24 prisoner's body or limbs, or both, including, but not
25 limited to, flex cuffs, soft restraints, hard metal

1 handcuffs, a black box, Chubb cuffs, leg irons, belly
2 chains, a security (tether) chain, or a convex shield, or
3 shackles of any kind.

4 (2) "Labor" means the period of time before a birth and
5 shall include any medical condition in which a woman is
6 sent or brought to the hospital for the purpose of
7 delivering her baby. These situations include: induction
8 of labor, prodromal labor, pre-term labor, prelabor
9 rupture of membranes, the 3 stages of active labor, uterine
10 hemorrhage during the third trimester of pregnancy, and
11 caesarian delivery including pre-operative preparation.

12 (3) "Post-partum" means, as determined by her
13 physician, advanced practice registered nurse, or
14 physician assistant, the period immediately following
15 delivery, including the entire period a woman is in the
16 hospital or infirmary after birth.

17 (4) "Correctional institution" means any entity under
18 the authority of a county law enforcement division of a
19 county of more than 3,000,000 inhabitants that has the
20 power to detain or restrain, or both, a person under the
21 laws of the State.

22 (5) "Corrections official" means the official that is
23 responsible for oversight of a correctional institution,
24 or his or her designee.

25 (6) "Prisoner" means any person incarcerated or
26 detained in any facility who is accused of, convicted of,

1 sentenced for, or adjudicated delinquent for, violations
2 of criminal law or the terms and conditions of parole,
3 probation, pretrial release, or diversionary program, and
4 any person detained under the immigration laws of the
5 United States at any correctional facility.

6 (7) "Extraordinary circumstance" means an
7 extraordinary medical or security circumstance, including
8 a substantial flight risk, that dictates restraints be used
9 to ensure the safety and security of the prisoner, the
10 staff of the correctional institution or medical facility,
11 other prisoners, or the public.

12 (b) A county department of corrections shall not apply
13 security restraints to a prisoner that has been determined by a
14 qualified medical professional to be pregnant and is known by
15 the county department of corrections to be pregnant or in
16 postpartum recovery, which is the entire period a woman is in
17 the medical facility after birth, unless the corrections
18 official makes an individualized determination that the
19 prisoner presents a substantial flight risk or some other
20 extraordinary circumstance that dictates security restraints
21 be used to ensure the safety and security of the prisoner, her
22 child or unborn child, the staff of the county department of
23 corrections or medical facility, other prisoners, or the
24 public. The protections set out in clauses (b) (3) and (b) (4) of
25 this Section shall apply to security restraints used pursuant
26 to this subsection. The corrections official shall immediately

1 remove all restraints upon the written or oral request of
2 medical personnel. Oral requests made by medical personnel
3 shall be verified in writing as promptly as reasonably
4 possible.

5 (1) Qualified authorized health staff shall have the
6 authority to order therapeutic restraints for a pregnant or
7 postpartum prisoner who is a danger to herself, her child,
8 unborn child, or other persons due to a psychiatric or
9 medical disorder. Therapeutic restraints may only be
10 initiated, monitored and discontinued by qualified and
11 authorized health staff and used to safely limit a
12 prisoner's mobility for psychiatric or medical reasons. No
13 order for therapeutic restraints shall be written unless
14 medical or mental health personnel, after personally
15 observing and examining the prisoner, are clinically
16 satisfied that the use of therapeutic restraints is
17 justified and permitted in accordance with hospital
18 policies and applicable State law. Metal handcuffs or
19 shackles are not considered therapeutic restraints.

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

23 (3) Leg irons, shackles or waist shackles shall not be
24 used on any pregnant or postpartum prisoner regardless of
25 security classification. Except for therapeutic restraints
26 under clause (b)(2), no restraints of any kind may be

1 applied to prisoners during labor.

2 (4) When a pregnant or postpartum prisoner must be
3 restrained, restraints used shall be the least restrictive
4 restraints possible to ensure the safety and security of
5 the prisoner, her child, unborn child, the staff of the
6 county department of corrections or medical facility,
7 other prisoners, or the public, and in no case shall
8 include leg irons, shackles or waist shackles.

9 (5) Upon the pregnant prisoner's entry into a hospital
10 room, and completion of initial room inspection, a
11 corrections official shall be posted immediately outside
12 the hospital room, unless requested to be in the room by
13 medical personnel attending to the prisoner's medical
14 needs.

15 (6) The county department of corrections shall provide
16 adequate corrections personnel to monitor the pregnant
17 prisoner during her transport to and from the hospital and
18 during her stay at the hospital.

19 (7) Where the county department of corrections
20 requires prisoner safety assessments, a corrections
21 official may enter the hospital room to conduct periodic
22 prisoner safety assessments, except during a medical
23 examination or the delivery process.

24 (8) Upon discharge from a medical facility, postpartum
25 prisoners shall be restrained only with handcuffs in front
26 of the body during transport to the county department of

1 corrections. A corrections official shall immediately
2 remove all security restraints upon written or oral request
3 by medical personnel. Oral requests made by medical
4 personnel shall be verified in writing as promptly as
5 reasonably possible.

6 (c) Enforcement. No later than 30 days before the end of
7 each fiscal year, the county sheriff or corrections official of
8 the correctional institution where a pregnant prisoner has been
9 restrained during that previous fiscal year, shall submit a
10 written report to the Illinois General Assembly and the Office
11 of the Governor that includes an account of every instance of
12 prisoner restraint pursuant to this Section. The written report
13 shall state the date, time, location and rationale for each
14 instance in which restraints are used. The written report shall
15 not contain any individually identifying information of any
16 prisoner. Such reports shall be made available for public
17 inspection.

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

19 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

20 Sec. 5-1069. Group life, health, accident, hospital, and
21 medical insurance.

22 (a) The county board of any county may arrange to provide,
23 for the benefit of employees of the county, group life, health,
24 accident, hospital, and medical insurance, or any one or any
25 combination of those types of insurance, or the county board

1 may self-insure, for the benefit of its employees, all or a
2 portion of the employees' group life, health, accident,
3 hospital, and medical insurance, or any one or any combination
4 of those types of insurance, including a combination of
5 self-insurance and other types of insurance authorized by this
6 Section, provided that the county board complies with all other
7 requirements of this Section. The insurance may include
8 provision for employees who rely on treatment by prayer or
9 spiritual means alone for healing in accordance with the tenets
10 and practice of a well recognized religious denomination. The
11 county board may provide for payment by the county of a portion
12 or all of the premium or charge for the insurance with the
13 employee paying the balance of the premium or charge, if any.
14 If the county board undertakes a plan under which the county
15 pays only a portion of the premium or charge, the county board
16 shall provide for withholding and deducting from the
17 compensation of those employees who consent to join the plan
18 the balance of the premium or charge for the insurance.

19 (b) If the county board does not provide for self-insurance
20 or for a plan under which the county pays a portion or all of
21 the premium or charge for a group insurance plan, the county
22 board may provide for withholding and deducting from the
23 compensation of those employees who consent thereto the total
24 premium or charge for any group life, health, accident,
25 hospital, and medical insurance.

26 (c) The county board may exercise the powers granted in

1 this Section only if it provides for self-insurance or, where
2 it makes arrangements to provide group insurance through an
3 insurance carrier, if the kinds of group insurance are obtained
4 from an insurance company authorized to do business in the
5 State of Illinois. The county board may enact an ordinance
6 prescribing the method of operation of the insurance program.

7 (d) If a county, including a home rule county, is a
8 self-insurer for purposes of providing health insurance
9 coverage for its employees, the insurance coverage shall
10 include screening by low-dose mammography for all women 35
11 years of age or older for the presence of occult breast cancer
12 unless the county elects to provide mammograms itself under
13 Section 5-1069.1. The coverage shall be as follows:

14 (1) A baseline mammogram for women 35 to 39 years of
15 age.

16 (2) An annual mammogram for women 40 years of age or
17 older.

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

23 (4) A comprehensive ultrasound screening of an entire
24 breast or breasts if a mammogram demonstrates
25 heterogeneous or dense breast tissue, when medically
26 necessary as determined by a physician licensed to practice

1 medicine in all of its branches, advanced practice
2 registered nurse, or physician assistant.

3 For purposes of this subsection, "low-dose mammography"
4 means the x-ray examination of the breast using equipment
5 dedicated specifically for mammography, including the x-ray
6 tube, filter, compression device, and image receptor, with an
7 average radiation exposure delivery of less than one rad per
8 breast for 2 views of an average size breast. The term also
9 includes digital mammography.

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

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

23 (d-15) If a county, including a home rule county, is a
24 self-insurer for purposes of providing health insurance
25 coverage for its employees, the insurance coverage shall
26 include mastectomy coverage, which includes coverage for

1 prosthetic devices or reconstructive surgery incident to the
2 mastectomy. Coverage for breast reconstruction in connection
3 with a mastectomy shall include:

4 (1) reconstruction of the breast upon which the
5 mastectomy has been performed;

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

8 (3) prostheses and treatment for physical
9 complications at all stages of mastectomy, including
10 lymphedemas.

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

23 A county, including a home rule county, that is a
24 self-insurer for purposes of providing health insurance
25 coverage for its employees, may not penalize or reduce or limit
26 the reimbursement of an attending provider or provide

1 incentives (monetary or otherwise) to an attending provider to
2 induce the provider to provide care to an insured in a manner
3 inconsistent with this Section.

4 (d-20) The requirement that mammograms be included in
5 health insurance coverage as provided in subsections (d)
6 through (d-15) is an exclusive power and function of the State
7 and is a denial and limitation under Article VII, Section 6,
8 subsection (h) of the Illinois Constitution of home rule county
9 powers. A home rule county to which subsections (d) through
10 (d-15) apply must comply with every provision of those
11 subsections.

12 (e) The term "employees" as used in this Section includes
13 elected or appointed officials but does not include temporary
14 employees.

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

20 (g) Rulemaking authority to implement this amendatory Act
21 of the 95th General Assembly, if any, is conditioned on the
22 rules being adopted in accordance with all provisions of the
23 Illinois Administrative Procedure Act and all rules and
24 procedures of the Joint Committee on Administrative Rules; any
25 purported rule not so adopted, for whatever reason, is
26 unauthorized.

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

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

4 (65 ILCS 5/10-1-38.1) (from Ch. 24, par. 10-1-38.1)

5 Sec. 10-1-38.1. When the force of the Fire Department or of
6 the Police Department is reduced, and positions displaced or
7 abolished, seniority shall prevail, and the officers and
8 members so reduced in rank, or removed from the service of the
9 Fire Department or of the Police Department shall be considered
10 furloughed without pay from the positions from which they were
11 reduced or removed.

12 Such reductions and removals shall be in strict compliance
13 with seniority and in no event shall any officer or member be
14 reduced more than one rank in a reduction of force. Officers
15 and members with the least seniority in the position to be
16 reduced shall be reduced to the next lower rated position. For
17 purposes of determining which officers and members will be
18 reduced in rank, seniority shall be determined by adding the
19 time spent at the rank or position from which the officer or
20 member is to be reduced and the time spent at any higher rank
21 or position in the Department. For purposes of determining
22 which officers or members in the lowest rank or position shall
23 be removed from the Department in the event of a layoff, length
24 of service in the Department shall be the basis for determining

1 seniority, with the least senior such officer or member being
2 the first so removed and laid off. Such officers or members
3 laid off shall have their names placed on an appropriate
4 reemployment list in the reverse order of dates of layoff.

5 If any positions which have been vacated because of
6 reduction in forces or displacement and abolition of positions,
7 are reinstated, such members and officers of the Fire
8 Department or of the Police Department as are furloughed from
9 the said positions shall be notified by registered mail of such
10 reinstatement of positions and shall have prior right to such
11 positions if otherwise qualified, and in all cases seniority
12 shall prevail. Written application for such reinstated
13 position must be made by the furloughed person within 30 days
14 after notification as above provided and such person may be
15 required to submit to examination by physicians, advanced
16 practice registered nurses, or physician assistants of both the
17 commission and the appropriate pension board to determine his
18 physical fitness.

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

20 (65 ILCS 5/10-2.1-18) (from Ch. 24, par. 10-2.1-18)

21 Sec. 10-2.1-18. Fire or police departments - Reduction of
22 force - Reinstatement. When the force of the fire department or
23 of the police department is reduced, and positions displaced or
24 abolished, seniority shall prevail and the officers and members
25 so reduced in rank, or removed from the service of the fire

1 department or of the police department shall be considered
2 furloughed without pay from the positions from which they were
3 reduced or removed.

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

21 If any positions which have been vacated because of
22 reduction in forces or displacement and abolition of positions,
23 are reinstated, such members and officers of the fire
24 department or of the police department as are furloughed from
25 the said positions shall be notified by the board by registered
26 mail of such reinstatement of positions and shall have prior

1 right to such positions if otherwise qualified, and in all
2 cases seniority shall prevail. Written application for such
3 reinstated position must be made by the furloughed person
4 within 30 days after notification as above provided and such
5 person may be required to submit to examination by physicians,
6 advanced practice registered nurses, or physician assistants
7 of both the board of fire and police commissioners and the
8 appropriate pension board to determine his physical fitness.

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

10 Section 85. The School Code is amended by changing Sections
11 22-30, 22-80, 24-5, 24-6, 26-1, and 27-8.1 as follows:

12 (105 ILCS 5/22-30)

13 Sec. 22-30. Self-administration and self-carry of asthma
14 medication and epinephrine auto-injectors; administration of
15 undesignated epinephrine auto-injectors; administration of an
16 opioid antagonist; asthma episode emergency response protocol.

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

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

1 "Asthma episode emergency response protocol" means a
2 procedure to provide assistance to a pupil experiencing
3 symptoms of wheezing, coughing, shortness of breath, chest
4 tightness, or breathing difficulty.

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

6 "Epinephrine auto-injector" means a single-use device used
7 for the automatic injection of a pre-measured dose of
8 epinephrine into the human body.

9 "Asthma medication" means a medicine, prescribed by (i) a
10 physician licensed to practice medicine in all its branches,
11 (ii) a licensed physician assistant with prescriptive
12 authority, or (iii) a licensed advanced practice registered
13 nurse with prescriptive authority for a pupil that pertains to
14 the pupil's asthma and that has an individual prescription
15 label.

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

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

23 "Self-administration" means a pupil's discretionary use of
24 his or her prescribed asthma medication or epinephrine
25 auto-injector.

26 "Self-carry" means a pupil's ability to carry his or her

1 prescribed asthma medication or epinephrine auto-injector.

2 "Standing protocol" may be issued by (i) a physician
3 licensed to practice medicine in all its branches, (ii) a
4 licensed physician assistant with prescriptive authority, or
5 (iii) a licensed advanced practice registered nurse with
6 prescriptive authority.

7 "Trained personnel" means any school employee or volunteer
8 personnel authorized in Sections 10-22.34, 10-22.34a, and
9 10-22.34b of this Code who has completed training under
10 subsection (g) of this Section to recognize and respond to
11 anaphylaxis.

12 "Undesignated epinephrine auto-injector" means an
13 epinephrine auto-injector prescribed in the name of a school
14 district, public school, or nonpublic school.

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

19 (1) the parents or guardians of the pupil provide to
20 the school (i) written authorization from the parents or
21 guardians for (A) the self-administration and self-carry
22 of asthma medication or (B) the self-carry of asthma
23 medication or (ii) for (A) the self-administration and
24 self-carry of an epinephrine auto-injector or (B) the
25 self-carry of an epinephrine auto-injector, written
26 authorization from the pupil's physician, physician

1 assistant, or advanced practice registered nurse; and

2 (2) the parents or guardians of the pupil provide to
3 the school (i) the prescription label, which must contain
4 the name of the asthma medication, the prescribed dosage,
5 and the time at which or circumstances under which the
6 asthma medication is to be administered, or (ii) for the
7 self-administration or self-carry of an epinephrine
8 auto-injector, a written statement from the pupil's
9 physician, physician assistant, or advanced practice
10 registered nurse containing the following information:

11 (A) the name and purpose of the epinephrine
12 auto-injector;

13 (B) the prescribed dosage; and

14 (C) the time or times at which or the special
15 circumstances under which the epinephrine
16 auto-injector is to be administered.

17 The information provided shall be kept on file in the office of
18 the school nurse or, in the absence of a school nurse, the
19 school's administrator.

20 (b-5) A school district, public school, or nonpublic school
21 may authorize the provision of a student-specific or
22 undesignated epinephrine auto-injector to a student or any
23 personnel authorized under a student's Individual Health Care
24 Action Plan, Illinois Food Allergy Emergency Action Plan and
25 Treatment Authorization Form, or plan pursuant to Section 504
26 of the federal Rehabilitation Act of 1973 to administer an

1 epinephrine auto-injector to the student, that meets the
2 student's prescription on file.

3 (b-10) The school district, public school, or nonpublic
4 school may authorize a school nurse or trained personnel to do
5 the following: (i) provide an undesignated epinephrine
6 auto-injector to a student for self-administration only or any
7 personnel authorized under a student's Individual Health Care
8 Action Plan, Illinois Food Allergy Emergency Action Plan and
9 Treatment Authorization Form, or plan pursuant to Section 504
10 of the federal Rehabilitation Act of 1973 to administer to the
11 student, that meets the student's prescription on file; (ii)
12 administer an undesignated epinephrine auto-injector that
13 meets the prescription on file to any student who has an
14 Individual Health Care Action Plan, Illinois Food Allergy
15 Emergency Action Plan and Treatment Authorization Form, or plan
16 pursuant to Section 504 of the federal Rehabilitation Act of
17 1973 that authorizes the use of an epinephrine auto-injector;
18 (iii) administer an undesignated epinephrine auto-injector to
19 any person that the school nurse or trained personnel in good
20 faith believes is having an anaphylactic reaction; and (iv)
21 administer an opioid antagonist to any person that the school
22 nurse or trained personnel in good faith believes is having an
23 opioid overdose.

24 (c) The school district, public school, or nonpublic school
25 must inform the parents or guardians of the pupil, in writing,
26 that the school district, public school, or nonpublic school

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

1 by the pupil's physician, physician assistant, or advanced
2 practice registered nurse.

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

23 (d) The permission for self-administration and self-carry
24 of asthma medication or the self-administration and self-carry
25 of an epinephrine auto-injector is effective for the school
26 year for which it is granted and shall be renewed each

1 subsequent school year upon fulfillment of the requirements of
2 this Section.

3 (e) Provided that the requirements of this Section are
4 fulfilled, a pupil with asthma may self-administer and
5 self-carry his or her asthma medication or a pupil may
6 self-administer and self-carry an epinephrine auto-injector
7 (i) while in school, (ii) while at a school-sponsored activity,
8 (iii) while under the supervision of school personnel, or (iv)
9 before or after normal school activities, such as while in
10 before-school or after-school care on school-operated property
11 or while being transported on a school bus.

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

25 (e-10) Provided that the requirements of this Section are
26 fulfilled, a school nurse or trained personnel may administer

1 an opioid antagonist to any person whom the school nurse or
2 trained personnel in good faith believes to be having an opioid
3 overdose (i) while in school, (ii) while at a school-sponsored
4 activity, (iii) while under the supervision of school
5 personnel, or (iv) before or after normal school activities,
6 such as while in before-school or after-school care on
7 school-operated property. A school nurse or trained personnel
8 may carry an opioid antagonist on their person while in school
9 or at a school-sponsored activity.

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

25 The school district, public school, or nonpublic school may
26 maintain a supply of an opioid antagonist in any secure

1 location where an individual may have an opioid overdose. A
2 health care professional who has been delegated prescriptive
3 authority for opioid antagonists in accordance with Section
4 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act
5 may prescribe opioid antagonists in the name of the school
6 district, public school, or nonpublic school, to be maintained
7 for use when necessary. Any supply of opioid antagonists shall
8 be maintained in accordance with the manufacturer's
9 instructions.

10 (f-3) Whichever entity initiates the process of obtaining
11 undesignated epinephrine auto-injectors and providing training
12 to personnel for carrying and administering undesignated
13 epinephrine auto-injectors shall pay for the costs of the
14 undesignated epinephrine auto-injectors.

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

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

23 (f-10) Within 24 hours of the administration of an
24 undesignated epinephrine auto-injector, a school district,
25 public school, or nonpublic school must notify the physician,
26 physician assistant, or advanced practice registered nurse who

1 provided the standing protocol or prescription for the
2 undesignated epinephrine auto-injector of its use.

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

7 (g) Prior to the administration of an undesignated
8 epinephrine auto-injector, trained personnel must submit to
9 their school's administration proof of completion of a training
10 curriculum to recognize and respond to anaphylaxis that meets
11 the requirements of subsection (h) of this Section. Training
12 must be completed annually. ~~their~~ The school district, public
13 school, or nonpublic school must maintain records related to
14 the training curriculum and trained personnel.

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

26 (h) A training curriculum to recognize and respond to

1 anaphylaxis, including the administration of an undesignated
2 epinephrine auto-injector, may be conducted online or in
3 person.

4 Training shall include, but is not limited to:

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

7 (2) how to administer an epinephrine auto-injector;
8 and

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

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

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

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

16 (C) emergency follow-up procedures;

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

19 (E) other criteria as determined in rules adopted
20 pursuant to this Section.

21 In consultation with statewide professional organizations
22 representing physicians licensed to practice medicine in all of
23 its branches, registered nurses, and school nurses, the State
24 Board of Education shall make available resource materials
25 consistent with criteria in this subsection (h) for educating
26 trained personnel to recognize and respond to anaphylaxis. The

1 State Board may take into consideration the curriculum on this
2 subject developed by other states, as well as any other
3 curricular materials suggested by medical experts and other
4 groups that work on life-threatening allergy issues. The State
5 Board is not required to create new resource materials. The
6 State Board shall make these resource materials available on
7 its Internet website.

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

- 15 (1) how to recognize symptoms of an opioid overdose;
- 16 (2) information on drug overdose prevention and
17 recognition;
- 18 (3) how to perform rescue breathing and resuscitation;
- 19 (4) how to respond to an emergency involving an opioid
20 overdose;
- 21 (5) opioid antagonist dosage and administration;
- 22 (6) the importance of calling 911;
- 23 (7) care for the overdose victim after administration
24 of the overdose antagonist;
- 25 (8) a test demonstrating competency of the knowledge
26 required to recognize an opioid overdose and administer a

1 dose of an opioid antagonist; and

2 (9) other criteria as determined in rules adopted
3 pursuant to this Section.

4 (i) Within 3 days after the administration of an
5 undesignated epinephrine auto-injector by a school nurse,
6 trained personnel, or a student at a school or school-sponsored
7 activity, the school must report to the State Board of
8 Education in a form and manner prescribed by the State Board
9 the following information:

10 (1) age and type of person receiving epinephrine
11 (student, staff, visitor);

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

13 (3) trigger that precipitated allergic episode;

14 (4) location where symptoms developed;

15 (5) number of doses administered;

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

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

19 If a school district, public school, or nonpublic school
20 maintains or has an independent contractor providing
21 transportation to students who maintains a supply of
22 undesignated epinephrine auto-injectors, then the school
23 district, public school, or nonpublic school must report that
24 information to the State Board of Education upon adoption or
25 change of the policy of the school district, public school,
26 nonpublic school, or independent contractor, in a manner as

1 prescribed by the State Board. The report must include the
2 number of undesignated epinephrine auto-injectors in supply.

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

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

10 (2) the location where symptoms developed;

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

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

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

25 (j-5) Annually, each school district, public school,
26 charter school, or nonpublic school shall request an asthma

1 action plan from the parents or guardians of a pupil with
2 asthma. If provided, the asthma action plan must be kept on
3 file in the office of the school nurse or, in the absence of a
4 school nurse, the school administrator. Copies of the asthma
5 action plan may be distributed to appropriate school staff who
6 interact with the pupil on a regular basis, and, if applicable,
7 may be attached to the pupil's federal Section 504 plan or
8 individualized education program plan.

9 (j-10) To assist schools with emergency response
10 procedures for asthma, the State Board of Education, in
11 consultation with statewide professional organizations with
12 expertise in asthma management and a statewide organization
13 representing school administrators, shall develop a model
14 asthma episode emergency response protocol before September 1,
15 2016. Each school district, charter school, and nonpublic
16 school shall adopt an asthma episode emergency response
17 protocol before January 1, 2017 that includes all of the
18 components of the State Board's model protocol.

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

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

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

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

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

17 (105 ILCS 5/22-80)

18 Sec. 22-80. Student athletes; concussions and head
19 injuries.

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

21 (1) Concussions are one of the most commonly reported
22 injuries in children and adolescents who participate in
23 sports and recreational activities. The Centers for
24 Disease Control and Prevention estimates that as many as
25 3,900,000 sports-related and recreation-related

1 concussions occur in the United States each year. A
2 concussion is caused by a blow or motion to the head or
3 body that causes the brain to move rapidly inside the
4 skull. The risk of catastrophic injuries or death are
5 significant when a concussion or head injury is not
6 properly evaluated and managed.

7 (2) Concussions are a type of brain injury that can
8 range from mild to severe and can disrupt the way the brain
9 normally works. Concussions can occur in any organized or
10 unorganized sport or recreational activity and can result
11 from a fall or from players colliding with each other, the
12 ground, or with obstacles. Concussions occur with or
13 without loss of consciousness, but the vast majority of
14 concussions occur without loss of consciousness.

15 (3) Continuing to play with a concussion or symptoms of
16 a head injury leaves a young athlete especially vulnerable
17 to greater injury and even death. The General Assembly
18 recognizes that, despite having generally recognized
19 return-to-play standards for concussions and head
20 injuries, some affected youth athletes are prematurely
21 returned to play, resulting in actual or potential physical
22 injury or death to youth athletes in this State.

23 (4) Student athletes who have sustained a concussion
24 may need informal or formal accommodations, modifications
25 of curriculum, and monitoring by medical or academic staff
26 until the student is fully recovered. To that end, all

1 schools are encouraged to establish a return-to-learn
2 protocol that is based on peer-reviewed scientific
3 evidence consistent with Centers for Disease Control and
4 Prevention guidelines and conduct baseline testing for
5 student athletes.

6 (b) In this Section:

7 "Athletic trainer" means an athletic trainer licensed
8 under the Illinois Athletic Trainers Practice Act.

9 "Coach" means any volunteer or employee of a school who is
10 responsible for organizing and supervising students to teach
11 them or train them in the fundamental skills of an
12 interscholastic athletic activity. "Coach" refers to both head
13 coaches and assistant coaches.

14 "Concussion" means a complex pathophysiological process
15 affecting the brain caused by a traumatic physical force or
16 impact to the head or body, which may include temporary or
17 prolonged altered brain function resulting in physical,
18 cognitive, or emotional symptoms or altered sleep patterns and
19 which may or may not involve a loss of consciousness.

20 "Department" means the Department of Financial and
21 Professional Regulation.

22 "Game official" means a person who officiates at an
23 interscholastic athletic activity, such as a referee or umpire,
24 including, but not limited to, persons enrolled as game
25 officials by the Illinois High School Association or Illinois
26 Elementary School Association.

1 "Interscholastic athletic activity" means any organized
2 school-sponsored or school-sanctioned activity for students,
3 generally outside of school instructional hours, under the
4 direction of a coach, athletic director, or band leader,
5 including, but not limited to, baseball, basketball,
6 cheerleading, cross country track, fencing, field hockey,
7 football, golf, gymnastics, ice hockey, lacrosse, marching
8 band, rugby, soccer, skating, softball, swimming and diving,
9 tennis, track (indoor and outdoor), ultimate Frisbee,
10 volleyball, water polo, and wrestling. All interscholastic
11 athletics are deemed to be interscholastic activities.

12 "Licensed healthcare professional" means a person who has
13 experience with concussion management and who is a nurse, a
14 psychologist who holds a license under the Clinical
15 Psychologist Licensing Act and specializes in the practice of
16 neuropsychology, a physical therapist licensed under the
17 Illinois Physical Therapy Act, an occupational therapist
18 licensed under the Illinois Occupational Therapy Practice Act.

19 "Nurse" means a person who is employed by or volunteers at
20 a school and is licensed under the Nurse Practice Act as a
21 registered nurse, practical nurse, or advanced practice
22 registered nurse.

23 "Physician" means a physician licensed to practice
24 medicine in all of its branches under the Medical Practice Act
25 of 1987.

26 "School" means any public or private elementary or

1 secondary school, including a charter school.

2 "Student" means an adolescent or child enrolled in a
3 school.

4 (c) This Section applies to any interscholastic athletic
5 activity, including practice and competition, sponsored or
6 sanctioned by a school, the Illinois Elementary School
7 Association, or the Illinois High School Association. This
8 Section applies beginning with the 2016-2017 school year.

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

1 Each concussion oversight team must include to the extent
2 practicable at least one physician. If a school employs an
3 athletic trainer, the athletic trainer must be a member of the
4 school concussion oversight team to the extent practicable. If
5 a school employs a nurse, the nurse must be a member of the
6 school concussion oversight team to the extent practicable. At
7 a minimum, a school shall appoint a person who is responsible
8 for implementing and complying with the return-to-play and
9 return-to-learn protocols adopted by the concussion oversight
10 team. A school may appoint other licensed healthcare
11 professionals to serve on the concussion oversight team.

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

22 (f) A student must be removed from an interscholastic
23 athletics practice or competition immediately if one of the
24 following persons believes the student might have sustained a
25 concussion during the practice or competition:

26 (1) a coach;

1 (2) a physician;

2 (3) a game official;

3 (4) an athletic trainer;

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

7 (6) the student; or

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

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

14 (1) the student has been evaluated, using established
15 medical protocols based on peer-reviewed scientific
16 evidence consistent with Centers for Disease Control and
17 Prevention guidelines, by a treating physician (chosen by
18 the student or the student's parent or guardian or another
19 person with legal authority to make medical decisions for
20 the student) or an athletic trainer working under the
21 supervision of a physician;

22 (2) the student has successfully completed each
23 requirement of the return-to-play protocol established
24 under this Section necessary for the student to return to
25 play;

26 (3) the student has successfully completed each

1 requirement of the return-to-learn protocol established
2 under this Section necessary for the student to return to
3 learn;

4 (4) the treating physician or athletic trainer working
5 under the supervision of a physician has provided a written
6 statement indicating that, in the physician's professional
7 judgment, it is safe for the student to return to play and
8 return to learn; and

9 (5) the student and the student's parent or guardian or
10 another person with legal authority to make medical
11 decisions for the student:

12 (A) have acknowledged that the student has
13 completed the requirements of the return-to-play and
14 return-to-learn protocols necessary for the student to
15 return to play;

16 (B) have provided the treating physician's or
17 athletic trainer's written statement under subdivision
18 (4) of this subsection (g) to the person responsible
19 for compliance with the return-to-play and
20 return-to-learn protocols under this subsection (g)
21 and the person who has supervisory responsibilities
22 under this subsection (g); and

23 (C) have signed a consent form indicating that the
24 person signing:

25 (i) has been informed concerning and consents
26 to the student participating in returning to play

1 in accordance with the return-to-play and
2 return-to-learn protocols;

3 (ii) understands the risks associated with the
4 student returning to play and returning to learn
5 and will comply with any ongoing requirements in
6 the return-to-play and return-to-learn protocols;
7 and

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

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

20 The district superintendent or the superintendent's
21 designee in the case of a public elementary or secondary
22 school, the chief school administrator or that person's
23 designee in the case of a charter school, or the appropriate
24 administrative officer or that person's designee in the case of
25 a private school shall supervise an athletic trainer or other
26 person responsible for compliance with the return-to-play

1 protocol and shall supervise the person responsible for
2 compliance with the return-to-learn protocol. The person who
3 has supervisory responsibilities under this paragraph may not
4 be a coach of an interscholastic athletics team.

5 (h) (1) The Illinois High School Association shall approve,
6 for coaches and game officials of interscholastic athletic
7 activities, training courses that provide for not less than 2
8 hours of training in the subject matter of concussions,
9 including evaluation, prevention, symptoms, risks, and
10 long-term effects. The Association shall maintain an updated
11 list of individuals and organizations authorized by the
12 Association to provide the training.

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

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

17 (B) a nurse who serves as a member of a concussion
18 oversight team and is an employee, representative, or agent
19 of a school;

20 (C) a game official of an interscholastic athletic
21 activity; and

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

24 (3) A physician who serves as a member of a concussion
25 oversight team shall, to the greatest extent practicable,
26 periodically take an appropriate continuing medical education

1 course in the subject matter of concussions.

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

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

6 (B) an athletic trainer must take a concussion-related
7 continuing education course from an athletic trainer
8 continuing education sponsor approved by the Department;
9 and

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

13 (5) Each person described in paragraph (2) of this
14 subsection (h) must submit proof of timely completion of an
15 approved course in compliance with paragraph (4) of this
16 subsection (h) to the district superintendent or the
17 superintendent's designee in the case of a public elementary or
18 secondary school, the chief school administrator or that
19 person's designee in the case of a charter school, or the
20 appropriate administrative officer or that person's designee
21 in the case of a private school.

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

26 (7) A person required under this subsection (h) to take a

1 training course in the subject of concussions must initially
2 complete the training not later than September 1, 2016.

3 (i) The governing body of each public or charter school and
4 the appropriate administrative officer of a private school with
5 students enrolled who participate in an interscholastic
6 athletic activity shall develop a school-specific emergency
7 action plan for interscholastic athletic activities to address
8 the serious injuries and acute medical conditions in which the
9 condition of the student may deteriorate rapidly. The plan
10 shall include a delineation of roles, methods of communication,
11 available emergency equipment, and access to and a plan for
12 emergency transport. This emergency action plan must be:

13 (1) in writing;

14 (2) reviewed by the concussion oversight team;

15 (3) approved by the district superintendent or the
16 superintendent's designee in the case of a public
17 elementary or secondary school, the chief school
18 administrator or that person's designee in the case of a
19 charter school, or the appropriate administrative officer
20 or that person's designee in the case of a private school;

21 (4) distributed to all appropriate personnel;

22 (5) posted conspicuously at all venues utilized by the
23 school; and

24 (6) reviewed annually by all athletic trainers, first
25 responders, coaches, school nurses, athletic directors,
26 and volunteers for interscholastic athletic activities.

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

3 (Source: P.A. 99-245, eff. 8-3-15; 99-486, eff. 11-20-15;
4 99-642, eff. 7-28-16.)

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

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

7 (a) In this Section, "employee" means any employee of a
8 school district, a student teacher, an employee of a contractor
9 that provides services to students or in schools, or any other
10 individual subject to the requirements of Section 10-21.9 or
11 34-18.5 of this Code.

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

1 to practice medicine and surgery in all its branches, a
2 licensed advanced practice registered nurse, or a licensed
3 physician assistant and shall pay the expenses thereof from
4 school funds.

5 (c) School boards may require teachers in their employ to
6 furnish from time to time evidence of continued professional
7 growth.

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

9 (105 ILCS 5/24-6)

10 Sec. 24-6. Sick leave. The school boards of all school
11 districts, including special charter districts, but not
12 including school districts in municipalities of 500,000 or
13 more, shall grant their full-time teachers, and also shall
14 grant such of their other employees as are eligible to
15 participate in the Illinois Municipal Retirement Fund under the
16 "600-Hour Standard" established, or under such other
17 eligibility participation standard as may from time to time be
18 established, by rules and regulations now or hereafter
19 promulgated by the Board of that Fund under Section 7-198 of
20 the Illinois Pension Code, as now or hereafter amended, sick
21 leave provisions not less in amount than 10 days at full pay in
22 each school year. If any such teacher or employee does not use
23 the full amount of annual leave thus allowed, the unused amount
24 shall be allowed to accumulate to a minimum available leave of
25 180 days at full pay, including the leave of the current year.

1 Sick leave shall be interpreted to mean personal illness,
2 quarantine at home, serious illness or death in the immediate
3 family or household, or birth, adoption, or placement for
4 adoption. The school board may require a certificate from a
5 physician licensed in Illinois to practice medicine and surgery
6 in all its branches, a chiropractic physician licensed under
7 the Medical Practice Act of 1987, a licensed advanced practice
8 registered nurse, a licensed physician assistant, or, if the
9 treatment is by prayer or spiritual means, a spiritual adviser
10 or practitioner of the teacher's or employee's faith as a basis
11 for pay during leave after an absence of 3 days for personal
12 illness or 30 days for birth or as the school board may deem
13 necessary in other cases. If the school board does require a
14 certificate as a basis for pay during leave of less than 3 days
15 for personal illness, the school board shall pay, from school
16 funds, the expenses incurred by the teachers or other employees
17 in obtaining the certificate. For paid leave for adoption or
18 placement for adoption, the school board may require that the
19 teacher or other employee provide evidence that the formal
20 adoption process is underway, and such leave is limited to 30
21 days unless a longer leave has been negotiated with the
22 exclusive bargaining representative.

23 If, by reason of any change in the boundaries of school
24 districts, or by reason of the creation of a new school
25 district, the employment of a teacher is transferred to a new
26 or different board, the accumulated sick leave of such teacher

1 is not thereby lost, but is transferred to such new or
2 different district.

3 For purposes of this Section, "immediate family" shall
4 include parents, spouse, brothers, sisters, children,
5 grandparents, grandchildren, parents-in-law, brothers-in-law,
6 sisters-in-law, and legal guardians.

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

8 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

9 Sec. 26-1. Compulsory school age-Exemptions. Whoever has
10 custody or control of any child (i) between the ages of 7 and
11 17 years (unless the child has already graduated from high
12 school) for school years before the 2014-2015 school year or
13 (ii) between the ages of 6 (on or before September 1) and 17
14 years (unless the child has already graduated from high school)
15 beginning with the 2014-2015 school year shall cause such child
16 to attend some public school in the district wherein the child
17 resides the entire time it is in session during the regular
18 school term, except as provided in Section 10-19.1, and during
19 a required summer school program established under Section
20 10-22.33B; provided, that the following children shall not be
21 required to attend the public schools:

22 1. Any child attending a private or a parochial school
23 where children are taught the branches of education taught
24 to children of corresponding age and grade in the public
25 schools, and where the instruction of the child in the

1 branches of education is in the English language;

2 2. Any child who is physically or mentally unable to
3 attend school, such disability being certified to the
4 county or district truant officer by a competent physician
5 licensed in Illinois to practice medicine and surgery in
6 all its branches, a chiropractic physician licensed under
7 the Medical Practice Act of 1987, a licensed advanced
8 practice registered nurse, a licensed physician assistant,
9 or a Christian Science practitioner residing in this State
10 and listed in the Christian Science Journal; or who is
11 excused for temporary absence for cause by the principal or
12 teacher of the school which the child attends; the
13 exemptions in this paragraph (2) do not apply to any female
14 who is pregnant or the mother of one or more children,
15 except where a female is unable to attend school due to a
16 complication arising from her pregnancy and the existence
17 of such complication is certified to the county or district
18 truant officer by a competent physician;

19 3. Any child necessarily and lawfully employed
20 according to the provisions of the law regulating child
21 labor may be excused from attendance at school by the
22 county superintendent of schools or the superintendent of
23 the public school which the child should be attending, on
24 certification of the facts by and the recommendation of the
25 school board of the public school district in which the
26 child resides. In districts having part time continuation

1 schools, children so excused shall attend such schools at
2 least 8 hours each week;

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

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

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

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

1 during the absence. If the student satisfactorily
2 completes the school work, the day of absence shall be
3 counted as a day of compulsory attendance and he or she may
4 not be penalized for that absence.

5 (Source: P.A. 98-544, eff. 7-1-14; 99-173, eff. 7-29-15;
6 99-804, eff. 1-1-17.)

7 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

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

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

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

1 to comply with the provisions of Public Act 95-422 when he or
2 she attends school for the 2008-2009 school year, unless the
3 child is attending school for the first time as provided in
4 this paragraph.

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

14 (1.5) In compliance with rules adopted by the Department of
15 Public Health and except as otherwise provided in this Section,
16 all children in kindergarten and the second and sixth grades of
17 any public, private, or parochial school shall have a dental
18 examination. Each of these children shall present proof of
19 having been examined by a dentist in accordance with this
20 Section and rules adopted under this Section before May 15th of
21 the school year. If a child in the second or sixth grade fails
22 to present proof by May 15th, the school may hold the child's
23 report card until one of the following occurs: (i) the child
24 presents proof of a completed dental examination or (ii) the
25 child presents proof that a dental examination will take place
26 within 60 days after May 15th. The Department of Public Health

1 shall establish, by rule, a waiver for children who show an
2 undue burden or a lack of access to a dentist. Each public,
3 private, and parochial school must give notice of this dental
4 examination requirement to the parents and guardians of
5 students at least 60 days before May 15th of each school year.

6 (1.10) Except as otherwise provided in this Section, all
7 children enrolling in kindergarten in a public, private, or
8 parochial school on or after the effective date of this
9 amendatory Act of the 95th General Assembly and any student
10 enrolling for the first time in a public, private, or parochial
11 school on or after the effective date of this amendatory Act of
12 the 95th General Assembly shall have an eye examination. Each
13 of these children shall present proof of having been examined
14 by a physician licensed to practice medicine in all of its
15 branches or a licensed optometrist within the previous year, in
16 accordance with this Section and rules adopted under this
17 Section, before October 15th of the school year. If the child
18 fails to present proof by October 15th, the school may hold the
19 child's report card until one of the following occurs: (i) the
20 child presents proof of a completed eye examination or (ii) the
21 child presents proof that an eye examination will take place
22 within 60 days after October 15th. The Department of Public
23 Health shall establish, by rule, a waiver for children who show
24 an undue burden or a lack of access to a physician licensed to
25 practice medicine in all of its branches who provides eye
26 examinations or to a licensed optometrist. Each public,

1 private, and parochial school must give notice of this eye
2 examination requirement to the parents and guardians of
3 students in compliance with rules of the Department of Public
4 Health. Nothing in this Section shall be construed to allow a
5 school to exclude a child from attending because of a parent's
6 or guardian's failure to obtain an eye examination for the
7 child.

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

24 Physicians licensed to practice medicine in all of its
25 branches, licensed advanced practice registered nurses, or
26 licensed physician assistants shall be responsible for the

1 performance of the health examinations, other than dental
2 examinations, eye examinations, and vision and hearing
3 screening, and shall sign all report forms required by
4 subsection (4) of this Section that pertain to those portions
5 of the health examination for which the physician, advanced
6 practice registered nurse, or physician assistant is
7 responsible. If a registered nurse performs any part of a
8 health examination, then a physician licensed to practice
9 medicine in all of its branches must review and sign all
10 required report forms. Licensed dentists shall perform all
11 dental examinations and shall sign all report forms required by
12 subsection (4) of this Section that pertain to the dental
13 examinations. Physicians licensed to practice medicine in all
14 its branches or licensed optometrists shall perform all eye
15 examinations required by this Section and shall sign all report
16 forms required by subsection (4) of this Section that pertain
17 to the eye examination. For purposes of this Section, an eye
18 examination shall at a minimum include history, visual acuity,
19 subjective refraction to best visual acuity near and far,
20 internal and external examination, and a glaucoma evaluation,
21 as well as any other tests or observations that in the
22 professional judgment of the doctor are necessary. Vision and
23 hearing screening tests, which shall not be considered
24 examinations as that term is used in this Section, shall be
25 conducted in accordance with rules and regulations of the
26 Department of Public Health, and by individuals whom the

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

11 (3) Every child shall, at or about the same time as he or
12 she receives a health examination required by subsection (1) of
13 this Section, present to the local school proof of having
14 received such immunizations against preventable communicable
15 diseases as the Department of Public Health shall require by
16 rules and regulations promulgated pursuant to this Section and
17 the Communicable Disease Prevention Act.

18 (4) The individuals conducting the health examination,
19 dental examination, or eye examination shall record the fact of
20 having conducted the examination, and such additional
21 information as required, including for a health examination
22 data relating to obesity (including at a minimum, date of
23 birth, gender, height, weight, blood pressure, and date of
24 exam), on uniform forms which the Department of Public Health
25 and the State Board of Education shall prescribe for statewide
26 use. The examiner shall summarize on the report form any

1 condition that he or she suspects indicates a need for special
2 services, including for a health examination factors relating
3 to obesity. The individuals confirming the administration of
4 required immunizations shall record as indicated on the form
5 that the immunizations were administered.

6 (5) If a child does not submit proof of having had either
7 the health examination or the immunization as required, then
8 the child shall be examined or receive the immunization, as the
9 case may be, and present proof by October 15 of the current
10 school year, or by an earlier date of the current school year
11 established by a school district. To establish a date before
12 October 15 of the current school year for the health
13 examination or immunization as required, a school district must
14 give notice of the requirements of this Section 60 days prior
15 to the earlier established date. If for medical reasons one or
16 more of the required immunizations must be given after October
17 15 of the current school year, or after an earlier established
18 date of the current school year, then the child shall present,
19 by October 15, or by the earlier established date, a schedule
20 for the administration of the immunizations and a statement of
21 the medical reasons causing the delay, both the schedule and
22 the statement being issued by the physician, advanced practice
23 registered nurse, physician assistant, registered nurse, or
24 local health department that will be responsible for
25 administration of the remaining required immunizations. If a
26 child does not comply by October 15, or by the earlier

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

1 appointment scheduled pursuant to this subsection (5).

2 (6) Every school shall report to the State Board of
3 Education by November 15, in the manner which that agency shall
4 require, the number of children who have received the necessary
5 immunizations and the health examination (other than a dental
6 examination or eye examination) as required, indicating, of
7 those who have not received the immunizations and examination
8 as required, the number of children who are exempt from health
9 examination and immunization requirements on religious or
10 medical grounds as provided in subsection (8). On or before
11 December 1 of each year, every public school district and
12 registered nonpublic school shall make publicly available the
13 immunization data they are required to submit to the State
14 Board of Education by November 15. The immunization data made
15 publicly available must be identical to the data the school
16 district or school has reported to the State Board of
17 Education.

18 Every school shall report to the State Board of Education
19 by June 30, in the manner that the State Board requires, the
20 number of children who have received the required dental
21 examination, indicating, of those who have not received the
22 required dental examination, the number of children who are
23 exempt from the dental examination on religious grounds as
24 provided in subsection (8) of this Section and the number of
25 children who have received a waiver under subsection (1.5) of
26 this Section.

1 Every school shall report to the State Board of Education
2 by June 30, in the manner that the State Board requires, the
3 number of children who have received the required eye
4 examination, indicating, of those who have not received the
5 required eye examination, the number of children who are exempt
6 from the eye examination as provided in subsection (8) of this
7 Section, the number of children who have received a waiver
8 under subsection (1.10) of this Section, and the total number
9 of children in noncompliance with the eye examination
10 requirement.

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

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

22 (8) Children of parents or legal guardians who object to
23 health, dental, or eye examinations or any part thereof, to
24 immunizations, or to vision and hearing screening tests on
25 religious grounds shall not be required to undergo the
26 examinations, tests, or immunizations to which they so object

1 if such parents or legal guardians present to the appropriate
2 local school authority a signed Certificate of Religious
3 Exemption detailing the grounds for objection and the specific
4 immunizations, tests, or examinations to which they object. The
5 grounds for objection must set forth the specific religious
6 belief that conflicts with the examination, test,
7 immunization, or other medical intervention. The signed
8 certificate shall also reflect the parent's or legal guardian's
9 understanding of the school's exclusion policies in the case of
10 a vaccine-preventable disease outbreak or exposure. The
11 certificate must also be signed by the authorized examining
12 health care provider responsible for the performance of the
13 child's health examination confirming that the provider
14 provided education to the parent or legal guardian on the
15 benefits of immunization and the health risks to the student
16 and to the community of the communicable diseases for which
17 immunization is required in this State. However, the health
18 care provider's signature on the certificate reflects only that
19 education was provided and does not allow a health care
20 provider grounds to determine a religious exemption. Those
21 receiving immunizations required under this Code shall be
22 provided with the relevant vaccine information statements that
23 are required to be disseminated by the federal National
24 Childhood Vaccine Injury Act of 1986, which may contain
25 information on circumstances when a vaccine should not be
26 administered, prior to administering a vaccine. A healthcare

1 provider may consider including without limitation the
2 nationally accepted recommendations from federal agencies such
3 as the Advisory Committee on Immunization Practices, the
4 information outlined in the relevant vaccine information
5 statement, and vaccine package inserts, along with the
6 healthcare provider's clinical judgment, to determine whether
7 any child may be more susceptible to experiencing an adverse
8 vaccine reaction than the general population, and, if so, the
9 healthcare provider may exempt the child from an immunization
10 or adopt an individualized immunization schedule. The
11 Certificate of Religious Exemption shall be created by the
12 Department of Public Health and shall be made available and
13 used by parents and legal guardians by the beginning of the
14 2015-2016 school year. Parents or legal guardians must submit
15 the Certificate of Religious Exemption to their local school
16 authority prior to entering kindergarten, sixth grade, and
17 ninth grade for each child for which they are requesting an
18 exemption. The religious objection stated need not be directed
19 by the tenets of an established religious organization.
20 However, general philosophical or moral reluctance to allow
21 physical examinations, eye examinations, immunizations, vision
22 and hearing screenings, or dental examinations does not provide
23 a sufficient basis for an exception to statutory requirements.
24 The local school authority is responsible for determining if
25 the content of the Certificate of Religious Exemption
26 constitutes a valid religious objection. The local school

1 authority shall inform the parent or legal guardian of
2 exclusion procedures, in accordance with the Department's
3 rules under Part 690 of Title 77 of the Illinois Administrative
4 Code, at the time the objection is presented.

5 If the physical condition of the child is such that any one
6 or more of the immunizing agents should not be administered,
7 the examining physician, advanced practice registered nurse,
8 or physician assistant responsible for the performance of the
9 health examination shall endorse that fact upon the health
10 examination form.

11 Exempting a child from the health, dental, or eye
12 examination does not exempt the child from participation in the
13 program of physical education training provided in Sections
14 27-5 through 27-7 of this Code.

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

19 (Source: P.A. 98-673, eff. 6-30-14; 99-173, eff. 7-29-15;
20 99-249, eff. 8-3-15; 99-642, eff. 7-28-16.)

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

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

23 (1) In compliance with rules and regulations which the
24 Department of Public Health shall promulgate, and except as
25 hereinafter provided, all children in Illinois shall have a

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

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

1 (1.5) In compliance with rules adopted by the Department of
2 Public Health and except as otherwise provided in this Section,
3 all children in kindergarten and the second and sixth grades of
4 any public, private, or parochial school shall have a dental
5 examination. Each of these children shall present proof of
6 having been examined by a dentist in accordance with this
7 Section and rules adopted under this Section before May 15th of
8 the school year. If a child in the second or sixth grade fails
9 to present proof by May 15th, the school may hold the child's
10 report card until one of the following occurs: (i) the child
11 presents proof of a completed dental examination or (ii) the
12 child presents proof that a dental examination will take place
13 within 60 days after May 15th. The Department of Public Health
14 shall establish, by rule, a waiver for children who show an
15 undue burden or a lack of access to a dentist. Each public,
16 private, and parochial school must give notice of this dental
17 examination requirement to the parents and guardians of
18 students at least 60 days before May 15th of each school year.

19 (1.10) Except as otherwise provided in this Section, all
20 children enrolling in kindergarten in a public, private, or
21 parochial school on or after the effective date of this
22 amendatory Act of the 95th General Assembly and any student
23 enrolling for the first time in a public, private, or parochial
24 school on or after the effective date of this amendatory Act of
25 the 95th General Assembly shall have an eye examination. Each
26 of these children shall present proof of having been examined

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

21 (2) The Department of Public Health shall promulgate rules
22 and regulations specifying the examinations and procedures
23 that constitute a health examination, which shall include an
24 age-appropriate developmental screening, an age-appropriate
25 social and emotional screening, and the collection of data
26 relating to obesity (including at a minimum, date of birth,

1 gender, height, weight, blood pressure, and date of exam), and
2 a dental examination and may recommend by rule that certain
3 additional examinations be performed. The rules and
4 regulations of the Department of Public Health shall specify
5 that a tuberculosis skin test screening shall be included as a
6 required part of each health examination included under this
7 Section if the child resides in an area designated by the
8 Department of Public Health as having a high incidence of
9 tuberculosis. With respect to the developmental screening and
10 the social and emotional screening, the Department of Public
11 Health must develop rules and appropriate revisions to the
12 Child Health Examination form in conjunction with a statewide
13 organization representing school boards; a statewide
14 organization representing pediatricians; statewide
15 organizations representing individuals holding Illinois
16 educator licenses with school support personnel endorsements,
17 including school social workers, school psychologists, and
18 school nurses; a statewide organization representing
19 children's mental health experts; a statewide organization
20 representing school principals; the Director of Healthcare and
21 Family Services or his or her designee, the State
22 Superintendent of Education or his or her designee; and
23 representatives of other appropriate State agencies and, at a
24 minimum, must recommend the use of validated screening tools
25 appropriate to the child's age or grade, and, with regard to
26 the social and emotional screening, require recording only

1 whether or not the screening was completed. The rules shall
2 take into consideration the screening recommendations of the
3 American Academy of Pediatrics and must be consistent with the
4 State Board of Education's social and emotional learning
5 standards. The Department of Public Health shall specify that a
6 diabetes screening as defined by rule shall be included as a
7 required part of each health examination. Diabetes testing is
8 not required.

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

1 forms required by subsection (4) of this Section that pertain
2 to the eye examination. For purposes of this Section, an eye
3 examination shall at a minimum include history, visual acuity,
4 subjective refraction to best visual acuity near and far,
5 internal and external examination, and a glaucoma evaluation,
6 as well as any other tests or observations that in the
7 professional judgment of the doctor are necessary. Vision and
8 hearing screening tests, which shall not be considered
9 examinations as that term is used in this Section, shall be
10 conducted in accordance with rules and regulations of the
11 Department of Public Health, and by individuals whom the
12 Department of Public Health has certified. In these rules and
13 regulations, the Department of Public Health shall require that
14 individuals conducting vision screening tests give a child's
15 parent or guardian written notification, before the vision
16 screening is conducted, that states, "Vision screening is not a
17 substitute for a complete eye and vision evaluation by an eye
18 doctor. Your child is not required to undergo this vision
19 screening if an optometrist or ophthalmologist has completed
20 and signed a report form indicating that an examination has
21 been administered within the previous 12 months."

22 (2.5) With respect to the developmental screening and the
23 social and emotional screening portion of the health
24 examination, each child may present proof of having been
25 screened in accordance with this Section and the rules adopted
26 under this Section before October 15th of the school year. With

1 regard to the social and emotional screening only, the
2 examining health care provider shall only record whether or not
3 the screening was completed. If the child fails to present
4 proof of the developmental screening or the social and
5 emotional screening portions of the health examination by
6 October 15th of the school year, qualified school support
7 personnel may, with a parent's or guardian's consent, offer the
8 developmental screening or the social and emotional screening
9 to the child. Each public, private, and parochial school must
10 give notice of the developmental screening and social and
11 emotional screening requirements to the parents and guardians
12 of students in compliance with the rules of the Department of
13 Public Health. Nothing in this Section shall be construed to
14 allow a school to exclude a child from attending because of a
15 parent's or guardian's failure to obtain a developmental
16 screening or a social and emotional screening for the child.
17 Once a developmental screening or a social and emotional
18 screening is completed and proof has been presented to the
19 school, the school may, with a parent's or guardian's consent,
20 make available appropriate school personnel to work with the
21 parent or guardian, the child, and the provider who signed the
22 screening form to obtain any appropriate evaluations and
23 services as indicated on the form and in other information and
24 documentation provided by the parents, guardians, or provider.

25 (3) Every child shall, at or about the same time as he or
26 she receives a health examination required by subsection (1) of

1 this Section, present to the local school proof of having
2 received such immunizations against preventable communicable
3 diseases as the Department of Public Health shall require by
4 rules and regulations promulgated pursuant to this Section and
5 the Communicable Disease Prevention Act.

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

26 (5) If a child does not submit proof of having had either

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

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

24 (6) Every school shall report to the State Board of
25 Education by November 15, in the manner which that agency shall
26 require, the number of children who have received the necessary

1 immunizations and the health examination (other than a dental
2 examination or eye examination) as required, indicating, of
3 those who have not received the immunizations and examination
4 as required, the number of children who are exempt from health
5 examination and immunization requirements on religious or
6 medical grounds as provided in subsection (8). On or before
7 December 1 of each year, every public school district and
8 registered nonpublic school shall make publicly available the
9 immunization data they are required to submit to the State
10 Board of Education by November 15. The immunization data made
11 publicly available must be identical to the data the school
12 district or school has reported to the State Board of
13 Education.

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

23 Every school shall report to the State Board of Education
24 by June 30, in the manner that the State Board requires, the
25 number of children who have received the required eye
26 examination, indicating, of those who have not received the

1 required eye examination, the number of children who are exempt
2 from the eye examination as provided in subsection (8) of this
3 Section, the number of children who have received a waiver
4 under subsection (1.10) of this Section, and the total number
5 of children in noncompliance with the eye examination
6 requirement.

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

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

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

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

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

1 If the physical condition of the child is such that any one
2 or more of the immunizing agents should not be administered,
3 the examining physician, advanced practice registered nurse,
4 or physician assistant responsible for the performance of the
5 health examination shall endorse that fact upon the health
6 examination form.

7 Exempting a child from the health, dental, or eye
8 examination does not exempt the child from participation in the
9 program of physical education training provided in Sections
10 27-5 through 27-7 of this Code.

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

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

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

20 (105 ILCS 145/10)

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

22 "Delegated care aide" means a school employee who has
23 agreed to receive training in diabetes care and to assist
24 students in implementing their diabetes care plan and has

1 entered into an agreement with a parent or guardian and the
2 school district or private school.

3 "Diabetes care plan" means a document that specifies the
4 diabetes-related services needed by a student at school and at
5 school-sponsored activities and identifies the appropriate
6 staff to provide and supervise these services.

7 "Health care provider" means a physician licensed to
8 practice medicine in all of its branches, advanced practice
9 registered nurse who has a written agreement with a
10 collaborating physician who authorizes the provision of
11 diabetes care, or a physician assistant who has a written
12 supervision agreement with a supervising physician who
13 authorizes the provision of diabetes care.

14 "Principal" means the principal of the school.

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

17 "School employee" means a person who is employed by a
18 public school district or private school, a person who is
19 employed by a local health department and assigned to a school,
20 or a person who contracts with a school or school district to
21 perform services in connection with a student's diabetes care
22 plan. This definition must not be interpreted as requiring a
23 school district or private school to hire additional personnel
24 for the sole purpose of serving as a designated care aide.

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

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

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

4 Sec. 3. Definitions.

5 The following terms, whenever used or referred to, have the
6 following meanings except where the context clearly indicates
7 otherwise:

8 (1) "Board" means the Board of Higher Education created by
9 the Board of Higher Education Act.

10 (2) "Department" means the Illinois Department of Public
11 Health.

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

21 (4) "Baccalaureate degree in nursing program" means a
22 program offered by an approved institution and leading to a
23 bachelor of science degree in nursing.

24 (5) "Enrollment" means the establishment and maintenance
25 of an individual's status as a student in an approved

1 institution, regardless of the terms used at the institution to
2 describe such status.

3 (6) "Academic year" means the period of time from September
4 1 of one year through August 31 of the next year or as
5 otherwise defined by the academic institution.

6 (7) "Associate degree in nursing program or hospital-based
7 diploma in nursing program" means a program offered by an
8 approved institution and leading to an associate degree in
9 nursing, associate degree in applied sciences in nursing, or
10 hospital-based diploma in nursing.

11 (8) "Graduate degree in nursing program" means a program
12 offered by an approved institution and leading to a master of
13 science degree in nursing or a doctorate of philosophy or
14 doctorate of nursing degree in nursing.

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

17 (10) "Accepted for admission" means a student has completed
18 the requirements for entry into an associate degree in nursing
19 program, associate degree in applied sciences in nursing
20 program, hospital-based diploma in nursing program,
21 baccalaureate degree in nursing program, graduate degree in
22 nursing program, or certificate in practical nursing program at
23 an approved institution, as documented by the institution.

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

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

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

5 (14) "Nursing employment obligation" means employment in
6 this State as a registered professional nurse, licensed
7 practical nurse, or advanced practice registered nurse in
8 direct patient care for at least one year for each year of
9 scholarship assistance received through the Nursing Education
10 Scholarship Program.

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

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

17 (17) "Registered professional nurse" means a person who is
18 currently licensed as a registered professional nurse by the
19 Department of Professional Regulation under the Nurse Practice
20 Act.

21 (18) "Licensed practical nurse" means a person who is
22 currently licensed as a licensed practical nurse by the
23 Department of Professional Regulation under the Nurse Practice
24 Act.

25 (19) "School term" means an academic term, such as a
26 semester, quarter, trimester, or number of clock hours, as

1 defined by an approved institution.

2 (20) "Student in good standing" means a student maintaining
3 a cumulative grade point average equivalent to at least the
4 academic grade of a "C".

5 (21) "Total and permanent disability" means a physical or
6 mental impairment, disease, or loss of a permanent nature that
7 prevents nursing employment with or without reasonable
8 accommodation. Proof of disability shall be a declaration from
9 the social security administration, Illinois Workers'
10 Compensation Commission, Department of Defense, or an insurer
11 authorized to transact business in Illinois who is providing
12 disability insurance coverage to a contractor.

13 (22) "Tuition" means the established charges of an
14 institution of higher learning for instruction at that
15 institution.

16 (23) "Nurse educator" means a person who is currently
17 licensed as a registered nurse by the Department of
18 Professional Regulation under the Nurse Practice Act, who has a
19 graduate degree in nursing, and who is employed by an approved
20 academic institution to educate registered nursing students,
21 licensed practical nursing students, and registered nurses
22 pursuing graduate degrees.

23 (24) "Nurse educator employment obligation" means
24 employment in this State as a nurse educator for at least 2
25 years for each year of scholarship assistance received under
26 Section 6.5 of this Law.

1 Rulemaking authority to implement this amendatory Act of
2 the 96th General Assembly, if any, is conditioned on the rules
3 being adopted in accordance with all provisions of the Illinois
4 Administrative Procedure Act and all rules and procedures of
5 the Joint Committee on Administrative Rules; any purported rule
6 not so adopted, for whatever reason, is unauthorized.

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

9 (110 ILCS 975/5) (from Ch. 144, par. 2755)

10 Sec. 5. Nursing education scholarships. Beginning with the
11 fall term of the 2004-2005 academic year, the Department, in
12 accordance with rules and regulations promulgated by it for
13 this program, shall provide scholarships to individuals
14 selected from among those applicants who qualify for
15 consideration by showing:

16 (1) that he or she has been a resident of this State
17 for at least one year prior to application, and is a
18 citizen or a lawful permanent resident alien of the United
19 States;

20 (2) that he or she is enrolled in or accepted for
21 admission to an associate degree in nursing program,
22 hospital-based diploma in nursing program, baccalaureate
23 degree in nursing program, graduate degree in nursing
24 program, or practical nursing program at an approved
25 institution; and

1 (3) that he or she agrees to meet the nursing
2 employment obligation.

3 If in any year the number of qualified applicants exceeds
4 the number of scholarships to be awarded, the Department shall,
5 in consultation with the Illinois Nursing Workforce Center ~~for~~
6 ~~Nursing~~ Advisory Board, consider the following factors in
7 granting priority in awarding scholarships:

8 (A) Financial need, as shown on a standardized
9 financial needs assessment form used by an approved
10 institution, of students who will pursue their
11 education on a full-time or close to full-time basis
12 and who already have a certificate in practical
13 nursing, a diploma in nursing, or an associate degree
14 in nursing and are pursuing a higher degree.

15 (B) A student's status as a registered nurse who is
16 pursuing a graduate degree in nursing to pursue
17 employment in an approved institution that educates
18 licensed practical nurses and that educates registered
19 nurses in undergraduate and graduate nursing programs.

20 (C) A student's merit, as shown through his or her
21 grade point average, class rank, and other academic and
22 extracurricular activities. The Department may add to
23 and further define these merit criteria by rule.

24 Unless otherwise indicated, scholarships shall be awarded
25 to recipients at approved institutions for a period of up to 2
26 years if the recipient is enrolled in an associate degree in

1 nursing program, up to 3 years if the recipient is enrolled in
2 a hospital-based diploma in nursing program, up to 4 years if
3 the recipient is enrolled in a baccalaureate degree in nursing
4 program, up to 5 years if the recipient is enrolled in a
5 graduate degree in nursing program, and up to one year if the
6 recipient is enrolled in a certificate in practical nursing
7 program. At least 40% of the scholarships awarded shall be for
8 recipients who are pursuing baccalaureate degrees in nursing,
9 30% of the scholarships awarded shall be for recipients who are
10 pursuing associate degrees in nursing or a diploma in nursing,
11 10% of the scholarships awarded shall be for recipients who are
12 pursuing a certificate in practical nursing, and 20% of the
13 scholarships awarded shall be for recipients who are pursuing a
14 graduate degree in nursing.

15 (Source: P.A. 93-879, eff. 1-1-05; 94-1020, eff. 7-11-06.)

16 (110 ILCS 975/6.5)

17 Sec. 6.5. Nurse educator scholarships.

18 (a) Beginning with the fall term of the 2009-2010 academic
19 year, the Department shall provide scholarships to individuals
20 selected from among those applicants who qualify for
21 consideration by showing the following:

22 (1) that he or she has been a resident of this State
23 for at least one year prior to application and is a citizen
24 or a lawful permanent resident alien of the United States;

25 (2) that he or she is enrolled in or accepted for

1 admission to a graduate degree in nursing program at an
2 approved institution; and

3 (3) that he or she agrees to meet the nurse educator
4 employment obligation.

5 (b) If in any year the number of qualified applicants
6 exceeds the number of scholarships to be awarded under this
7 Section, the Department shall, in consultation with the
8 Illinois Nursing Workforce Center ~~for Nursing~~ Advisory Board,
9 consider the following factors in granting priority in awarding
10 scholarships:

11 (1) Financial need, as shown on a standardized
12 financial needs assessment form used by an approved
13 institution, of students who will pursue their education on
14 a full-time or close to full-time basis and who already
15 have a diploma in nursing and are pursuing a higher degree.

16 (2) A student's status as a registered nurse who is
17 pursuing a graduate degree in nursing to pursue employment
18 in an approved institution that educates licensed
19 practical nurses and that educates registered nurses in
20 undergraduate and graduate nursing programs.

21 (3) A student's merit, as shown through his or her
22 grade point average, class rank, experience as a nurse,
23 including supervisory experience, experience as a nurse in
24 the United States military, and other academic and
25 extracurricular activities.

26 (c) Unless otherwise indicated, scholarships under this

1 Section shall be awarded to recipients at approved institutions
2 for a period of up to 3 years.

3 (d) Within 12 months after graduation from a graduate
4 degree in nursing program for nurse educators, any recipient
5 who accepted a scholarship under this Section shall begin
6 meeting the required nurse educator employment obligation. In
7 order to defer his or her continuous employment obligation, a
8 recipient must request the deferment in writing from the
9 Department. A recipient shall receive a deferment if he or she
10 notifies the Department, within 30 days after enlisting, that
11 he or she is spending up to 4 years in military service. A
12 recipient shall receive a deferment if he or she notifies the
13 Department, within 30 days after enrolling, that he or she is
14 enrolled in an academic program leading to a graduate degree in
15 nursing. The recipient must begin meeting the required nurse
16 educator employment obligation no later than 6 months after the
17 end of the deferment or deferments.

18 Any person who fails to fulfill the nurse educator
19 employment obligation shall pay to the Department an amount
20 equal to the amount of scholarship funds received per year for
21 each unfulfilled year of the nurse educator employment
22 obligation, together with interest at 7% per year on the unpaid
23 balance. Payment must begin within 6 months following the date
24 of the occurrence initiating the repayment. All repayments must
25 be completed within 6 years from the date of the occurrence
26 initiating the repayment. However, this repayment obligation

1 may be deferred and re-evaluated every 6 months when the
2 failure to fulfill the nurse educator employment obligation
3 results from involuntarily leaving the profession due to a
4 decrease in the number of nurses employed in this State or when
5 the failure to fulfill the nurse educator employment obligation
6 results from total and permanent disability. The repayment
7 obligation shall be excused if the failure to fulfill the nurse
8 educator employment obligation results from the death or
9 adjudication as incompetent of the person holding the
10 scholarship. No claim for repayment may be filed against the
11 estate of such a decedent or incompetent.

12 The Department may allow a nurse educator employment
13 obligation fulfillment alternative if the nurse educator
14 scholarship recipient is unsuccessful in finding work as a
15 nurse educator. The Department shall maintain a database of all
16 available nurse educator positions in this State.

17 (e) Each person applying for a scholarship under this
18 Section must be provided with a copy of this Section at the
19 time of application for the benefits of this scholarship.

20 (f) Rulemaking authority to implement this amendatory Act
21 of the 96th General Assembly, if any, is conditioned on the
22 rules being adopted in accordance with all provisions of the
23 Illinois Administrative Procedure Act and all rules and
24 procedures of the Joint Committee on Administrative Rules; any
25 purported rule not so adopted, for whatever reason, is
26 unauthorized.

1 (Source: P.A. 96-805, eff. 10-30-09.)

2 Section 100. The Ambulatory Surgical Treatment Center Act
3 is amended by changing Section 6.5 as follows:

4 (210 ILCS 5/6.5)

5 Sec. 6.5. Clinical privileges; advanced practice
6 registered nurses. All ambulatory surgical treatment centers
7 (ASTC) licensed under this Act shall comply with the following
8 requirements:

9 (1) No ASTC policy, rule, regulation, or practice shall
10 be inconsistent with the provision of adequate
11 collaboration and consultation in accordance with Section
12 54.5 of the Medical Practice Act of 1987.

13 (2) Operative surgical procedures shall be performed
14 only by a physician licensed to practice medicine in all
15 its branches under the Medical Practice Act of 1987, a
16 dentist licensed under the Illinois Dental Practice Act, or
17 a podiatric physician licensed under the Podiatric Medical
18 Practice Act of 1987, with medical staff membership and
19 surgical clinical privileges granted by the consulting
20 committee of the ASTC. A licensed physician, dentist, or
21 podiatric physician may be assisted by a physician licensed
22 to practice medicine in all its branches, dentist, dental
23 assistant, podiatric physician, licensed advanced practice
24 registered nurse, licensed physician assistant, licensed

1 registered nurse, licensed practical nurse, surgical
2 assistant, surgical technician, or other individuals
3 granted clinical privileges to assist in surgery by the
4 consulting committee of the ASTC. Payment for services
5 rendered by an assistant in surgery who is not an
6 ambulatory surgical treatment center employee shall be
7 paid at the appropriate non-physician modifier rate if the
8 payor would have made payment had the same services been
9 provided by a physician.

10 (2.5) A registered nurse licensed under the Nurse
11 Practice Act and qualified by training and experience in
12 operating room nursing shall be present in the operating
13 room and function as the circulating nurse during all
14 invasive or operative procedures. For purposes of this
15 paragraph (2.5), "circulating nurse" means a registered
16 nurse who is responsible for coordinating all nursing care,
17 patient safety needs, and the needs of the surgical team in
18 the operating room during an invasive or operative
19 procedure.

20 (3) An advanced practice registered nurse is not
21 required to possess prescriptive authority or a written
22 collaborative agreement meeting the requirements of the
23 Nurse Practice Act to provide advanced practice registered
24 nursing services in an ambulatory surgical treatment
25 center. An advanced practice registered nurse must possess
26 clinical privileges granted by the consulting medical

1 staff committee and ambulatory surgical treatment center
2 in order to provide services. Individual advanced practice
3 registered nurses may also be granted clinical privileges
4 to order, select, and administer medications, including
5 controlled substances, to provide delineated care. The
6 attending physician must determine the advanced practice
7 registered nurse's role in providing care for his or her
8 patients, except as otherwise provided in the consulting
9 staff policies. The consulting medical staff committee
10 shall periodically review the services of advanced
11 practice registered nurses granted privileges.

12 (4) The anesthesia service shall be under the direction
13 of a physician licensed to practice medicine in all its
14 branches who has had specialized preparation or experience
15 in the area or who has completed a residency in
16 anesthesiology. An anesthesiologist, Board certified or
17 Board eligible, is recommended. Anesthesia services may
18 only be administered pursuant to the order of a physician
19 licensed to practice medicine in all its branches, licensed
20 dentist, or licensed podiatric physician.

21 (A) The individuals who, with clinical privileges
22 granted by the medical staff and ASTC, may administer
23 anesthesia services are limited to the following:

24 (i) an anesthesiologist; or

25 (ii) a physician licensed to practice medicine
26 in all its branches; or

1 (iii) a dentist with authority to administer
2 anesthesia under Section 8.1 of the Illinois
3 Dental Practice Act; or

4 (iv) a licensed certified registered nurse
5 anesthetist; or

6 (v) a podiatric physician licensed under the
7 Podiatric Medical Practice Act of 1987.

8 (B) For anesthesia services, an anesthesiologist
9 shall participate through discussion of and agreement
10 with the anesthesia plan and shall remain physically
11 present and be available on the premises during the
12 delivery of anesthesia services for diagnosis,
13 consultation, and treatment of emergency medical
14 conditions. In the absence of 24-hour availability of
15 anesthesiologists with clinical privileges, an
16 alternate policy (requiring participation, presence,
17 and availability of a physician licensed to practice
18 medicine in all its branches) shall be developed by the
19 medical staff consulting committee in consultation
20 with the anesthesia service and included in the medical
21 staff consulting committee policies.

22 (C) A certified registered nurse anesthetist is
23 not required to possess prescriptive authority or a
24 written collaborative agreement meeting the
25 requirements of Section 65-35 of the Nurse Practice Act
26 to provide anesthesia services ordered by a licensed

1 physician, dentist, or podiatric physician. Licensed
2 certified registered nurse anesthetists are authorized
3 to select, order, and administer drugs and apply the
4 appropriate medical devices in the provision of
5 anesthesia services under the anesthesia plan agreed
6 with by the anesthesiologist or, in the absence of an
7 available anesthesiologist with clinical privileges,
8 agreed with by the operating physician, operating
9 dentist, or operating podiatric physician in
10 accordance with the medical staff consulting committee
11 policies of a licensed ambulatory surgical treatment
12 center.

13 (Source: P.A. 98-214, eff. 8-9-13; 99-642, eff. 7-28-16.)

14 Section 105. The Assisted Living and Shared Housing Act is
15 amended by changing Section 10 as follows:

16 (210 ILCS 9/10)

17 Sec. 10. Definitions. For purposes of this Act:

18 "Activities of daily living" means eating, dressing,
19 bathing, toileting, transferring, or personal hygiene.

20 "Assisted living establishment" or "establishment" means a
21 home, building, residence, or any other place where sleeping
22 accommodations are provided for at least 3 unrelated adults, at
23 least 80% of whom are 55 years of age or older and where the
24 following are provided consistent with the purposes of this

1 Act:

2 (1) services consistent with a social model that is
3 based on the premise that the resident's unit in assisted
4 living and shared housing is his or her own home;

5 (2) community-based residential care for persons who
6 need assistance with activities of daily living, including
7 personal, supportive, and intermittent health-related
8 services available 24 hours per day, if needed, to meet the
9 scheduled and unscheduled needs of a resident;

10 (3) mandatory services, whether provided directly by
11 the establishment or by another entity arranged for by the
12 establishment, with the consent of the resident or
13 resident's representative; and

14 (4) a physical environment that is a homelike setting
15 that includes the following and such other elements as
16 established by the Department: individual living units
17 each of which shall accommodate small kitchen appliances
18 and contain private bathing, washing, and toilet
19 facilities, or private washing and toilet facilities with a
20 common bathing room readily accessible to each resident.
21 Units shall be maintained for single occupancy except in
22 cases in which 2 residents choose to share a unit.
23 Sufficient common space shall exist to permit individual
24 and group activities.

25 "Assisted living establishment" or "establishment" does
26 not 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. However, a facility
8 licensed under any of those Acts may convert distinct parts
9 of the facility to assisted living. If the facility elects
10 to do so, the facility shall retain the Certificate of Need
11 for its nursing and sheltered care beds that were
12 converted.

13 (3) A hospital, sanitarium, or other institution, the
14 principal activity or business of which is the diagnosis,
15 care, and treatment of human illness and that is required
16 to be licensed under the Hospital Licensing Act.

17 (4) A facility for child care as defined in the Child
18 Care Act of 1969.

19 (5) A community living facility as defined in the
20 Community Living Facilities Licensing Act.

21 (6) A nursing home or sanitarium operated solely by and
22 for persons who rely exclusively upon treatment by
23 spiritual means through prayer in accordance with the creed
24 or tenants of a well-recognized church or religious
25 denomination.

26 (7) A facility licensed by the Department of Human

1 Services as a community-integrated living arrangement as
2 defined in the Community-Integrated Living Arrangements
3 Licensure and Certification Act.

4 (8) A supportive residence licensed under the
5 Supportive Residences Licensing Act.

6 (9) The portion of a life care facility as defined in
7 the Life Care Facilities Act not licensed as an assisted
8 living establishment under this Act; a life care facility
9 may apply under this Act to convert sections of the
10 community to assisted living.

11 (10) A free-standing hospice facility licensed under
12 the Hospice Program Licensing Act.

13 (11) A shared housing establishment.

14 (12) A supportive living facility as described in
15 Section 5-5.01a of the Illinois Public Aid Code.

16 "Department" means the Department of Public Health.

17 "Director" means the Director of Public Health.

18 "Emergency situation" means imminent danger of death or
19 serious physical harm to a resident of an establishment.

20 "License" means any of the following types of licenses
21 issued to an applicant or licensee by the Department:

22 (1) "Probationary license" means a license issued to an
23 applicant or licensee that has not held a license under
24 this Act prior to its application or pursuant to a license
25 transfer in accordance with Section 50 of this Act.

26 (2) "Regular license" means a license issued by the

1 Department to an applicant or licensee that is in
2 substantial compliance with this Act and any rules
3 promulgated under this Act.

4 "Licensee" means a person, agency, association,
5 corporation, partnership, or organization that has been issued
6 a license to operate an assisted living or shared housing
7 establishment.

8 "Licensed health care professional" means a registered
9 professional nurse, an advanced practice registered nurse, a
10 physician assistant, and a licensed practical nurse.

11 "Mandatory services" include the following:

12 (1) 3 meals per day available to the residents prepared
13 by the establishment or an outside contractor;

14 (2) housekeeping services including, but not limited
15 to, vacuuming, dusting, and cleaning the resident's unit;

16 (3) personal laundry and linen services available to
17 the residents provided or arranged for by the
18 establishment;

19 (4) security provided 24 hours each day including, but
20 not limited to, locked entrances or building or contract
21 security personnel;

22 (5) an emergency communication response system, which
23 is a procedure in place 24 hours each day by which a
24 resident can notify building management, an emergency
25 response vendor, or others able to respond to his or her
26 need for assistance; and

1 (6) assistance with activities of daily living as
2 required by each resident.

3 "Negotiated risk" is the process by which a resident, or
4 his or her representative, may formally negotiate with
5 providers what risks each are willing and unwilling to assume
6 in service provision and the resident's living environment. The
7 provider assures that the resident and the resident's
8 representative, if any, are informed of the risks of these
9 decisions and of the potential consequences of assuming these
10 risks.

11 "Owner" means the individual, partnership, corporation,
12 association, or other person who owns an assisted living or
13 shared housing establishment. In the event an assisted living
14 or shared housing establishment is operated by a person who
15 leases or manages the physical plant, which is owned by another
16 person, "owner" means the person who operates the assisted
17 living or shared housing establishment, except that if the
18 person who owns the physical plant is an affiliate of the
19 person who operates the assisted living or shared housing
20 establishment and has significant control over the day to day
21 operations of the assisted living or shared housing
22 establishment, the person who owns the physical plant shall
23 incur jointly and severally with the owner all liabilities
24 imposed on an owner under this Act.

25 "Physician" means a person licensed under the Medical
26 Practice Act of 1987 to practice medicine in all of its

1 branches.

2 "Resident" means a person residing in an assisted living or
3 shared housing establishment.

4 "Resident's representative" means a person, other than the
5 owner, agent, or employee of an establishment or of the health
6 care provider unless related to the resident, designated in
7 writing by a resident to be his or her representative. This
8 designation may be accomplished through the Illinois Power of
9 Attorney Act, pursuant to the guardianship process under the
10 Probate Act of 1975, or pursuant to an executed designation of
11 representative form specified by the Department.

12 "Self" means the individual or the individual's designated
13 representative.

14 "Shared housing establishment" or "establishment" means a
15 publicly or privately operated free-standing residence for 16
16 or fewer persons, at least 80% of whom are 55 years of age or
17 older and who are unrelated to the owners and one manager of
18 the residence, where the following are provided:

19 (1) services consistent with a social model that is
20 based on the premise that the resident's unit is his or her
21 own home;

22 (2) community-based residential care for persons who
23 need assistance with activities of daily living, including
24 housing and personal, supportive, and intermittent
25 health-related services available 24 hours per day, if
26 needed, to meet the scheduled and unscheduled needs of a

1 resident; and

2 (3) mandatory services, whether provided directly by
3 the establishment or by another entity arranged for by the
4 establishment, with the consent of the resident or the
5 resident's representative.

6 "Shared housing establishment" or "establishment" does not
7 mean any of the following:

8 (1) A home, institution, or similar place operated by
9 the federal government or the State of Illinois.

10 (2) A long term care facility licensed under the
11 Nursing Home Care Act, a facility licensed under the
12 Specialized Mental Health Rehabilitation Act of 2013, a
13 facility licensed under the ID/DD Community Care Act, or a
14 facility licensed under the MC/DD Act. A facility licensed
15 under any of those Acts may, however, convert sections of
16 the facility to assisted living. If the facility elects to
17 do so, the facility shall retain the Certificate of Need
18 for its nursing beds that were converted.

19 (3) A hospital, sanitarium, or other institution, the
20 principal activity or business of which is the diagnosis,
21 care, and treatment of human illness and that is required
22 to be licensed under the Hospital Licensing Act.

23 (4) A facility for child care as defined in the Child
24 Care Act of 1969.

25 (5) A community living facility as defined in the
26 Community Living Facilities Licensing Act.

1 (6) A nursing home or sanitarium operated solely by and
2 for persons who rely exclusively upon treatment by
3 spiritual means through prayer in accordance with the creed
4 or tenants of a well-recognized church or religious
5 denomination.

6 (7) A facility licensed by the Department of Human
7 Services as a community-integrated living arrangement as
8 defined in the Community-Integrated Living Arrangements
9 Licensure and Certification Act.

10 (8) A supportive residence licensed under the
11 Supportive Residences Licensing Act.

12 (9) A life care facility as defined in the Life Care
13 Facilities Act; a life care facility may apply under this
14 Act to convert sections of the community to assisted
15 living.

16 (10) A free-standing hospice facility licensed under
17 the Hospice Program Licensing Act.

18 (11) An assisted living establishment.

19 (12) A supportive living facility as described in
20 Section 5-5.01a of the Illinois Public Aid Code.

21 "Total assistance" means that staff or another individual
22 performs the entire activity of daily living without
23 participation by the resident.

24 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)

25 Section 110. The Illinois Clinical Laboratory and Blood

1 Bank Act is amended by changing Section 7-101 as follows:

2 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

3 Sec. 7-101. Examination of specimens. A clinical
4 laboratory shall examine specimens only at the request of (i) a
5 licensed physician, (ii) a licensed dentist, (iii) a licensed
6 podiatric physician, (iv) a licensed optometrist, (v) a
7 licensed physician assistant, (v-A) a licensed advanced
8 practice registered nurse, (vi) an authorized law enforcement
9 agency or, in the case of blood alcohol, at the request of the
10 individual for whom the test is to be performed in compliance
11 with Sections 11-501 and 11-501.1 of the Illinois Vehicle Code,
12 or (vii) a genetic counselor with the specific authority from a
13 referral to order a test or tests pursuant to subsection (b) of
14 Section 20 of the Genetic Counselor Licensing Act. If the
15 request to a laboratory is oral, the physician or other
16 authorized person shall submit a written request to the
17 laboratory within 48 hours. If the laboratory does not receive
18 the written request within that period, it shall note that fact
19 in its records. For purposes of this Section, a request made by
20 electronic mail or fax constitutes a written request.

21 (Source: P.A. 98-185, eff. 1-1-14; 98-214, eff. 8-9-13; 98-756,
22 eff. 7-16-14; 98-767, eff. 1-1-15; 99-173, eff. 7-29-15.)

23 Section 115. The Nursing Home Care Act is amended by
24 changing Section 3-206.05 as follows:

1 (210 ILCS 45/3-206.05)

2 Sec. 3-206.05. Safe resident handling policy.

3 (a) In this Section:

4 "Health care worker" means an individual providing direct
5 resident care services who may be required to lift, transfer,
6 reposition, or move a resident.

7 "Nurse" means an advanced practice registered nurse, a
8 registered nurse, or a licensed practical nurse licensed under
9 the Nurse Practice Act.

10 "Safe lifting equipment and accessories" means mechanical
11 equipment designed to lift, move, reposition, and transfer
12 residents, including, but not limited to, fixed and portable
13 ceiling lifts, sit-to-stand lifts, slide sheets and boards,
14 slings, and repositioning and turning sheets.

15 "Safe lifting team" means at least 2 individuals who are
16 trained and proficient in the use of both safe lifting
17 techniques and safe lifting equipment and accessories.

18 "Adjustable equipment" means products and devices that may
19 be adapted for use by individuals with physical and other
20 disabilities in order to optimize accessibility. Adjustable
21 equipment includes, but is not limited to, the following:

22 (1) Wheelchairs with adjustable footrest height and
23 seat width and depth.

24 (2) Height-adjustable, drop-arm commode chairs and
25 height-adjustable shower gurneys or shower benches to

1 enable individuals with mobility disabilities to use a
2 toilet and to shower safely and with increased comfort.

3 (3) Accessible weight scales that accommodate
4 wheelchair users.

5 (4) Height-adjustable beds that can be lowered to
6 accommodate individuals with mobility disabilities in
7 getting in and out of bed and that utilize drop-down side
8 railings for stability and positioning support.

9 (5) Universally designed or adaptable call buttons and
10 motorized bed position and height controls that can be
11 operated by persons with limited or no reach range, fine
12 motor ability, or vision.

13 (6) Height-adjustable platform tables for physical
14 therapy with drop-down side railings for stability and
15 positioning support.

16 (7) Therapeutic rehabilitation and exercise machines
17 with foot straps to secure the user's feet to the pedals
18 and with cuffs or splints to augment the user's grip
19 strength on handles.

20 (b) A facility must adopt and ensure implementation of a
21 policy to identify, assess, and develop strategies to control
22 risk of injury to residents and nurses and other health care
23 workers associated with the lifting, transferring,
24 repositioning, or movement of a resident. The policy shall
25 establish a process that, at a minimum, includes all of the
26 following:

1 (1) Analysis of the risk of injury to residents and
2 nurses and other health care workers taking into account
3 the resident handling needs of the resident populations
4 served by the facility and the physical environment in
5 which the resident handling and movement occurs.

6 (2) Education and training of nurses and other direct
7 resident care providers in the identification, assessment,
8 and control of risks of injury to residents and nurses and
9 other health care workers during resident handling and on
10 safe lifting policies and techniques and current lifting
11 equipment.

12 (3) Evaluation of alternative ways to reduce risks
13 associated with resident handling, including evaluation of
14 equipment and the environment.

15 (4) Restriction, to the extent feasible with existing
16 equipment and aids, of manual resident handling or movement
17 of all or most of a resident's weight except for emergency,
18 life-threatening, or otherwise exceptional circumstances.

19 (5) Procedures for a nurse to refuse to perform or be
20 involved in resident handling or movement that the nurse in
21 good faith believes will expose a resident or nurse or
22 other health care worker to an unacceptable risk of injury.

23 (6) Development of strategies to control risk of injury
24 to residents and nurses and other health care workers
25 associated with the lifting, transferring, repositioning,
26 or movement of a resident.

1 (7) In developing architectural plans for construction
2 or remodeling of a facility or unit of a facility in which
3 resident handling and movement occurs, consideration of
4 the feasibility of incorporating resident handling
5 equipment or the physical space and construction design
6 needed to incorporate that equipment.

7 (8) Fostering and maintaining resident safety,
8 dignity, self-determination, and choice, including the
9 following policies, strategies, and procedures:

10 (A) The existence and availability of a trained
11 safe lifting team.

12 (B) A policy of advising residents of a range of
13 transfer and lift options, including adjustable
14 diagnostic and treatment equipment, mechanical lifts,
15 and provision of a trained safe lifting team.

16 (C) The right of a competent resident, or the
17 guardian of a resident adjudicated incompetent, to
18 choose among the range of transfer and lift options
19 consistent with the procedures set forth under
20 subdivision (b) (5) and the policies set forth under
21 this paragraph (8), subject to the provisions of
22 subparagraph (E) of this paragraph (8).

23 (D) Procedures for documenting, upon admission and
24 as status changes, a mobility assessment and plan for
25 lifting, transferring, repositioning, or movement of a
26 resident, including the choice of the resident or the

1 resident's guardian among the range of transfer and
2 lift options.

3 (E) Incorporation of such safe lifting procedures,
4 techniques, and equipment as are consistent with
5 applicable federal law.

6 (c) Safe lifting teams must receive specialized, in-depth
7 training that includes, but need not be limited to, the
8 following:

9 (1) Types and operation of equipment.

10 (2) Safe manual lifting and moving techniques.

11 (3) Ergonomic principles in the assessment of risk both
12 to nurses and other workers and to residents.

13 (4) The selection, safe use, location, and condition of
14 appropriate pieces of equipment individualized to each
15 resident's medical and physical conditions and
16 preferences.

17 (5) Procedures for advising residents of the full range
18 of transfer and lift options and for documenting
19 individualized lifting plans that include resident choice.

20 Specialized, in-depth training may rely on federal
21 standards and guidelines such as the United States Department
22 of Labor Guidelines for Nursing Homes, supplemented by federal
23 requirements for barrier removal, independent access, and
24 means of accommodation optimizing independent movement and
25 transfer.

26 (Source: P.A. 96-389, eff. 1-1-10; 97-866, eff. 1-1-13.)

1 Section 120. The Emergency Medical Services (EMS) Systems
2 Act is amended by changing Sections 3.10 and 3.117 as follows:

3 (210 ILCS 50/3.10)

4 Sec. 3.10. Scope of Services.

5 (a) "Advanced Life Support (ALS) Services" means an
6 advanced level of pre-hospital and inter-hospital emergency
7 care and non-emergency medical services that includes basic
8 life support care, cardiac monitoring, cardiac defibrillation,
9 electrocardiography, intravenous therapy, administration of
10 medications, drugs and solutions, use of adjunctive medical
11 devices, trauma care, and other authorized techniques and
12 procedures, as outlined in the provisions of the National EMS
13 Education Standards relating to Advanced Life Support and any
14 modifications to that curriculum specified in rules adopted by
15 the Department pursuant to this Act.

16 That care shall be initiated as authorized by the EMS
17 Medical Director in a Department approved advanced life support
18 EMS System, under the written or verbal direction of a
19 physician licensed to practice medicine in all of its branches
20 or under the verbal direction of an Emergency Communications
21 Registered Nurse.

22 (b) "Intermediate Life Support (ILS) Services" means an
23 intermediate level of pre-hospital and inter-hospital
24 emergency care and non-emergency medical services that

1 includes basic life support care plus intravenous cannulation
2 and fluid therapy, invasive airway management, trauma care, and
3 other authorized techniques and procedures, as outlined in the
4 Intermediate Life Support national curriculum of the United
5 States Department of Transportation and any modifications to
6 that curriculum specified in rules adopted by the Department
7 pursuant to this Act.

8 That care shall be initiated as authorized by the EMS
9 Medical Director in a Department approved intermediate or
10 advanced life support EMS System, under the written or verbal
11 direction of a physician licensed to practice medicine in all
12 of its branches or under the verbal direction of an Emergency
13 Communications Registered Nurse.

14 (c) "Basic Life Support (BLS) Services" means a basic level
15 of pre-hospital and inter-hospital emergency care and
16 non-emergency medical services that includes medical
17 monitoring, clinical observation, airway management,
18 cardiopulmonary resuscitation (CPR), control of shock and
19 bleeding and splinting of fractures, as outlined in the
20 provisions of the National EMS Education Standards relating to
21 Basic Life Support and any modifications to that curriculum
22 specified in rules adopted by the Department pursuant to this
23 Act.

24 That care shall be initiated, where authorized by the EMS
25 Medical Director in a Department approved EMS System, under the
26 written or verbal direction of a physician licensed to practice

1 medicine in all of its branches or under the verbal direction
2 of an Emergency Communications Registered Nurse.

3 (d) "Emergency Medical Responder Services" means a
4 preliminary level of pre-hospital emergency care that includes
5 cardiopulmonary resuscitation (CPR), monitoring vital signs
6 and control of bleeding, as outlined in the Emergency Medical
7 Responder (EMR) curriculum of the National EMS Education
8 Standards and any modifications to that curriculum specified in
9 rules adopted by the Department pursuant to this Act.

10 (e) "Pre-hospital care" means those medical services
11 rendered to patients for analytic, resuscitative, stabilizing,
12 or preventive purposes, precedent to and during transportation
13 of such patients to health care facilities.

14 (f) "Inter-hospital care" means those medical services
15 rendered to patients for analytic, resuscitative, stabilizing,
16 or preventive purposes, during transportation of such patients
17 from one hospital to another hospital.

18 (f-5) "Critical care transport" means the pre-hospital or
19 inter-hospital transportation of a critically injured or ill
20 patient by a vehicle service provider, including the provision
21 of medically necessary supplies and services, at a level of
22 service beyond the scope of the Paramedic. When medically
23 indicated for a patient, as determined by a physician licensed
24 to practice medicine in all of its branches, an advanced
25 practice registered nurse, or a physician's assistant, in
26 compliance with subsections (b) and (c) of Section 3.155 of

1 this Act, critical care transport may be provided by:

2 (1) Department-approved critical care transport
3 providers, not owned or operated by a hospital, utilizing
4 Paramedics with additional training, nurses, or other
5 qualified health professionals; or

6 (2) Hospitals, when utilizing any vehicle service
7 provider or any hospital-owned or operated vehicle service
8 provider. Nothing in Public Act 96-1469 requires a hospital
9 to use, or to be, a Department-approved critical care
10 transport provider when transporting patients, including
11 those critically injured or ill. Nothing in this Act shall
12 restrict or prohibit a hospital from providing, or
13 arranging for, the medically appropriate transport of any
14 patient, as determined by a physician licensed to practice
15 in all of its branches, an advanced practice registered
16 nurse, or a physician's assistant.

17 (g) "Non-emergency medical services" means medical care,
18 clinical observation, or medical monitoring rendered to
19 patients whose conditions do not meet this Act's definition of
20 emergency, before or during transportation of such patients to
21 or from health care facilities visited for the purpose of
22 obtaining medical or health care services which are not
23 emergency in nature, using a vehicle regulated by this Act.

24 (g-5) The Department shall have the authority to promulgate
25 minimum standards for critical care transport providers
26 through rules adopted pursuant to this Act. All critical care

1 transport providers must function within a Department-approved
2 EMS System. Nothing in Department rules shall restrict a
3 hospital's ability to furnish personnel, equipment, and
4 medical supplies to any vehicle service provider, including a
5 critical care transport provider. Minimum critical care
6 transport provider standards shall include, but are not limited
7 to:

- 8 (1) Personnel staffing and licensure.
- 9 (2) Education, certification, and experience.
- 10 (3) Medical equipment and supplies.
- 11 (4) Vehicular standards.
- 12 (5) Treatment and transport protocols.
- 13 (6) Quality assurance and data collection.

14 (h) The provisions of this Act shall not apply to the use
15 of an ambulance or SEMSV, unless and until emergency or
16 non-emergency medical services are needed during the use of the
17 ambulance or SEMSV.

18 (Source: P.A. 98-973, eff. 8-15-14; 99-661, eff. 1-1-17.)

19 (210 ILCS 50/3.117)

20 Sec. 3.117. Hospital Designations.

21 (a) The Department shall attempt to designate Primary
22 Stroke Centers in all areas of the State.

23 (1) The Department shall designate as many certified
24 Primary Stroke Centers as apply for that designation
25 provided they are certified by a nationally-recognized

1 certifying body, approved by the Department, and
2 certification criteria are consistent with the most
3 current nationally-recognized, evidence-based stroke
4 guidelines related to reducing the occurrence,
5 disabilities, and death associated with stroke.

6 (2) A hospital certified as a Primary Stroke Center by
7 a nationally-recognized certifying body approved by the
8 Department, shall send a copy of the Certificate and annual
9 fee to the Department and shall be deemed, within 30
10 business days of its receipt by the Department, to be a
11 State-designated Primary Stroke Center.

12 (3) A center designated as a Primary Stroke Center
13 shall pay an annual fee as determined by the Department
14 that shall be no less than \$100 and no greater than \$500.
15 All fees shall be deposited into the Stroke Data Collection
16 Fund.

17 (3.5) With respect to a hospital that is a designated
18 Primary Stroke Center, the Department shall have the
19 authority and responsibility to do the following:

20 (A) Suspend or revoke a hospital's Primary Stroke
21 Center designation upon receiving notice that the
22 hospital's Primary Stroke Center certification has
23 lapsed or has been revoked by the State recognized
24 certifying body.

25 (B) Suspend a hospital's Primary Stroke Center
26 designation, in extreme circumstances where patients

1 may be at risk for immediate harm or death, until such
2 time as the certifying body investigates and makes a
3 final determination regarding certification.

4 (C) Restore any previously suspended or revoked
5 Department designation upon notice to the Department
6 that the certifying body has confirmed or restored the
7 Primary Stroke Center certification of that previously
8 designated hospital.

9 (D) Suspend a hospital's Primary Stroke Center
10 designation at the request of a hospital seeking to
11 suspend its own Department designation.

12 (4) Primary Stroke Center designation shall remain
13 valid at all times while the hospital maintains its
14 certification as a Primary Stroke Center, in good standing,
15 with the certifying body. The duration of a Primary Stroke
16 Center designation shall coincide with the duration of its
17 Primary Stroke Center certification. Each designated
18 Primary Stroke Center shall have its designation
19 automatically renewed upon the Department's receipt of a
20 copy of the accrediting body's certification renewal.

21 (5) A hospital that no longer meets
22 nationally-recognized, evidence-based standards for
23 Primary Stroke Centers, or loses its Primary Stroke Center
24 certification, shall notify the Department and the
25 Regional EMS Advisory Committee within 5 business days.

26 (a-5) The Department shall attempt to designate

1 Comprehensive Stroke Centers in all areas of the State.

2 (1) The Department shall designate as many certified
3 Comprehensive Stroke Centers as apply for that
4 designation, provided that the Comprehensive Stroke
5 Centers are certified by a nationally-recognized
6 certifying body approved by the Department, and provided
7 that the certifying body's certification criteria are
8 consistent with the most current nationally-recognized and
9 evidence-based stroke guidelines for reducing the
10 occurrence of stroke and the disabilities and death
11 associated with stroke.

12 (2) A hospital certified as a Comprehensive Stroke
13 Center shall send a copy of the Certificate and annual fee
14 to the Department and shall be deemed, within 30 business
15 days of its receipt by the Department, to be a
16 State-designated Comprehensive Stroke Center.

17 (3) A hospital designated as a Comprehensive Stroke
18 Center shall pay an annual fee as determined by the
19 Department that shall be no less than \$100 and no greater
20 than \$500. All fees shall be deposited into the Stroke Data
21 Collection Fund.

22 (4) With respect to a hospital that is a designated
23 Comprehensive Stroke Center, the Department shall have the
24 authority and responsibility to do the following:

25 (A) Suspend or revoke the hospital's Comprehensive
26 Stroke Center designation upon receiving notice that

1 the hospital's Comprehensive Stroke Center
2 certification has lapsed or has been revoked by the
3 State recognized certifying body.

4 (B) Suspend the hospital's Comprehensive Stroke
5 Center designation, in extreme circumstances in which
6 patients may be at risk for immediate harm or death,
7 until such time as the certifying body investigates and
8 makes a final determination regarding certification.

9 (C) Restore any previously suspended or revoked
10 Department designation upon notice to the Department
11 that the certifying body has confirmed or restored the
12 Comprehensive Stroke Center certification of that
13 previously designated hospital.

14 (D) Suspend the hospital's Comprehensive Stroke
15 Center designation at the request of a hospital seeking
16 to suspend its own Department designation.

17 (5) Comprehensive Stroke Center designation shall
18 remain valid at all times while the hospital maintains its
19 certification as a Comprehensive Stroke Center, in good
20 standing, with the certifying body. The duration of a
21 Comprehensive Stroke Center designation shall coincide
22 with the duration of its Comprehensive Stroke Center
23 certification. Each designated Comprehensive Stroke Center
24 shall have its designation automatically renewed upon the
25 Department's receipt of a copy of the certifying body's
26 certification renewal.

1 (6) A hospital that no longer meets
2 nationally-recognized, evidence-based standards for
3 Comprehensive Stroke Centers, or loses its Comprehensive
4 Stroke Center certification, shall notify the Department
5 and the Regional EMS Advisory Committee within 5 business
6 days.

7 (b) Beginning on the first day of the month that begins 12
8 months after the adoption of rules authorized by this
9 subsection, the Department shall attempt to designate
10 hospitals as Acute Stroke-Ready Hospitals in all areas of the
11 State. Designation may be approved by the Department after a
12 hospital has been certified as an Acute Stroke-Ready Hospital
13 or through application and designation by the Department. For
14 any hospital that is designated as an Emergent Stroke Ready
15 Hospital at the time that the Department begins the designation
16 of Acute Stroke-Ready Hospitals, the Emergent Stroke Ready
17 designation shall remain intact for the duration of the
18 12-month period until that designation expires. Until the
19 Department begins the designation of hospitals as Acute
20 Stroke-Ready Hospitals, hospitals may achieve Emergent Stroke
21 Ready Hospital designation utilizing the processes and
22 criteria provided in Public Act 96-514.

23 (1) (Blank).

24 (2) Hospitals may apply for, and receive, Acute
25 Stroke-Ready Hospital designation from the Department,
26 provided that the hospital attests, on a form developed by

1 the Department in consultation with the State Stroke
2 Advisory Subcommittee, that it meets, and will continue to
3 meet, the criteria for Acute Stroke-Ready Hospital
4 designation and pays an annual fee.

5 A hospital designated as an Acute Stroke-Ready
6 Hospital shall pay an annual fee as determined by the
7 Department that shall be no less than \$100 and no greater
8 than \$500. All fees shall be deposited into the Stroke Data
9 Collection Fund.

10 (2.5) A hospital may apply for, and receive, Acute
11 Stroke-Ready Hospital designation from the Department,
12 provided that the hospital provides proof of current Acute
13 Stroke-Ready Hospital certification and the hospital pays
14 an annual fee.

15 (A) Acute Stroke-Ready Hospital designation shall
16 remain valid at all times while the hospital maintains
17 its certification as an Acute Stroke-Ready Hospital,
18 in good standing, with the certifying body.

19 (B) The duration of an Acute Stroke-Ready Hospital
20 designation shall coincide with the duration of its
21 Acute Stroke-Ready Hospital certification.

22 (C) Each designated Acute Stroke-Ready Hospital
23 shall have its designation automatically renewed upon
24 the Department's receipt of a copy of the certifying
25 body's certification renewal and Application for
26 Stroke Center Designation form.

1 (D) A hospital must submit a copy of its
2 certification renewal from the certifying body as soon
3 as practical but no later than 30 business days after
4 that certification is received by the hospital. Upon
5 the Department's receipt of the renewal certification,
6 the Department shall renew the hospital's Acute
7 Stroke-Ready Hospital designation.

8 (E) A hospital designated as an Acute Stroke-Ready
9 Hospital shall pay an annual fee as determined by the
10 Department that shall be no less than \$100 and no
11 greater than \$500. All fees shall be deposited into the
12 Stroke Data Collection Fund.

13 (3) Hospitals seeking Acute Stroke-Ready Hospital
14 designation that do not have certification shall develop
15 policies and procedures that are consistent with
16 nationally-recognized, evidence-based protocols for the
17 provision of emergent stroke care. Hospital policies
18 relating to emergent stroke care and stroke patient
19 outcomes shall be reviewed at least annually, or more often
20 as needed, by a hospital committee that oversees quality
21 improvement. Adjustments shall be made as necessary to
22 advance the quality of stroke care delivered. Criteria for
23 Acute Stroke-Ready Hospital designation of hospitals shall
24 be limited to the ability of a hospital to:

25 (A) create written acute care protocols related to
26 emergent stroke care;

1 (A-5) participate in the data collection system
2 provided in Section 3.118, if available;

3 (B) maintain a written transfer agreement with one
4 or more hospitals that have neurosurgical expertise;

5 (C) designate a Clinical Director of Stroke Care
6 who shall be a clinical member of the hospital staff
7 with training or experience, as defined by the
8 facility, in the care of patients with cerebrovascular
9 disease. This training or experience may include, but
10 is not limited to, completion of a fellowship or other
11 specialized training in the area of cerebrovascular
12 disease, attendance at national courses, or prior
13 experience in neuroscience intensive care units. The
14 Clinical Director of Stroke Care may be a neurologist,
15 neurosurgeon, emergency medicine physician, internist,
16 radiologist, advanced practice registered nurse, or
17 physician's assistant;

18 (C-5) provide rapid access to an acute stroke team,
19 as defined by the facility, that considers and reflects
20 nationally-recognized, evidenced-based protocols or
21 guidelines;

22 (D) administer thrombolytic therapy, or
23 subsequently developed medical therapies that meet
24 nationally-recognized, evidence-based stroke
25 guidelines;

26 (E) conduct brain image tests at all times;

1 (F) conduct blood coagulation studies at all
2 times;

3 (G) maintain a log of stroke patients, which shall
4 be available for review upon request by the Department
5 or any hospital that has a written transfer agreement
6 with the Acute Stroke-Ready Hospital;

7 (H) admit stroke patients to a unit that can
8 provide appropriate care that considers and reflects
9 nationally-recognized, evidence-based protocols or
10 guidelines or transfer stroke patients to an Acute
11 Stroke-Ready Hospital, Primary Stroke Center, or
12 Comprehensive Stroke Center, or another facility that
13 can provide the appropriate care that considers and
14 reflects nationally-recognized, evidence-based
15 protocols or guidelines; and

16 (I) demonstrate compliance with
17 nationally-recognized quality indicators.

18 (4) With respect to Acute Stroke-Ready Hospital
19 designation, the Department shall have the authority and
20 responsibility to do the following:

21 (A) Require hospitals applying for Acute
22 Stroke-Ready Hospital designation to attest, on a form
23 developed by the Department in consultation with the
24 State Stroke Advisory Subcommittee, that the hospital
25 meets, and will continue to meet, the criteria for an
26 Acute Stroke-Ready Hospital.

1 (A-5) Require hospitals applying for Acute
2 Stroke-Ready Hospital designation via national Acute
3 Stroke-Ready Hospital certification to provide proof
4 of current Acute Stroke-Ready Hospital certification,
5 in good standing.

6 The Department shall require a hospital that is
7 already certified as an Acute Stroke-Ready Hospital to
8 send a copy of the Certificate to the Department.

9 Within 30 business days of the Department's
10 receipt of a hospital's Acute Stroke-Ready Certificate
11 and Application for Stroke Center Designation form
12 that indicates that the hospital is a certified Acute
13 Stroke-Ready Hospital, in good standing, the hospital
14 shall be deemed a State-designated Acute Stroke-Ready
15 Hospital. The Department shall send a designation
16 notice to each hospital that it designates as an Acute
17 Stroke-Ready Hospital and shall add the names of
18 designated Acute Stroke-Ready Hospitals to the website
19 listing immediately upon designation. The Department
20 shall immediately remove the name of a hospital from
21 the website listing when a hospital loses its
22 designation after notice and, if requested by the
23 hospital, a hearing.

24 The Department shall develop an Application for
25 Stroke Center Designation form that contains a
26 statement that "The above named facility meets the

1 requirements for Acute Stroke-Ready Hospital
2 Designation as provided in Section 3.117 of the
3 Emergency Medical Services (EMS) Systems Act" and
4 shall instruct the applicant facility to provide: the
5 hospital name and address; the hospital CEO or
6 Administrator's typed name and signature; the hospital
7 Clinical Director of Stroke Care's typed name and
8 signature; and a contact person's typed name, email
9 address, and phone number.

10 The Application for Stroke Center Designation form
11 shall contain a statement that instructs the hospital
12 to "Provide proof of current Acute Stroke-Ready
13 Hospital certification from a nationally-recognized
14 certifying body approved by the Department".

15 (B) Designate a hospital as an Acute Stroke-Ready
16 Hospital no more than 30 business days after receipt of
17 an attestation that meets the requirements for
18 attestation, unless the Department, within 30 days of
19 receipt of the attestation, chooses to conduct an
20 onsite survey prior to designation. If the Department
21 chooses to conduct an onsite survey prior to
22 designation, then the onsite survey shall be conducted
23 within 90 days of receipt of the attestation.

24 (C) Require annual written attestation, on a form
25 developed by the Department in consultation with the
26 State Stroke Advisory Subcommittee, by Acute

1 Stroke-Ready Hospitals to indicate compliance with
2 Acute Stroke-Ready Hospital criteria, as described in
3 this Section, and automatically renew Acute
4 Stroke-Ready Hospital designation of the hospital.

5 (D) Issue an Emergency Suspension of Acute
6 Stroke-Ready Hospital designation when the Director,
7 or his or her designee, has determined that the
8 hospital no longer meets the Acute Stroke-Ready
9 Hospital criteria and an immediate and serious danger
10 to the public health, safety, and welfare exists. If
11 the Acute Stroke-Ready Hospital fails to eliminate the
12 violation immediately or within a fixed period of time,
13 not exceeding 10 days, as determined by the Director,
14 the Director may immediately revoke the Acute
15 Stroke-Ready Hospital designation. The Acute
16 Stroke-Ready Hospital may appeal the revocation within
17 15 business days after receiving the Director's
18 revocation order, by requesting an administrative
19 hearing.

20 (E) After notice and an opportunity for an
21 administrative hearing, suspend, revoke, or refuse to
22 renew an Acute Stroke-Ready Hospital designation, when
23 the Department finds the hospital is not in substantial
24 compliance with current Acute Stroke-Ready Hospital
25 criteria.

26 (c) The Department shall consult with the State Stroke

1 Advisory Subcommittee for developing the designation,
2 re-designation, and de-designation processes for Comprehensive
3 Stroke Centers, Primary Stroke Centers, and Acute Stroke-Ready
4 Hospitals.

5 (d) The Department shall consult with the State Stroke
6 Advisory Subcommittee as subject matter experts at least
7 annually regarding stroke standards of care.

8 (Source: P.A. 98-756, eff. 7-16-14; 98-1001, eff. 1-1-15.)

9 Section 125. The Home Health, Home Services, and Home
10 Nursing Agency Licensing Act is amended by changing Sections
11 2.05 and 2.11 as follows:

12 (210 ILCS 55/2.05) (from Ch. 111 1/2, par. 2802.05)

13 Sec. 2.05. "Home health services" means services provided
14 to a person at his residence according to a plan of treatment
15 for illness or infirmity prescribed by a physician licensed to
16 practice medicine in all its branches, a licensed physician
17 assistant, or a licensed advanced practice registered nurse.
18 Such services include part time and intermittent nursing
19 services and other therapeutic services such as physical
20 therapy, occupational therapy, speech therapy, medical social
21 services, or services provided by a home health aide.

22 (Source: P.A. 98-261, eff. 8-9-13; 99-173, eff. 7-29-15.)

23 (210 ILCS 55/2.11)

1 Sec. 2.11. "Home nursing agency" means an agency that
2 provides services directly, or acts as a placement agency, in
3 order to deliver skilled nursing and home health aide services
4 to persons in their personal residences. A home nursing agency
5 provides services that would require a licensed nurse to
6 perform. Home health aide services are provided under the
7 direction of a registered professional nurse or advanced
8 practice registered ~~Advanced Practice~~ nurse. A home nursing
9 agency does not require licensure as a home health agency under
10 this Act. "Home nursing agency" does not include an
11 individually licensed nurse acting as a private contractor or a
12 person that provides or procures temporary employment in health
13 care facilities, as defined in the Nurse Agency Licensing Act.
14 (Source: P.A. 94-379, eff. 1-1-06; 95-951, eff. 8-29-08.)

15 Section 130. The End Stage Renal Disease Facility Act is
16 amended by changing Section 25 as follows:

17 (210 ILCS 62/25)

18 Sec. 25. Minimum staffing. An end stage renal disease
19 facility shall be under the medical direction of a physician
20 experienced in renal disease treatment, as required for
21 licensure under this Act. Additionally, at a minimum, every
22 facility licensed under this Act shall ensure that whenever
23 patients are undergoing dialysis all of the following are met:

24 (1) one currently licensed physician, registered

1 nurse, physician assistant, advanced practice registered
2 nurse, or licensed practical nurse experienced in
3 rendering end stage renal disease care is physically
4 present on the premises to oversee patient care; and

5 (2) adequate staff is present to meet the medical and
6 non-medical needs of each patient, as provided by this Act
7 and the rules adopted pursuant to this Act.

8 (Source: P.A. 92-794, eff. 7-1-03.)

9 Section 135. The Hospital Licensing Act is amended by
10 changing Sections 6.14g, 6.23a, 6.25, 10, 10.7, 10.8, and 10.9
11 as follows:

12 (210 ILCS 85/6.14g)

13 Sec. 6.14g. Reports to the Department; opioid overdoses.

14 (a) As used in this Section:

15 "Overdose" has the same meaning as provided in Section 414
16 of the Illinois Controlled Substances Act.

17 "Health care professional" includes a physician licensed
18 to practice medicine in all its branches, a physician
19 assistant, or an advanced practice registered nurse licensed in
20 the State.

21 (b) When treatment is provided in a hospital's emergency
22 department, a health care professional who treats a drug
23 overdose or hospital administrator or designee shall report the
24 case to the Department of Public Health within 48 hours of

1 providing treatment for the drug overdose or at such time the
2 drug overdose is confirmed. The Department shall by rule create
3 a form for this purpose which requires the following
4 information, if known: (1) whether an opioid antagonist was
5 administered; (2) the cause of the overdose; and (3) the
6 demographic information of the person treated. The Department
7 shall create the form with input from the statewide association
8 representing a majority of hospitals in Illinois. The person
9 completing the form may not disclose the name, address, or any
10 other personal information of the individual experiencing the
11 overdose.

12 (c) The identity of the person and entity reporting under
13 this subsection shall not be disclosed to the subject of the
14 report. For the purposes of this subsection, the health care
15 professional, hospital administrator, or designee making the
16 report and his or her employer shall not be held criminally,
17 civilly, or professionally liable for reporting under this
18 subsection, except for willful or wanton misconduct.

19 (d) The Department shall provide a semiannual report to the
20 General Assembly summarizing the reports received. The
21 Department shall also provide on its website a monthly report
22 of drug overdose figures. The figures shall be organized by the
23 overdose location, the age of the victim, the cause of the
24 overdose, and any other factors the Department deems
25 appropriate.

26 (Source: P.A. 99-480, eff. 9-9-15.)

1 (210 ILCS 85/6.23a)

2 Sec. 6.23a. Sepsis screening protocols.

3 (a) Each hospital shall adopt, implement, and periodically
4 update evidence-based protocols for the early recognition and
5 treatment of patients with sepsis, severe sepsis, or septic
6 shock (sepsis protocols) that are based on generally accepted
7 standards of care. Sepsis protocols must include components
8 specific to the identification, care, and treatment of adults
9 and of children, and must clearly identify where and when
10 components will differ for adults and for children seeking
11 treatment in the emergency department or as an inpatient. These
12 protocols must also include the following components:

13 (1) a process for the screening and early recognition
14 of patients with sepsis, severe sepsis, or septic shock;

15 (2) a process to identify and document individuals
16 appropriate for treatment through sepsis protocols,
17 including explicit criteria defining those patients who
18 should be excluded from the protocols, such as patients
19 with certain clinical conditions or who have elected
20 palliative care;

21 (3) guidelines for hemodynamic support with explicit
22 physiologic and treatment goals, methodology for invasive
23 or non-invasive hemodynamic monitoring, and timeframe
24 goals;

25 (4) for infants and children, guidelines for fluid

1 resuscitation consistent with current, evidence-based
2 guidelines for severe sepsis and septic shock with defined
3 therapeutic goals for children;

4 (5) identification of the infectious source and
5 delivery of early broad spectrum antibiotics with timely
6 re-evaluation to adjust to narrow spectrum antibiotics
7 targeted to identified infectious sources; and

8 (6) criteria for use, based on accepted evidence of
9 vasoactive agents.

10 (b) Each hospital shall ensure that professional staff with
11 direct patient care responsibilities and, as appropriate,
12 staff with indirect patient care responsibilities, including,
13 but not limited to, laboratory and pharmacy staff, are
14 periodically trained to implement the sepsis protocols
15 required under subsection (a). The hospital shall ensure
16 updated training of staff if the hospital initiates substantive
17 changes to the sepsis protocols.

18 (c) Each hospital shall be responsible for the collection
19 and utilization of quality measures related to the recognition
20 and treatment of severe sepsis for purposes of internal quality
21 improvement.

22 (d) The evidence-based protocols adopted under this
23 Section shall be provided to the Department upon the
24 Department's request.

25 (e) Hospitals submitting sepsis data as required by the
26 Centers for Medicare and Medicaid Services Hospital Inpatient

1 Quality Reporting program as of fiscal year 2016 are presumed
2 to meet the sepsis protocol requirements outlined in this
3 Section.

4 (f) Subject to appropriation, the Department shall:

5 (1) recommend evidence-based sepsis definitions and
6 metrics that incorporate evidence-based findings,
7 including appropriate antibiotic stewardship, and that
8 align with the National Quality Forum, the Centers for
9 Medicare and Medicaid Services, the Agency for Healthcare
10 Research and Quality, and the Joint Commission;

11 (2) establish and use a methodology for collecting,
12 analyzing, and disclosing the information collected under
13 this Section, including collection methods, formatting,
14 and methods and means for aggregate data release and
15 dissemination;

16 (3) complete a digest of efforts and recommendations no
17 later than 12 months after the effective date of this
18 amendatory Act of the 99th General Assembly; the digest may
19 include Illinois-specific data, trends, conditions, or
20 other clinical factors; a summary shall be provided to the
21 Governor and General Assembly and shall be publicly
22 available on the Department's website; and

23 (4) consult and seek input and feedback prior to the
24 proposal, publication, or issuance of any guidance,
25 methodologies, metrics, rulemaking, or any other
26 information authorized under this Section from statewide

1 organizations representing hospitals, physicians, advanced
2 practice registered nurses, pharmacists, and long-term
3 care facilities. Public and private hospitals,
4 epidemiologists, infection prevention professionals,
5 health care informatics and health care data
6 professionals, and academic researchers may be consulted.

7 If the Department receives an appropriation and carries out
8 the requirements of paragraphs (1), (2), (3), and (4), then the
9 Department may adopt rules concerning the collection of data
10 from hospitals regarding sepsis and requiring that each
11 hospital shall be responsible for reporting to the Department.

12 Any publicly released hospital-specific information under
13 this Section is subject to data provisions specified in Section
14 25 of the Hospital Report Card Act.

15 (Source: P.A. 99-828, eff. 8-18-16.)

16 (210 ILCS 85/6.25)

17 Sec. 6.25. Safe patient handling policy.

18 (a) In this Section:

19 "Health care worker" means an individual providing direct
20 patient care services who may be required to lift, transfer,
21 reposition, or move a patient.

22 "Nurse" means an advanced practice registered nurse, a
23 registered nurse, or a licensed practical nurse licensed under
24 the Nurse Practice Act.

25 "Safe lifting equipment and accessories" means mechanical

1 equipment designed to lift, move, reposition, and transfer
2 patients, including, but not limited to, fixed and portable
3 ceiling lifts, sit-to-stand lifts, slide sheets and boards,
4 slings, and repositioning and turning sheets.

5 "Safe lifting team" means at least 2 individuals who are
6 trained in the use of both safe lifting techniques and safe
7 lifting equipment and accessories, including the
8 responsibility for knowing the location and condition of such
9 equipment and accessories.

10 (b) A hospital must adopt and ensure implementation of a
11 policy to identify, assess, and develop strategies to control
12 risk of injury to patients and nurses and other health care
13 workers associated with the lifting, transferring,
14 repositioning, or movement of a patient. The policy shall
15 establish a process that, at a minimum, includes all of the
16 following:

17 (1) Analysis of the risk of injury to patients and
18 nurses and other health care workers posted by the patient
19 handling needs of the patient populations served by the
20 hospital and the physical environment in which the patient
21 handling and movement occurs.

22 (2) Education and training of nurses and other direct
23 patient care providers in the identification, assessment,
24 and control of risks of injury to patients and nurses and
25 other health care workers during patient handling and on
26 safe lifting policies and techniques and current lifting

1 equipment.

2 (3) Evaluation of alternative ways to reduce risks
3 associated with patient handling, including evaluation of
4 equipment and the environment.

5 (4) Restriction, to the extent feasible with existing
6 equipment and aids, of manual patient handling or movement
7 of all or most of a patient's weight except for emergency,
8 life-threatening, or otherwise exceptional circumstances.

9 (5) Collaboration with and an annual report to the
10 nurse staffing committee.

11 (6) Procedures for a nurse to refuse to perform or be
12 involved in patient handling or movement that the nurse in
13 good faith believes will expose a patient or nurse or other
14 health care worker to an unacceptable risk of injury.

15 (7) Submission of an annual report to the hospital's
16 governing body or quality assurance committee on
17 activities related to the identification, assessment, and
18 development of strategies to control risk of injury to
19 patients and nurses and other health care workers
20 associated with the lifting, transferring, repositioning,
21 or movement of a patient.

22 (8) In developing architectural plans for construction
23 or remodeling of a hospital or unit of a hospital in which
24 patient handling and movement occurs, consideration of the
25 feasibility of incorporating patient handling equipment or
26 the physical space and construction design needed to

1 incorporate that equipment.

2 (9) Fostering and maintaining patient safety, dignity,
3 self-determination, and choice, including the following
4 policies, strategies, and procedures:

5 (A) the existence and availability of a trained
6 safe lifting team;

7 (B) a policy of advising patients of a range of
8 transfer and lift options, including adjustable
9 diagnostic and treatment equipment, mechanical lifts,
10 and provision of a trained safe lifting team;

11 (C) the right of a competent patient, or guardian
12 of a patient adjudicated incompetent, to choose among
13 the range of transfer and lift options, subject to the
14 provisions of subparagraph (E) of this paragraph (9);

15 (D) procedures for documenting, upon admission and
16 as status changes, a mobility assessment and plan for
17 lifting, transferring, repositioning, or movement of a
18 patient, including the choice of the patient or
19 patient's guardian among the range of transfer and lift
20 options; and

21 (E) incorporation of such safe lifting procedures,
22 techniques, and equipment as are consistent with
23 applicable federal law.

24 (Source: P.A. 96-389, eff. 1-1-10; 96-1000, eff. 7-2-10;
25 97-122, eff. 1-1-12.)

1 (210 ILCS 85/10) (from Ch. 111 1/2, par. 151)

2 Sec. 10. Board creation; Department rules.

3 (a) The Governor shall appoint a Hospital Licensing Board
4 composed of 14 persons, which shall advise and consult with the
5 Director in the administration of this Act. The Secretary of
6 Human Services (or his or her designee) shall serve on the
7 Board, along with one additional representative of the
8 Department of Human Services to be designated by the Secretary.
9 Four appointive members shall represent the general public and
10 2 of these shall be members of hospital governing boards; one
11 appointive member shall be a registered professional nurse or
12 advanced practice registered~~r~~ nurse as defined in the Nurse
13 Practice Act, who is employed in a hospital; 3 appointive
14 members shall be hospital administrators actively engaged in
15 the supervision or administration of hospitals; 2 appointive
16 members shall be practicing physicians, licensed in Illinois to
17 practice medicine in all of its branches; and one appointive
18 member shall be a physician licensed to practice podiatric
19 medicine under the Podiatric Medical Practice Act of 1987; and
20 one appointive member shall be a dentist licensed to practice
21 dentistry under the Illinois Dental Practice Act. In making
22 Board appointments, the Governor shall give consideration to
23 recommendations made through the Director by professional
24 organizations concerned with hospital administration for the
25 hospital administrative and governing board appointments,
26 registered professional nurse organizations for the registered

1 professional nurse appointment, professional medical
2 organizations for the physician appointments, and professional
3 dental organizations for the dentist appointment.

4 (b) Each appointive member shall hold office for a term of
5 3 years, except that any member appointed to fill a vacancy
6 occurring prior to the expiration of the term for which his
7 predecessor was appointed shall be appointed for the remainder
8 of such term and the terms of office of the members first
9 taking office shall expire, as designated at the time of
10 appointment, 2 at the end of the first year, 2 at the end of the
11 second year, and 3 at the end of the third year, after the date
12 of appointment. The initial terms of office of the 2 additional
13 members representing the general public provided for in this
14 Section shall expire at the end of the third year after the
15 date of appointment. The term of office of each original
16 appointee shall commence July 1, 1953; the term of office of
17 the original registered professional nurse appointee shall
18 commence July 1, 1969; the term of office of the original
19 licensed podiatric physician appointee shall commence July 1,
20 1981; the term of office of the original dentist appointee
21 shall commence July 1, 1987; and the term of office of each
22 successor shall commence on July 1 of the year in which his
23 predecessor's term expires. Board members, while serving on
24 business of the Board, shall receive actual and necessary
25 travel and subsistence expenses while so serving away from
26 their places of residence. The Board shall meet as frequently

1 as the Director deems necessary, but not less than once a year.
2 Upon request of 5 or more members, the Director shall call a
3 meeting of the Board.

4 (c) The Director shall prescribe rules, regulations,
5 standards, and statements of policy needed to implement,
6 interpret, or make specific the provisions and purposes of this
7 Act. The Department shall adopt rules which set forth standards
8 for determining when the public interest, safety or welfare
9 requires emergency action in relation to termination of a
10 research program or experimental procedure conducted by a
11 hospital licensed under this Act. No rule, regulation, or
12 standard shall be adopted by the Department concerning the
13 operation of hospitals licensed under this Act which has not
14 had prior approval of the Hospital Licensing Board, nor shall
15 the Department adopt any rule, regulation or standard relating
16 to the establishment of a hospital without consultation with
17 the Hospital Licensing Board.

18 (d) Within one year after August 7, 1984 (the effective
19 date of Public Act 83-1248) ~~this amendatory Act of 1984~~, all
20 hospitals licensed under this Act and providing perinatal care
21 shall comply with standards of perinatal care promulgated by
22 the Department. The Director shall promulgate rules or
23 regulations under this Act which are consistent with the
24 Developmental Disability Prevention Act ~~"An Act relating to the~~
25 ~~prevention of developmental disabilities"~~, approved September
26 ~~6, 1973~~, as amended.

1 (Source: P.A. 98-214, eff. 8-9-13; revised 10-26-16.)

2 (210 ILCS 85/10.7)

3 Sec. 10.7. Clinical privileges; advanced practice
4 registered nurses. All hospitals licensed under this Act shall
5 comply with the following requirements:

6 (1) No hospital policy, rule, regulation, or practice
7 shall be inconsistent with the provision of adequate
8 collaboration and consultation in accordance with Section
9 54.5 of the Medical Practice Act of 1987.

10 (2) Operative surgical procedures shall be performed
11 only by a physician licensed to practice medicine in all
12 its branches under the Medical Practice Act of 1987, a
13 dentist licensed under the Illinois Dental Practice Act, or
14 a podiatric physician licensed under the Podiatric Medical
15 Practice Act of 1987, with medical staff membership and
16 surgical clinical privileges granted at the hospital. A
17 licensed physician, dentist, or podiatric physician may be
18 assisted by a physician licensed to practice medicine in
19 all its branches, dentist, dental assistant, podiatric
20 physician, licensed advanced practice registered nurse,
21 licensed physician assistant, licensed registered nurse,
22 licensed practical nurse, surgical assistant, surgical
23 technician, or other individuals granted clinical
24 privileges to assist in surgery at the hospital. Payment
25 for services rendered by an assistant in surgery who is not

1 a hospital employee shall be paid at the appropriate
2 non-physician modifier rate if the payor would have made
3 payment had the same services been provided by a physician.

4 (2.5) A registered nurse licensed under the Nurse
5 Practice Act and qualified by training and experience in
6 operating room nursing shall be present in the operating
7 room and function as the circulating nurse during all
8 invasive or operative procedures. For purposes of this
9 paragraph (2.5), "circulating nurse" means a registered
10 nurse who is responsible for coordinating all nursing care,
11 patient safety needs, and the needs of the surgical team in
12 the operating room during an invasive or operative
13 procedure.

14 (3) An advanced practice registered nurse is not
15 required to possess prescriptive authority or a written
16 collaborative agreement meeting the requirements of the
17 Nurse Practice Act to provide advanced practice registered
18 nursing services in a hospital. An advanced practice
19 registered nurse must possess clinical privileges
20 recommended by the medical staff and granted by the
21 hospital in order to provide services. Individual advanced
22 practice registered nurses may also be granted clinical
23 privileges to order, select, and administer medications,
24 including controlled substances, to provide delineated
25 care. The attending physician must determine the advanced
26 practice registered nurse's role in providing care for his

1 or her patients, except as otherwise provided in medical
2 staff bylaws. The medical staff shall periodically review
3 the services of advanced practice registered nurses
4 granted privileges. This review shall be conducted in
5 accordance with item (2) of subsection (a) of Section 10.8
6 of this Act for advanced practice registered nurses
7 employed by the hospital.

8 (4) The anesthesia service shall be under the direction
9 of a physician licensed to practice medicine in all its
10 branches who has had specialized preparation or experience
11 in the area or who has completed a residency in
12 anesthesiology. An anesthesiologist, Board certified or
13 Board eligible, is recommended. Anesthesia services may
14 only be administered pursuant to the order of a physician
15 licensed to practice medicine in all its branches, licensed
16 dentist, or licensed podiatric physician.

17 (A) The individuals who, with clinical privileges
18 granted at the hospital, may administer anesthesia
19 services are limited to the following:

20 (i) an anesthesiologist; or

21 (ii) a physician licensed to practice medicine
22 in all its branches; or

23 (iii) a dentist with authority to administer
24 anesthesia under Section 8.1 of the Illinois
25 Dental Practice Act; or

26 (iv) a licensed certified registered nurse

1 anesthetist; or

2 (v) a podiatric physician licensed under the
3 Podiatric Medical Practice Act of 1987.

4 (B) For anesthesia services, an anesthesiologist
5 shall participate through discussion of and agreement
6 with the anesthesia plan and shall remain physically
7 present and be available on the premises during the
8 delivery of anesthesia services for diagnosis,
9 consultation, and treatment of emergency medical
10 conditions. In the absence of 24-hour availability of
11 anesthesiologists with medical staff privileges, an
12 alternate policy (requiring participation, presence,
13 and availability of a physician licensed to practice
14 medicine in all its branches) shall be developed by the
15 medical staff and licensed hospital in consultation
16 with the anesthesia service.

17 (C) A certified registered nurse anesthetist is
18 not required to possess prescriptive authority or a
19 written collaborative agreement meeting the
20 requirements of Section 65-35 of the Nurse Practice Act
21 to provide anesthesia services ordered by a licensed
22 physician, dentist, or podiatric physician. Licensed
23 certified registered nurse anesthetists are authorized
24 to select, order, and administer drugs and apply the
25 appropriate medical devices in the provision of
26 anesthesia services under the anesthesia plan agreed

1 with by the anesthesiologist or, in the absence of an
2 available anesthesiologist with clinical privileges,
3 agreed with by the operating physician, operating
4 dentist, or operating podiatric physician in
5 accordance with the hospital's alternative policy.

6 (Source: P.A. 98-214, eff. 8-9-13; 99-642, eff. 7-28-16.)

7 (210 ILCS 85/10.8)

8 Sec. 10.8. Requirements for employment of physicians.

9 (a) Physician employment by hospitals and hospital
10 affiliates. Employing entities may employ physicians to
11 practice medicine in all of its branches provided that the
12 following requirements are met:

13 (1) The employed physician is a member of the medical
14 staff of either the hospital or hospital affiliate. If a
15 hospital affiliate decides to have a medical staff, its
16 medical staff shall be organized in accordance with written
17 bylaws where the affiliate medical staff is responsible for
18 making recommendations to the governing body of the
19 affiliate regarding all quality assurance activities and
20 safeguarding professional autonomy. The affiliate medical
21 staff bylaws may not be unilaterally changed by the
22 governing body of the affiliate. Nothing in this Section
23 requires hospital affiliates to have a medical staff.

24 (2) Independent physicians, who are not employed by an
25 employing entity, periodically review the quality of the

1 medical services provided by the employed physician to
2 continuously improve patient care.

3 (3) The employing entity and the employed physician
4 sign a statement acknowledging that the employer shall not
5 unreasonably exercise control, direct, or interfere with
6 the employed physician's exercise and execution of his or
7 her professional judgment in a manner that adversely
8 affects the employed physician's ability to provide
9 quality care to patients. This signed statement shall take
10 the form of a provision in the physician's employment
11 contract or a separate signed document from the employing
12 entity to the employed physician. This statement shall
13 state: "As the employer of a physician, (employer's name)
14 shall not unreasonably exercise control, direct, or
15 interfere with the employed physician's exercise and
16 execution of his or her professional judgment in a manner
17 that adversely affects the employed physician's ability to
18 provide quality care to patients."

19 (4) The employing entity shall establish a mutually
20 agreed upon independent review process with criteria under
21 which an employed physician may seek review of the alleged
22 violation of this Section by physicians who are not
23 employed by the employing entity. The affiliate may arrange
24 with the hospital medical staff to conduct these reviews.
25 The independent physicians shall make findings and
26 recommendations to the employing entity and the employed

1 physician within 30 days of the conclusion of the gathering
2 of the relevant information.

3 (b) Definitions. For the purpose of this Section:

4 "Employing entity" means a hospital licensed under the
5 Hospital Licensing Act or a hospital affiliate.

6 "Employed physician" means a physician who receives an IRS
7 W-2 form, or any successor federal income tax form, from an
8 employing entity.

9 "Hospital" means a hospital licensed under the Hospital
10 Licensing Act, except county hospitals as defined in subsection
11 (c) of Section 15-1 of the Illinois Public Aid Code.

12 "Hospital affiliate" means a corporation, partnership,
13 joint venture, limited liability company, or similar
14 organization, other than a hospital, that is devoted primarily
15 to the provision, management, or support of health care
16 services and that directly or indirectly controls, is
17 controlled by, or is under common control of the hospital.

18 "Control" means having at least an equal or a majority
19 ownership or membership interest. A hospital affiliate shall be
20 100% owned or controlled by any combination of hospitals, their
21 parent corporations, or physicians licensed to practice
22 medicine in all its branches in Illinois. "Hospital affiliate"
23 does not include a health maintenance organization regulated
24 under the Health Maintenance Organization Act.

25 "Physician" means an individual licensed to practice
26 medicine in all its branches in Illinois.

1 "Professional judgment" means the exercise of a
2 physician's independent clinical judgment in providing
3 medically appropriate diagnoses, care, and treatment to a
4 particular patient at a particular time. Situations in which an
5 employing entity does not interfere with an employed
6 physician's professional judgment include, without limitation,
7 the following:

8 (1) practice restrictions based upon peer review of the
9 physician's clinical practice to assess quality of care and
10 utilization of resources in accordance with applicable
11 bylaws;

12 (2) supervision of physicians by appropriately
13 licensed medical directors, medical school faculty,
14 department chairpersons or directors, or supervising
15 physicians;

16 (3) written statements of ethical or religious
17 directives; and

18 (4) reasonable referral restrictions that do not, in
19 the reasonable professional judgment of the physician,
20 adversely affect the health or welfare of the patient.

21 (c) Private enforcement. An employed physician aggrieved
22 by a violation of this Act may seek to obtain an injunction or
23 reinstatement of employment with the employing entity as the
24 court may deem appropriate. Nothing in this Section limits or
25 abrogates any common law cause of action. Nothing in this
26 Section shall be deemed to alter the law of negligence.

1 (d) Department enforcement. The Department may enforce the
2 provisions of this Section, but nothing in this Section shall
3 require or permit the Department to license, certify, or
4 otherwise investigate the activities of a hospital affiliate
5 not otherwise required to be licensed by the Department.

6 (e) Retaliation prohibited. No employing entity shall
7 retaliate against any employed physician for requesting a
8 hearing or review under this Section. No action may be taken
9 that affects the ability of a physician to practice during this
10 review, except in circumstances where the medical staff bylaws
11 authorize summary suspension.

12 (f) Physician collaboration. No employing entity shall
13 adopt or enforce, either formally or informally, any policy,
14 rule, regulation, or practice inconsistent with the provision
15 of adequate collaboration, including medical direction of
16 licensed advanced practice registered nurses or supervision of
17 licensed physician assistants and delegation to other
18 personnel under Section 54.5 of the Medical Practice Act of
19 1987.

20 (g) Physician disciplinary actions. Nothing in this
21 Section shall be construed to limit or prohibit the governing
22 body of an employing entity or its medical staff, if any, from
23 taking disciplinary actions against a physician as permitted by
24 law.

25 (h) Physician review. Nothing in this Section shall be
26 construed to prohibit a hospital or hospital affiliate from

1 making a determination not to pay for a particular health care
2 service or to prohibit a medical group, independent practice
3 association, hospital medical staff, or hospital governing
4 body from enforcing reasonable peer review or utilization
5 review protocols or determining whether the employed physician
6 complied with those protocols.

7 (i) Review. Nothing in this Section may be used or
8 construed to establish that any activity of a hospital or
9 hospital affiliate is subject to review under the Illinois
10 Health Facilities Planning Act.

11 (j) Rules. The Department shall adopt any rules necessary
12 to implement this Section.

13 (Source: P.A. 92-455, eff. 9-30-01; revised 10-26-16.)

14 (210 ILCS 85/10.9)

15 Sec. 10.9. Nurse mandated overtime prohibited.

16 (a) Definitions. As used in this Section:

17 "Mandated overtime" means work that is required by the
18 hospital in excess of an agreed-to, predetermined work shift.
19 Time spent by nurses required to be available as a condition of
20 employment in specialized units, such as surgical nursing
21 services, shall not be counted or considered in calculating the
22 amount of time worked for the purpose of applying the
23 prohibition against mandated overtime under subsection (b).

24 "Nurse" means any advanced practice registered nurse,
25 registered professional nurse, or licensed practical nurse, as

1 defined in the Nurse Practice Act, who receives an hourly wage
2 and has direct responsibility to oversee or carry out nursing
3 care. For the purposes of this Section, "advanced practice
4 registered nurse" does not include a certified registered nurse
5 anesthetist who is primarily engaged in performing the duties
6 of a nurse anesthetist.

7 "Unforeseen emergent circumstance" means (i) any declared
8 national, State, or municipal disaster or other catastrophic
9 event, or any implementation of a hospital's disaster plan,
10 that will substantially affect or increase the need for health
11 care services or (ii) any circumstance in which patient care
12 needs require specialized nursing skills through the
13 completion of a procedure. An "unforeseen emergent
14 circumstance" does not include situations in which the hospital
15 fails to have enough nursing staff to meet the usual and
16 reasonably predictable nursing needs of its patients.

17 (b) Mandated overtime prohibited. No nurse may be required
18 to work mandated overtime except in the case of an unforeseen
19 emergent circumstance when such overtime is required only as a
20 last resort. Such mandated overtime shall not exceed 4 hours
21 beyond an agreed-to, predetermined work shift.

22 (c) Off-duty period. When a nurse is mandated to work up to
23 12 consecutive hours, the nurse must be allowed at least 8
24 consecutive hours of off-duty time immediately following the
25 completion of a shift.

26 (d) Retaliation prohibited. No hospital may discipline,

1 discharge, or take any other adverse employment action against
2 a nurse solely because the nurse refused to work mandated
3 overtime as prohibited under subsection (b).

4 (e) Violations. Any employee of a hospital that is subject
5 to this Act may file a complaint with the Department of Public
6 Health regarding an alleged violation of this Section. The
7 complaint must be filed within 45 days following the occurrence
8 of the incident giving rise to the alleged violation. The
9 Department must forward notification of the alleged violation
10 to the hospital in question within 3 business days after the
11 complaint is filed. Upon receiving a complaint of a violation
12 of this Section, the Department may take any action authorized
13 under Section 7 or 9 of this Act.

14 (f) Proof of violation. Any violation of this Section must
15 be proved by clear and convincing evidence that a nurse was
16 required to work overtime against his or her will. The hospital
17 may defeat the claim of a violation by presenting clear and
18 convincing evidence that an unforeseen emergent circumstance,
19 which required overtime work, existed at the time the employee
20 was required or compelled to work.

21 (Source: P.A. 94-349, eff. 7-28-05; 95-639, eff. 10-5-07.)

22 Section 140. The Illinois Insurance Code is amended by
23 changing Section 356g.5 as follows:

24 (215 ILCS 5/356g.5)

1 Sec. 356g.5. Clinical breast exam.

2 (a) The General Assembly finds that clinical breast
3 examinations are a critical tool in the early detection of
4 breast cancer, while the disease is in its earlier and
5 potentially more treatable stages. Insurer reimbursement of
6 clinical breast examinations is essential to the effort to
7 reduce breast cancer deaths in Illinois.

8 (b) Every insurer shall provide, in each group or
9 individual policy, contract, or certificate of accident or
10 health insurance issued or renewed for persons who are
11 residents of Illinois, coverage for complete and thorough
12 clinical breast examinations as indicated by guidelines of
13 practice, performed by a physician licensed to practice
14 medicine in all its branches, a licensed advanced practice
15 registered nurse, or a licensed physician assistant, to check
16 for lumps and other changes for the purpose of early detection
17 and prevention of breast cancer as follows:

18 (1) at least every 3 years for women at least 20 years
19 of age but less than 40 years of age; and

20 (2) annually for women 40 years of age or older.

21 (c) Upon approval of a nationally recognized separate and
22 distinct clinical breast exam code that is compliant with all
23 State and federal laws, rules, and regulations, public and
24 private insurance plans shall take action to cover clinical
25 breast exams on a separate and distinct basis.

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

1 Section 145. The Illinois Dental Practice Act is amended by
2 changing Sections 4 and 8.1 as follows:

3 (225 ILCS 25/4) (from Ch. 111, par. 2304)

4 (Section scheduled to be repealed on January 1, 2026)

5 Sec. 4. Definitions. As used in this Act:

6 "Address of record" means the designated address recorded
7 by the Department in the applicant's or licensee's application
8 file or license file as maintained by the Department's
9 licensure maintenance unit. It is the duty of the applicant or
10 licensee to inform the Department of any change of address and
11 those changes must be made either through the Department's
12 website or by contacting the Department.

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

15 "Secretary" means the Secretary of Financial and
16 Professional Regulation.

17 "Board" means the Board of Dentistry.

18 "Dentist" means a person who has received a general license
19 pursuant to paragraph (a) of Section 11 of this Act and who may
20 perform any intraoral and extraoral procedure required in the
21 practice of dentistry and to whom is reserved the
22 responsibilities specified in Section 17.

23 "Dental hygienist" means a person who holds a license under
24 this Act to perform dental services as authorized by Section

1 18.

2 "Dental assistant" means an appropriately trained person
3 who, under the supervision of a dentist, provides dental
4 services as authorized by Section 17.

5 "Dental laboratory" means a person, firm or corporation
6 which:

7 (i) engages in making, providing, repairing or
8 altering dental prosthetic appliances and other artificial
9 materials and devices which are returned to a dentist for
10 insertion into the human oral cavity or which come in
11 contact with its adjacent structures and tissues; and

12 (ii) utilizes or employs a dental technician to provide
13 such services; and

14 (iii) performs such functions only for a dentist or
15 dentists.

16 "Supervision" means supervision of a dental hygienist or a
17 dental assistant requiring that a dentist authorize the
18 procedure, remain in the dental facility while the procedure is
19 performed, and approve the work performed by the dental
20 hygienist or dental assistant before dismissal of the patient,
21 but does not mean that the dentist must be present at all times
22 in the treatment room.

23 "General supervision" means supervision of a dental
24 hygienist requiring that the patient be a patient of record,
25 that the dentist examine the patient in accordance with Section
26 18 prior to treatment by the dental hygienist, and that the

1 dentist authorize the procedures which are being carried out by
2 a notation in the patient's record, but not requiring that a
3 dentist be present when the authorized procedures are being
4 performed. The issuance of a prescription to a dental
5 laboratory by a dentist does not constitute general
6 supervision.

7 "Public member" means a person who is not a health
8 professional. For purposes of board membership, any person with
9 a significant financial interest in a health service or
10 profession is not a public member.

11 "Dentistry" means the healing art which is concerned with
12 the examination, diagnosis, treatment planning and care of
13 conditions within the human oral cavity and its adjacent
14 tissues and structures, as further specified in Section 17.

15 "Branches of dentistry" means the various specialties of
16 dentistry which, for purposes of this Act, shall be limited to
17 the following: endodontics, oral and maxillofacial surgery,
18 orthodontics and dentofacial orthopedics, pediatric dentistry,
19 periodontics, prosthodontics, and oral and maxillofacial
20 radiology.

21 "Specialist" means a dentist who has received a specialty
22 license pursuant to Section 11(b).

23 "Dental technician" means a person who owns, operates or is
24 employed by a dental laboratory and engages in making,
25 providing, repairing or altering dental prosthetic appliances
26 and other artificial materials and devices which are returned

1 to a dentist for insertion into the human oral cavity or which
2 come in contact with its adjacent structures and tissues.

3 "Impaired dentist" or "impaired dental hygienist" means a
4 dentist or dental hygienist who is unable to practice with
5 reasonable skill and safety because of a physical or mental
6 disability as evidenced by a written determination or written
7 consent based on clinical evidence, including deterioration
8 through the aging process, loss of motor skills, abuse of drugs
9 or alcohol, or a psychiatric disorder, of sufficient degree to
10 diminish the person's ability to deliver competent patient
11 care.

12 "Nurse" means a registered professional nurse, a certified
13 registered nurse anesthetist licensed as an advanced practice
14 registered nurse, or a licensed practical nurse licensed under
15 the Nurse Practice Act.

16 "Patient of record" means a patient for whom the patient's
17 most recent dentist has obtained a relevant medical and dental
18 history and on whom the dentist has performed an examination
19 and evaluated the condition to be treated.

20 "Dental responder" means a dentist or dental hygienist who
21 is appropriately certified in disaster preparedness,
22 immunizations, and dental humanitarian medical response
23 consistent with the Society of Disaster Medicine and Public
24 Health and training certified by the National Incident
25 Management System or the National Disaster Life Support
26 Foundation.

1 "Mobile dental van or portable dental unit" means any
2 self-contained or portable dental unit in which dentistry is
3 practiced that can be moved, towed, or transported from one
4 location to another in order to establish a location where
5 dental services can be provided.

6 "Public health dental hygienist" means a hygienist who
7 holds a valid license to practice in the State, has 2 years of
8 full-time clinical experience or an equivalent of 4,000 hours
9 of clinical experience and has completed at least 42 clock
10 hours of additional structured courses in dental education
11 approved by rule by the Department in advanced areas specific
12 to public health dentistry, including, but not limited to,
13 emergency procedures for medically compromised patients,
14 pharmacology, medical recordkeeping procedures, geriatric
15 dentistry, pediatric dentistry, pathology, and other areas of
16 study as determined by the Department, and works in a public
17 health setting pursuant to a written public health supervision
18 agreement as defined by rule by the Department with a dentist
19 working in or contracted with a local or State government
20 agency or institution or who is providing services as part of a
21 certified school-based program or school-based oral health
22 program.

23 "Public health setting" means a federally qualified health
24 center; a federal, State, or local public health facility; Head
25 Start; a special supplemental nutrition program for Women,
26 Infants, and Children (WIC) facility; or a certified

1 school-based health center or school-based oral health
2 program.

3 "Public health supervision" means the supervision of a
4 public health dental hygienist by a licensed dentist who has a
5 written public health supervision agreement with that public
6 health dental hygienist while working in an approved facility
7 or program that allows the public health dental hygienist to
8 treat patients, without a dentist first examining the patient
9 and being present in the facility during treatment, (1) who are
10 eligible for Medicaid or (2) who are uninsured and whose
11 household income is not greater than 200% of the federal
12 poverty level.

13 (Source: P.A. 99-25, eff. 1-1-16; 99-492, eff. 12-31-15;
14 99-680, eff. 1-1-17.)

15 (225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)

16 (Section scheduled to be repealed on January 1, 2026)

17 Sec. 8.1. Permit for the administration of anesthesia and
18 sedation.

19 (a) No licensed dentist shall administer general
20 anesthesia, deep sedation, or conscious sedation without first
21 applying for and obtaining a permit for such purpose from the
22 Department. The Department shall issue such permit only after
23 ascertaining that the applicant possesses the minimum
24 qualifications necessary to protect public safety. A person
25 with a dental degree who administers anesthesia, deep sedation,

1 or conscious sedation in an approved hospital training program
2 under the supervision of either a licensed dentist holding such
3 permit or a physician licensed to practice medicine in all its
4 branches shall not be required to obtain such permit.

5 (b) In determining the minimum permit qualifications that
6 are necessary to protect public safety, the Department, by
7 rule, shall:

8 (1) establish the minimum educational and training
9 requirements necessary for a dentist to be issued an
10 appropriate permit;

11 (2) establish the standards for properly equipped
12 dental facilities (other than licensed hospitals and
13 ambulatory surgical treatment centers) in which general
14 anesthesia, deep sedation, or conscious sedation is
15 administered, as necessary to protect public safety;

16 (3) establish minimum requirements for all persons who
17 assist the dentist in the administration of general
18 anesthesia, deep sedation, or conscious sedation,
19 including minimum training requirements for each member of
20 the dental team, monitoring requirements, recordkeeping
21 requirements, and emergency procedures; ~~and~~

22 (4) ensure that the dentist and all persons assisting
23 the dentist or monitoring the administration of general
24 anesthesia, deep sedation, or conscious sedation maintain
25 current certification in Basic Life Support (BLS); ~~and~~

26 (5) establish continuing education requirements in

1 sedation techniques for dentists who possess a permit under
2 this Section.

3 When establishing requirements under this Section, the
4 Department shall consider the current American Dental
5 Association guidelines on sedation and general anesthesia, the
6 current "Guidelines for Monitoring and Management of Pediatric
7 Patients During and After Sedation for Diagnostic and
8 Therapeutic Procedures" established by the American Academy of
9 Pediatrics and the American Academy of Pediatric Dentistry, and
10 the current parameters of care and Office Anesthesia Evaluation
11 (OAE) Manual established by the American Association of Oral
12 and Maxillofacial Surgeons.

13 (c) A licensed dentist must hold an appropriate permit
14 issued under this Section in order to perform dentistry while a
15 nurse anesthetist administers conscious sedation, and a valid
16 written collaborative agreement must exist between the dentist
17 and the nurse anesthetist, in accordance with the Nurse
18 Practice Act.

19 A licensed dentist must hold an appropriate permit issued
20 under this Section in order to perform dentistry while a nurse
21 anesthetist administers deep sedation or general anesthesia,
22 and a valid written collaborative agreement must exist between
23 the dentist and the nurse anesthetist, in accordance with the
24 Nurse Practice Act.

25 For the purposes of this subsection (c), "nurse
26 anesthetist" means a licensed certified registered nurse

1 anesthesiologist who holds a license as an advanced practice
2 registered nurse.

3 (Source: P.A. 95-399, eff. 1-1-08; 95-639, eff. 1-1-08; 96-328,
4 eff. 8-11-09; revised 10-27-16.)

5 Section 150. The Health Care Worker Self-Referral Act is
6 amended by changing Section 15 as follows:

7 (225 ILCS 47/15)

8 Sec. 15. Definitions. In this Act:

9 (a) "Board" means the Health Facilities and Services Review
10 Board.

11 (b) "Entity" means any individual, partnership, firm,
12 corporation, or other business that provides health services
13 but does not include an individual who is a health care worker
14 who provides professional services to an individual.

15 (c) "Group practice" means a group of 2 or more health care
16 workers legally organized as a partnership, professional
17 corporation, not-for-profit corporation, faculty practice plan
18 or a similar association in which:

19 (1) each health care worker who is a member or employee
20 or an independent contractor of the group provides
21 substantially the full range of services that the health
22 care worker routinely provides, including consultation,
23 diagnosis, or treatment, through the use of office space,
24 facilities, equipment, or personnel of the group;

1 (2) the services of the health care workers are
2 provided through the group, and payments received for
3 health services are treated as receipts of the group; and

4 (3) the overhead expenses and the income from the
5 practice are distributed by methods previously determined
6 by the group.

7 (d) "Health care worker" means any individual licensed
8 under the laws of this State to provide health services,
9 including but not limited to: dentists licensed under the
10 Illinois Dental Practice Act; dental hygienists licensed under
11 the Illinois Dental Practice Act; nurses and advanced practice
12 registered nurses licensed under the Nurse Practice Act;
13 occupational therapists licensed under the Illinois
14 Occupational Therapy Practice Act; optometrists licensed under
15 the Illinois Optometric Practice Act of 1987; pharmacists
16 licensed under the Pharmacy Practice Act; physical therapists
17 licensed under the Illinois Physical Therapy Act; physicians
18 licensed under the Medical Practice Act of 1987; physician
19 assistants licensed under the Physician Assistant Practice Act
20 of 1987; podiatric physicians licensed under the Podiatric
21 Medical Practice Act of 1987; clinical psychologists licensed
22 under the Clinical Psychologist Licensing Act; clinical social
23 workers licensed under the Clinical Social Work and Social Work
24 Practice Act; speech-language pathologists and audiologists
25 licensed under the Illinois Speech-Language Pathology and
26 Audiology Practice Act; or hearing instrument dispensers

1 licensed under the Hearing Instrument Consumer Protection Act,
2 or any of their successor Acts.

3 (e) "Health services" means health care procedures and
4 services provided by or through a health care worker.

5 (f) "Immediate family member" means a health care worker's
6 spouse, child, child's spouse, or a parent.

7 (g) "Investment interest" means an equity or debt security
8 issued by an entity, including, without limitation, shares of
9 stock in a corporation, units or other interests in a
10 partnership, bonds, debentures, notes, or other equity
11 interests or debt instruments except that investment interest
12 for purposes of Section 20 does not include interest in a
13 hospital licensed under the laws of the State of Illinois.

14 (h) "Investor" means an individual or entity directly or
15 indirectly owning a legal or beneficial ownership or investment
16 interest, (such as through an immediate family member, trust,
17 or another entity related to the investor).

18 (i) "Office practice" includes the facility or facilities
19 at which a health care worker, on an ongoing basis, provides or
20 supervises the provision of professional health services to
21 individuals.

22 (j) "Referral" means any referral of a patient for health
23 services, including, without limitation:

24 (1) The forwarding of a patient by one health care
25 worker to another health care worker or to an entity
26 outside the health care worker's office practice or group

1 practice that provides health services.

2 (2) The request or establishment by a health care
3 worker of a plan of care outside the health care worker's
4 office practice or group practice that includes the
5 provision of any health services.

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

7 Section 155. The Medical Practice Act of 1987 is amended by
8 changing Sections 8.1, 22, 54.2, and 54.5 as follows:

9 (225 ILCS 60/8.1)

10 (Section scheduled to be repealed on December 31, 2017)

11 Sec. 8.1. Matters concerning advanced practice registered
12 nurses. Any proposed rules, amendments, second notice
13 materials and adopted rule or amendment materials, and policy
14 statements concerning advanced practice registered nurses
15 shall be presented to the Licensing Board for review and
16 comment. The recommendations of both the Board of Nursing and
17 the Licensing Board shall be presented to the Secretary for
18 consideration in making final decisions. Whenever the Board of
19 Nursing and the Licensing Board disagree on a proposed rule or
20 policy, the Secretary shall convene a joint meeting of the
21 officers of each Board to discuss the resolution of any such
22 disagreements.

23 (Source: P.A. 97-622, eff. 11-23-11.)

1 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

2 (Section scheduled to be repealed on December 31, 2017)

3 Sec. 22. Disciplinary action.

4 (A) The Department may revoke, suspend, place on probation,
5 reprimand, refuse to issue or renew, or take any other
6 disciplinary or non-disciplinary action as the Department may
7 deem proper with regard to the license or permit of any person
8 issued under this Act, including imposing fines not to exceed
9 \$10,000 for each violation, upon any of the following grounds:

10 (1) Performance of an elective abortion in any place,
11 locale, facility, or institution other than:

12 (a) a facility licensed pursuant to the Ambulatory
13 Surgical Treatment Center Act;

14 (b) an institution licensed under the Hospital
15 Licensing Act;

16 (c) an ambulatory surgical treatment center or
17 hospitalization or care facility maintained by the
18 State or any agency thereof, where such department or
19 agency has authority under law to establish and enforce
20 standards for the ambulatory surgical treatment
21 centers, hospitalization, or care facilities under its
22 management and control;

23 (d) ambulatory surgical treatment centers,
24 hospitalization or care facilities maintained by the
25 Federal Government; or

26 (e) ambulatory surgical treatment centers,

1 hospitalization or care facilities maintained by any
2 university or college established under the laws of
3 this State and supported principally by public funds
4 raised by taxation.

5 (2) Performance of an abortion procedure in a wilful
6 and wanton manner on a woman who was not pregnant at the
7 time the abortion procedure was performed.

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

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

15 (5) Engaging in dishonorable, unethical or
16 unprofessional conduct of a character likely to deceive,
17 defraud or harm the public.

18 (6) Obtaining any fee by fraud, deceit, or
19 misrepresentation.

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

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

26 (9) Fraud or misrepresentation in applying for, or

1 procuring, a license under this Act or in connection with
2 applying for renewal of a license under this Act.

3 (10) Making a false or misleading statement regarding
4 their skill or the efficacy or value of the medicine,
5 treatment, or remedy prescribed by them at their direction
6 in the treatment of any disease or other condition of the
7 body or mind.

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

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

21 (13) Violation of any provision of this Act or of the
22 Medical Practice Act prior to the repeal of that Act, or
23 violation of the rules, or a final administrative action of
24 the Secretary, after consideration of the recommendation
25 of the Disciplinary Board.

26 (14) Violation of the prohibition against fee

1 splitting in Section 22.2 of this Act.

2 (15) A finding by the Disciplinary Board that the
3 registrant after having his or her license placed on
4 probationary status or subjected to conditions or
5 restrictions violated the terms of the probation or failed
6 to comply with such terms or conditions.

7 (16) Abandonment of a patient.

8 (17) Prescribing, selling, administering,
9 distributing, giving or self-administering any drug
10 classified as a controlled substance (designated product)
11 or narcotic for other than medically accepted therapeutic
12 purposes.

13 (18) Promotion of the sale of drugs, devices,
14 appliances or goods provided for a patient in such manner
15 as to exploit the patient for financial gain of the
16 physician.

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

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

25 (21) Wilfully making or filing false records or reports
26 in his or her practice as a physician, including, but not

1 limited to, false records to support claims against the
2 medical assistance program of the Department of Healthcare
3 and Family Services (formerly Department of Public Aid)
4 under the Illinois Public Aid Code.

5 (22) Wilful omission to file or record, or wilfully
6 impeding the filing or recording, or inducing another
7 person to omit to file or record, medical reports as
8 required by law, or wilfully failing to report an instance
9 of suspected abuse or neglect as required by law.

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

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

20 (25) Gross and wilful and continued overcharging for
21 professional services, including filing false statements
22 for collection of fees for which services are not rendered,
23 including, but not limited to, filing such false statements
24 for collection of monies for services not rendered from the
25 medical assistance program of the Department of Healthcare
26 and Family Services (formerly Department of Public Aid)

1 under the Illinois Public Aid Code.

2 (26) A pattern of practice or other behavior which
3 demonstrates incapacity or incompetence to practice under
4 this Act.

5 (27) Mental illness or disability which results in the
6 inability to practice under this Act with reasonable
7 judgment, skill or safety.

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

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

14 (30) Wilfully or negligently violating the
15 confidentiality between physician and patient except as
16 required by law.

17 (31) The use of any false, fraudulent, or deceptive
18 statement in any document connected with practice under
19 this Act.

20 (32) Aiding and abetting an individual not licensed
21 under this Act in the practice of a profession licensed
22 under this Act.

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

26 (34) Failure to report to the Department any adverse

1 final action taken against them by another licensing
2 jurisdiction (any other state or any territory of the
3 United States or any foreign state or country), by any peer
4 review body, by any health care institution, by any
5 professional society or association related to practice
6 under this Act, by any governmental agency, by any law
7 enforcement agency, or by any court for acts or conduct
8 similar to acts or conduct which would constitute grounds
9 for action as defined in this Section.

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

20 (36) Failure to report to the Department any adverse
21 judgment, settlement, or award arising from a liability
22 claim related to acts or conduct similar to acts or conduct
23 which would constitute grounds for action as defined in
24 this Section.

25 (37) Failure to provide copies of medical records as
26 required by law.

1 (38) Failure to furnish the Department, its
2 investigators or representatives, relevant information,
3 legally requested by the Department after consultation
4 with the Chief Medical Coordinator or the Deputy Medical
5 Coordinator.

6 (39) Violating the Health Care Worker Self-Referral
7 Act.

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

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

12 (42) Entering into an excessive number of written
13 collaborative agreements with licensed advanced practice
14 registered nurses resulting in an inability to adequately
15 collaborate.

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

18 (44) Violating the Compassionate Use of Medical
19 Cannabis Pilot Program Act.

20 (45) Entering into an excessive number of written
21 collaborative agreements with licensed prescribing
22 psychologists resulting in an inability to adequately
23 collaborate.

24 (46) Repeated failure to adequately collaborate with a
25 licensed prescribing psychologist.

26 Except for actions involving the ground numbered (26), all

1 proceedings to suspend, revoke, place on probationary status,
2 or take any other disciplinary action as the Department may
3 deem proper, with regard to a license on any of the foregoing
4 grounds, must be commenced within 5 years next after receipt by
5 the Department of a complaint alleging the commission of or
6 notice of the conviction order for any of the acts described
7 herein. Except for the grounds numbered (8), (9), (26), and
8 (29), no action shall be commenced more than 10 years after the
9 date of the incident or act alleged to have violated this
10 Section. For actions involving the ground numbered (26), a
11 pattern of practice or other behavior includes all incidents
12 alleged to be part of the pattern of practice or other behavior
13 that occurred, or a report pursuant to Section 23 of this Act
14 received, within the 10-year period preceding the filing of the
15 complaint. In the event of the settlement of any claim or cause
16 of action in favor of the claimant or the reduction to final
17 judgment of any civil action in favor of the plaintiff, such
18 claim, cause of action or civil action being grounded on the
19 allegation that a person licensed under this Act was negligent
20 in providing care, the Department shall have an additional
21 period of 2 years from the date of notification to the
22 Department under Section 23 of this Act of such settlement or
23 final judgment in which to investigate and commence formal
24 disciplinary proceedings under Section 36 of this Act, except
25 as otherwise provided by law. The time during which the holder
26 of the license was outside the State of Illinois shall not be

1 included within any period of time limiting the commencement of
2 disciplinary action by the Department.

3 The entry of an order or judgment by any circuit court
4 establishing that any person holding a license under this Act
5 is a person in need of mental treatment operates as a
6 suspension of that license. That person may resume their
7 practice only upon the entry of a Departmental order based upon
8 a finding by the Disciplinary Board that they have been
9 determined to be recovered from mental illness by the court and
10 upon the Disciplinary Board's recommendation that they be
11 permitted to resume their practice.

12 The Department may refuse to issue or take disciplinary
13 action concerning the license of any person who fails to file a
14 return, or to pay the tax, penalty or interest shown in a filed
15 return, or to pay any final assessment of tax, penalty or
16 interest, as required by any tax Act administered by the
17 Illinois Department of Revenue, until such time as the
18 requirements of any such tax Act are satisfied as determined by
19 the Illinois Department of Revenue.

20 The Department, upon the recommendation of the
21 Disciplinary Board, shall adopt rules which set forth standards
22 to be used in determining:

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

25 (b) what constitutes dishonorable, unethical or
26 unprofessional conduct of a character likely to deceive,

1 defraud, or harm the public;

2 (c) what constitutes immoral conduct in the commission
3 of any act, including, but not limited to, commission of an
4 act of sexual misconduct related to the licensee's
5 practice; and

6 (d) what constitutes gross negligence in the practice
7 of medicine.

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

11 In enforcing this Section, the Disciplinary Board or the
12 Licensing Board, upon a showing of a possible violation, may
13 compel, in the case of the Disciplinary Board, any individual
14 who is licensed to practice under this Act or holds a permit to
15 practice under this Act, or, in the case of the Licensing
16 Board, any individual who has applied for licensure or a permit
17 pursuant to this Act, to submit to a mental or physical
18 examination and evaluation, or both, which may include a
19 substance abuse or sexual offender evaluation, as required by
20 the Licensing Board or Disciplinary Board and at the expense of
21 the Department. The Disciplinary Board or Licensing Board shall
22 specifically designate the examining physician licensed to
23 practice medicine in all of its branches or, if applicable, the
24 multidisciplinary team involved in providing the mental or
25 physical examination and evaluation, or both. The
26 multidisciplinary team shall be led by a physician licensed to

1 practice medicine in all of its branches and may consist of one
2 or more or a combination of physicians licensed to practice
3 medicine in all of its branches, licensed chiropractic
4 physicians, licensed clinical psychologists, licensed clinical
5 social workers, licensed clinical professional counselors, and
6 other professional and administrative staff. Any examining
7 physician or member of the multidisciplinary team may require
8 any person ordered to submit to an examination and evaluation
9 pursuant to this Section to submit to any additional
10 supplemental testing deemed necessary to complete any
11 examination or evaluation process, including, but not limited
12 to, blood testing, urinalysis, psychological testing, or
13 neuropsychological testing. The Disciplinary Board, the
14 Licensing Board, or the Department may order the examining
15 physician or any member of the multidisciplinary team to
16 provide to the Department, the Disciplinary Board, or the
17 Licensing Board any and all records, including business
18 records, that relate to the examination and evaluation,
19 including any supplemental testing performed. The Disciplinary
20 Board, the Licensing Board, or the Department may order the
21 examining physician or any member of the multidisciplinary team
22 to present testimony concerning this examination and
23 evaluation of the licensee, permit holder, or applicant,
24 including testimony concerning any supplemental testing or
25 documents relating to the examination and evaluation. No
26 information, report, record, or other documents in any way

1 related to the examination and evaluation shall be excluded by
2 reason of any common law or statutory privilege relating to
3 communication between the licensee, permit holder, or
4 applicant and the examining physician or any member of the
5 multidisciplinary team. No authorization is necessary from the
6 licensee, permit holder, or applicant ordered to undergo an
7 evaluation and examination for the examining physician or any
8 member of the multidisciplinary team to provide information,
9 reports, records, or other documents or to provide any
10 testimony regarding the examination and evaluation. The
11 individual to be examined may have, at his or her own expense,
12 another physician of his or her choice present during all
13 aspects of the examination. Failure of any individual to submit
14 to mental or physical examination and evaluation, or both, when
15 directed, shall result in an automatic suspension, without
16 hearing, until such time as the individual submits to the
17 examination. If the Disciplinary Board or Licensing Board finds
18 a physician unable to practice following an examination and
19 evaluation because of the reasons set forth in this Section,
20 the Disciplinary Board or Licensing Board shall require such
21 physician to submit to care, counseling, or treatment by
22 physicians, or other health care professionals, approved or
23 designated by the Disciplinary Board, as a condition for
24 issued, continued, reinstated, or renewed licensure to
25 practice. Any physician, whose license was granted pursuant to
26 Sections 9, 17, or 19 of this Act, or, continued, reinstated,

1 renewed, disciplined or supervised, subject to such terms,
2 conditions or restrictions who shall fail to comply with such
3 terms, conditions or restrictions, or to complete a required
4 program of care, counseling, or treatment, as determined by the
5 Chief Medical Coordinator or Deputy Medical Coordinators,
6 shall be referred to the Secretary for a determination as to
7 whether the licensee shall have their license suspended
8 immediately, pending a hearing by the Disciplinary Board. In
9 instances in which the Secretary immediately suspends a license
10 under this Section, a hearing upon such person's license must
11 be convened by the Disciplinary Board within 15 days after such
12 suspension and completed without appreciable delay. The
13 Disciplinary Board shall have the authority to review the
14 subject physician's record of treatment and counseling
15 regarding the impairment, to the extent permitted by applicable
16 federal statutes and regulations safeguarding the
17 confidentiality of medical records.

18 An individual licensed under this Act, affected under this
19 Section, shall be afforded an opportunity to demonstrate to the
20 Disciplinary Board that they can resume practice in compliance
21 with acceptable and prevailing standards under the provisions
22 of their license.

23 The Department may promulgate rules for the imposition of
24 fines in disciplinary cases, not to exceed \$10,000 for each
25 violation of this Act. Fines may be imposed in conjunction with
26 other forms of disciplinary action, but shall not be the

1 exclusive disposition of any disciplinary action arising out of
2 conduct resulting in death or injury to a patient. Any funds
3 collected from such fines shall be deposited in the Illinois
4 State Medical Disciplinary Fund.

5 All fines imposed under this Section shall be paid within
6 60 days after the effective date of the order imposing the fine
7 or in accordance with the terms set forth in the order imposing
8 the fine.

9 (B) The Department shall revoke the license or permit
10 issued under this Act to practice medicine or a chiropractic
11 physician who has been convicted a second time of committing
12 any felony under the Illinois Controlled Substances Act or the
13 Methamphetamine Control and Community Protection Act, or who
14 has been convicted a second time of committing a Class 1 felony
15 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
16 person whose license or permit is revoked under this subsection
17 B shall be prohibited from practicing medicine or treating
18 human ailments without the use of drugs and without operative
19 surgery.

20 (C) The Department shall not revoke, suspend, place on
21 probation, reprimand, refuse to issue or renew, or take any
22 other disciplinary or non-disciplinary action against the
23 license or permit issued under this Act to practice medicine to
24 a physician based solely upon the recommendation of the
25 physician to an eligible patient regarding, or prescription
26 for, or treatment with, an investigational drug, biological

1 product, or device.

2 (D) The Disciplinary Board shall recommend to the
3 Department civil penalties and any other appropriate
4 discipline in disciplinary cases when the Board finds that a
5 physician willfully performed an abortion with actual
6 knowledge that the person upon whom the abortion has been
7 performed is a minor or an incompetent person without notice as
8 required under the Parental Notice of Abortion Act of 1995.
9 Upon the Board's recommendation, the Department shall impose,
10 for the first violation, a civil penalty of \$1,000 and for a
11 second or subsequent violation, a civil penalty of \$5,000.

12 (Source: P.A. 98-601, eff. 12-30-13; 98-668, eff. 6-25-14;
13 98-1140, eff. 12-30-14; 99-270, eff. 1-1-16; 99-933, eff.
14 1-27-17.)

15 (225 ILCS 60/54.2)

16 (Section scheduled to be repealed on December 31, 2017)

17 Sec. 54.2. Physician delegation of authority.

18 (a) Nothing in this Act shall be construed to limit the
19 delegation of patient care tasks or duties by a physician, to a
20 licensed practical nurse, a registered professional nurse, or
21 other licensed person practicing within the scope of his or her
22 individual licensing Act. Delegation by a physician licensed to
23 practice medicine in all its branches to physician assistants
24 or advanced practice registered nurses is also addressed in
25 Section 54.5 of this Act. No physician may delegate any patient

1 care task or duty that is statutorily or by rule mandated to be
2 performed by a physician.

3 (b) In an office or practice setting and within a
4 physician-patient relationship, a physician may delegate
5 patient care tasks or duties to an unlicensed person who
6 possesses appropriate training and experience provided a
7 health care professional, who is practicing within the scope of
8 such licensed professional's individual licensing Act, is on
9 site to provide assistance.

10 (c) Any such patient care task or duty delegated to a
11 licensed or unlicensed person must be within the scope of
12 practice, education, training, or experience of the delegating
13 physician and within the context of a physician-patient
14 relationship.

15 (d) Nothing in this Section shall be construed to affect
16 referrals for professional services required by law.

17 (e) The Department shall have the authority to promulgate
18 rules concerning a physician's delegation, including but not
19 limited to, the use of light emitting devices for patient care
20 or treatment.

21 (f) Nothing in this Act shall be construed to limit the
22 method of delegation that may be authorized by any means,
23 including, but not limited to, oral, written, electronic,
24 standing orders, protocols, guidelines, or verbal orders.

25 (Source: P.A. 96-618, eff. 1-1-10; 97-622, eff. 11-23-11.)

1 (225 ILCS 60/54.5)

2 (Section scheduled to be repealed on December 31, 2017)

3 Sec. 54.5. Physician delegation of authority to physician
4 assistants, advanced practice registered nurses, and
5 prescribing psychologists.

6 (a) Physicians licensed to practice medicine in all its
7 branches may delegate care and treatment responsibilities to a
8 physician assistant under guidelines in accordance with the
9 requirements of the Physician Assistant Practice Act of 1987. A
10 physician licensed to practice medicine in all its branches may
11 enter into supervising physician agreements with no more than 5
12 physician assistants as set forth in subsection (a) of Section
13 7 of the Physician Assistant Practice Act of 1987.

14 (b) A physician licensed to practice medicine in all its
15 branches in active clinical practice may collaborate with an
16 advanced practice registered nurse in accordance with the
17 requirements of the Nurse Practice Act. Collaboration is for
18 the purpose of providing medical consultation, and no
19 employment relationship is required. A written collaborative
20 agreement shall conform to the requirements of Section 65-35 of
21 the Nurse Practice Act. The written collaborative agreement
22 shall be for services in the same area of practice or specialty
23 as the collaborating physician in his or her clinical medical
24 practice. A written collaborative agreement shall be adequate
25 with respect to collaboration with advanced practice
26 registered nurses if all of the following apply:

1 (1) The agreement is written to promote the exercise of
2 professional judgment by the advanced practice registered
3 nurse commensurate with his or her education and
4 experience.

5 (2) The advanced ~~advance~~ practice registered nurse
6 provides services based upon a written collaborative
7 agreement with the collaborating physician, except as set
8 forth in subsection (b-5) of this Section. With respect to
9 labor and delivery, the collaborating physician must
10 provide delivery services in order to participate with a
11 certified nurse midwife.

12 (3) Methods of communication are available with the
13 collaborating physician in person or through
14 telecommunications for consultation, collaboration, and
15 referral as needed to address patient care needs.

16 (b-5) An anesthesiologist or physician licensed to
17 practice medicine in all its branches may collaborate with a
18 certified registered nurse anesthetist in accordance with
19 Section 65-35 of the Nurse Practice Act for the provision of
20 anesthesia services. With respect to the provision of
21 anesthesia services, the collaborating anesthesiologist or
22 physician shall have training and experience in the delivery of
23 anesthesia services consistent with Department rules.
24 Collaboration shall be adequate if:

25 (1) an anesthesiologist or a physician participates in
26 the joint formulation and joint approval of orders or

1 guidelines and periodically reviews such orders and the
2 services provided patients under such orders; and

3 (2) for anesthesia services, the anesthesiologist or
4 physician participates through discussion of and agreement
5 with the anesthesia plan and is physically present and
6 available on the premises during the delivery of anesthesia
7 services for diagnosis, consultation, and treatment of
8 emergency medical conditions. Anesthesia services in a
9 hospital shall be conducted in accordance with Section 10.7
10 of the Hospital Licensing Act and in an ambulatory surgical
11 treatment center in accordance with Section 6.5 of the
12 Ambulatory Surgical Treatment Center Act.

13 (b-10) The anesthesiologist or operating physician must
14 agree with the anesthesia plan prior to the delivery of
15 services.

16 (c) The supervising physician shall have access to the
17 medical records of all patients attended by a physician
18 assistant. The collaborating physician shall have access to the
19 medical records of all patients attended to by an advanced
20 practice registered nurse.

21 (d) (Blank).

22 (e) A physician shall not be liable for the acts or
23 omissions of a prescribing psychologist, physician assistant,
24 or advanced practice registered nurse solely on the basis of
25 having signed a supervision agreement or guidelines or a
26 collaborative agreement, an order, a standing medical order, a

1 standing delegation order, or other order or guideline
2 authorizing a prescribing psychologist, physician assistant,
3 or advanced practice registered nurse to perform acts, unless
4 the physician has reason to believe the prescribing
5 psychologist, physician assistant, or advanced practice
6 registered nurse lacked the competency to perform the act or
7 acts or commits willful and wanton misconduct.

8 (f) A collaborating physician may, but is not required to,
9 delegate prescriptive authority to an advanced practice
10 registered nurse as part of a written collaborative agreement,
11 and the delegation of prescriptive authority shall conform to
12 the requirements of Section 65-40 of the Nurse Practice Act.

13 (g) A supervising physician may, but is not required to,
14 delegate prescriptive authority to a physician assistant as
15 part of a written supervision agreement, and the delegation of
16 prescriptive authority shall conform to the requirements of
17 Section 7.5 of the Physician Assistant Practice Act of 1987.

18 (h) (Blank).

19 (i) A collaborating physician shall delegate prescriptive
20 authority to a prescribing psychologist as part of a written
21 collaborative agreement, and the delegation of prescriptive
22 authority shall conform to the requirements of Section 4.3 of
23 the Clinical Psychologist Licensing Act.

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

1 Section 160. The Nurse Practice Act is amended by changing
2 Sections 50-10, 50-15, 50-20, 50-50, 50-55, 50-60, 50-65,
3 50-70, 50-75, 55-10, 55-20, 55-30, 60-5, 60-10, 60-25, 60-35,
4 65-5, 65-10, 65-15, 65-20, 65-25, 65-30, 65-35, 65-35.1, 65-40,
5 65-45, 65-50, 65-55, 65-65, 70-5, 70-10, 70-20, 70-35, 70-40,
6 70-50, 70-60, 70-75, 70-80, 70-85, 70-100, 70-140, 70-145,
7 70-160, 75-10, 75-15, 75-20, 80-15, and 80-35 and the heading
8 of Articles 65 and 75 and by adding Sections 50-13, 50-26,
9 55-11, 60-11, 70-81, and 70-103 as follows:

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

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

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

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

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

23 "Advanced practice registered nurse" or "APRN" ~~"APN"~~ means
24 a person who has met the qualifications for a (i) certified
25 nurse midwife (CNM); (ii) certified nurse practitioner (CNP);

1 (iii) certified registered nurse anesthetist (CRNA); or (iv)
2 clinical nurse specialist (CNS) and has been licensed by the
3 Department. All advanced practice registered nurses licensed
4 and practicing in the State of Illinois shall use the title
5 APRN ~~APN~~ and may use specialty credentials CNM, CNP, CRNA, or
6 CNS after their name. All advanced practice registered nurses
7 may only practice in accordance with national certification and
8 this Act.

9 "Advisory Board" means the Illinois Nursing Workforce
10 Center Advisory Board.

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

15 "Board" means the Board of Nursing appointed by the
16 Secretary.

17 "Center" means the Illinois Nursing Workforce Center.

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

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

26 "Consultation" means the process whereby an advanced

1 practice registered nurse seeks the advice or opinion of
2 another health care professional.

3 "Credentialed" means the process of assessing and
4 validating the qualifications of a health care professional.

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

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

15 "Department" means the Department of Financial and
16 Professional Regulation.

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

21 "Focused nursing assessment" means an appraisal of an
22 individual's status and current situation, contributing to the
23 comprehensive assessment by the registered professional nurse,
24 advanced practice registered nurse, physician assistant,
25 physician, dentist, podiatric physician, or other licensed
26 health care professional, as determined by the Department,

1 supporting ongoing data collection, and deciding who needs to
2 be informed of the information and when to inform.

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

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

24 "License-pending advanced practice registered nurse" means
25 a registered professional nurse who has completed all
26 requirements for licensure as an advanced practice registered

1 nurse except the certification examination and has applied to
2 take the next available certification exam and received a
3 temporary permit ~~license~~ from the Department.

4 "License-pending registered nurse" means a person who has
5 passed the Department-approved registered nurse licensure exam
6 and has applied for a license from the Department. A
7 license-pending registered nurse shall use the title "RN lic
8 pend" on all documentation related to nursing practice.

9 "Monitoring" means an active process in which the
10 registered professional nurse or advanced practice registered
11 nurse directs, guides, and evaluates the outcomes of a nursing
12 intervention as a component of patient care coordination. The
13 monitoring process may occur in person, by phone, in writing,
14 or by electronic telecommunication.

15 "Nursing intervention" means any treatment based on
16 clinical nursing judgment or knowledge that a nurse performs.

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

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

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

1 "Practical nursing" means the performance of nursing
2 interventions ~~acts~~ requiring the ~~basic~~ nursing knowledge,
3 judgment, and skill acquired by means of completion of an
4 approved practical nursing education program. Practical
5 nursing includes assisting in the nursing process at the
6 direction of ~~as delegated~~ by a registered professional nurse or
7 an advanced practice registered nurse. The practical nurse may
8 work under the direction of a licensed physician, dentist,
9 podiatric physician, or other health care professional
10 determined by the Department.

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

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

22 "Registered professional nursing practice" means a
23 scientific process founded on a professional body of knowledge
24 that includes, but is not limited to, the protection,
25 promotion, and optimization of health and abilities,
26 prevention of illness and injury, facilitation of nursing

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

1 ~~registered professional nurse implementing the plan of care;~~
2 ~~and (7) teaching nursing students. The foregoing shall not be~~
3 ~~deemed to include those acts of medical diagnosis or~~
4 ~~prescription of therapeutic or corrective measures.~~

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

12 "Secretary" means the Secretary of Financial and
13 Professional Regulation.

14 "Unencumbered license" means a license issued in good
15 standing.

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

20 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15;
21 99-330, eff. 1-1-16; 99-642, eff. 7-28-16.)

22 (225 ILCS 65/50-13 new)

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

25 (1) provide a valid address and email address to the

1 Department, which shall serve as the address of record and
2 email address of record, respectively, at the time of
3 application for licensure or renewal of a license; and

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

8 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

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

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

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

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

23 (1) The practice of nursing in Federal employment in
24 the discharge of the employee's duties by a person who is
25 employed by the United States government or any bureau,

1 division or agency thereof and is a legally qualified and
2 licensed nurse of another state or territory and not in
3 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of
4 this Act.

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

8 (3) The furnishing of nursing assistance in an
9 emergency.

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

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

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

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

1 application, (ii) the withdrawal of such application, or
2 (iii) the denial of such application by the Department.

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

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

25 (10) The practice of professional nursing that is
26 included in a program of study by one who is a registered

1 professional nurse under the laws of another ~~state or~~
2 ~~territory of the~~ United States jurisdiction or a foreign
3 jurisdiction ~~country, territory or province~~ and who is
4 enrolled in a graduate nursing education program or a
5 program for the completion of a baccalaureate nursing
6 degree in this State, which includes clinical supervision
7 by faculty as determined by the educational institution
8 offering the program and the health care organization where
9 the practice of nursing occurs.

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

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

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

25 (14) County correctional personnel from delivering
26 prepackaged medication for self-administration to an

1 individual detainee in a correctional facility.

2 Nothing in this Act shall be construed to limit the
3 delegation of tasks or duties by a physician, dentist, or
4 podiatric physician to a licensed practical nurse, a registered
5 professional nurse, or other persons.

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

7 (225 ILCS 65/50-20) (was 225 ILCS 65/5-20)

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

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

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

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

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

1 any court of record.

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

3 (225 ILCS 65/50-26 new)

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

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

18 (225 ILCS 65/50-50) (was 225 ILCS 65/10-5)

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

20 Sec. 50-50. Prohibited acts.

21 (a) No person shall:

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

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

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

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

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

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

22 (7) Use any words, abbreviations, figures, letters,
23 titles, signs, cards, or devices tending to imply that she
24 or he is an advanced practice registered nurse, including
25 the titles or initials "Advanced Practice Registered
26 Nurse", "A.P.R.N." "~~A.P.N.~~", or similar titles or

1 initials, with the intention of indicating practice as an
2 advanced practice registered nurse without a valid license
3 as an advanced practice registered nurse under this Act.
4 For purposes of this provision, the terms "advanced
5 practice nurse" and "A.P.N." are considered to be similar
6 titles or initials protected by this subsection (a).

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

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

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

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

24 (12) Conduct a nursing education program preparing
25 persons for licensure that has not been approved by the
26 Department;

1 (13) Represent that any school or course is approved or
2 accredited as a school or course for the education of
3 registered professional nurses or licensed practical
4 nurses unless such school or course is approved by the
5 Department under the provisions of this Act;

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

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

12 (16) (Blank); ~~Otherwise intentionally violate any~~
13 ~~provision of this Act.~~

14 (17) Retaliate against any nurse who reports unsafe,
15 unethical, or illegal health care practices or
16 conditions;~~;~~

17 (18) Be deemed a supervisor when delegating nursing
18 activities or tasks as authorized under this Act; and

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

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

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

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

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

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

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

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

24 (4) Prescribe rules defining what constitutes an
25 approved program, school, college, or department of a
26 university, except that no program, school, college, or

1 department of a university that refuses admittance to
2 applicants solely on account of race, color, creed, sex, or
3 national origin shall be approved.

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

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

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

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

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

22 (225 ILCS 65/50-60) (was 225 ILCS 65/10-15)

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

24 Sec. 50-60. Nursing Coordinator; ~~Assistant Nursing~~
25 ~~Coordinator~~. The Secretary shall appoint, pursuant to the

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

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

8 (225 ILCS 65/50-65) (was 225 ILCS 65/10-25)

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

10 Sec. 50-65. Board.

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

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

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

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

18 Membership terms shall be for 3 years, except that in
19 making initial appointments, the Secretary shall appoint all
20 members for initial terms of 2, 3, and 4 years and these terms
21 shall be staggered as follows: 3 shall be appointed for terms
22 of 2 years; 4 shall be appointed for terms of 3 years; and 6
23 shall be appointed for terms of 4 years. No member shall be
24 appointed to more than 2 consecutive terms. In the case of a
25 vacated position, an individual may be appointed to serve the
26 unexpired portion of that term; if the term is less than half

1 of a full term, the individual is eligible to serve 2 full
2 terms.

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

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

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

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

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

22 (c) The Board shall participate in disciplinary
23 conferences and hearings and make recommendations to the
24 Department regarding disciplinary action taken against a
25 licensee as provided under this Act. Disciplinary conference
26 hearings and proceedings regarding scope of practice issues

1 shall be conducted by a Board member at the same or higher
2 licensure level as the respondent. Participation in an informal
3 conference shall not bar members of the Board from future
4 participation or decisions relating to that matter.

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

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

18 (225 ILCS 65/50-70) (was 225 ILCS 65/10-35)

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

20 Sec. 50-70. Concurrent theory and clinical practice
21 education requirements of this Act. The educational
22 requirements of Sections 55-10 and 60-10 of this Act relating
23 to registered professional nursing and licensed practical
24 nursing shall not be deemed to have been satisfied by the
25 completion of ~~any correspondence course or~~ any program of

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

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

10 (225 ILCS 65/50-75)

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

12 Sec. 50-75. Nursing delegation.

13 (a) For the purposes of this Section:

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

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

24 "Stability" means a registered professional nurse or
25 advanced practice registered nurse has determined that the

1 individual's clinical status and nursing care needs are
2 consistent.

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

8 ~~"Task" means work not requiring nursing knowledge,~~
9 ~~judgment, or decision-making, as defined by the Department by~~
10 ~~rule.~~

11 (b) This Section authorizes a registered professional
12 nurse or advanced practice registered nurse to:

13 (1) delegate nursing interventions based on overall
14 patient assessment that includes, but is not limited to:

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

16 (B) the potential for harm;

17 (C) the complexity of the nursing intervention to
18 be delegated;

19 (D) the predictability of outcomes; and

20 (E) competency of the individual to whom the
21 nursing intervention is delegated;

22 (2) delegate medication administration to other
23 licensed nurses or unlicensed personnel in community-based
24 or in-home care settings if all the conditions for
25 delegation set forth in this Section are met; or

26 (3) refuse to delegate, stop, or rescind a previously

1 authorized delegation. Nursing shall be practiced by
2 licensed practical nurses, registered professional nurses,
3 and advanced practice nurses. In the delivery of nursing
4 care, nurses work with many other licensed professionals
5 and other persons. An advanced practice nurse may delegate
6 to registered professional nurses, licensed practical
7 nurses, and others persons.

8 (c) This Section prohibits the following:

9 (1) An individual or entity from mandating that a
10 registered professional nurse or advanced practice nurse
11 delegate nursing interventions if the registered nurse or
12 advanced practice registered nurse determines it is
13 inappropriate to do so. Nurses shall not be subject to
14 disciplinary or any other adverse action for refusing to
15 delegate a nursing intervention based on patient safety.

16 (2) The delegation of medication administration to
17 unlicensed personnel in any institutional or long-term
18 facility, including, but not limited to, those facilities
19 licensed by the Hospital Licensing Act, the University of
20 Illinois Hospital Act, State-operated mental health
21 hospitals, or State-operated developmental centers, except
22 as authorized under Article 80 of this Act or otherwise
23 specifically authorized by law.

24 (3) A registered professional nurse or advanced
25 practice registered nurse from delegating nursing
26 judgment, comprehensive patient assessment, development of

1 a plan of care, and the evaluation of care to licensed or
2 unlicensed personnel.

3 (4) A licensed practical nurse or unlicensed personnel
4 who has been delegated a nursing intervention from
5 re-delegating a nursing intervention. ~~A registered~~
6 ~~professional nurse shall not delegate any nursing activity~~
7 ~~requiring the specialized knowledge, judgment, and skill~~
8 ~~of a licensed nurse to an unlicensed person, including~~
9 ~~medication administration. A registered professional nurse~~
10 ~~may delegate nursing activities to other registered~~
11 ~~professional nurses or licensed practical nurses.~~

12 ~~A registered nurse may delegate tasks to other licensed and~~
13 ~~unlicensed persons. A licensed practical nurse who has been~~
14 ~~delegated a nursing activity shall not re delegate the nursing~~
15 ~~activity. A registered professional nurse or advanced practice~~
16 ~~nurse retains the right to refuse to delegate or to stop or~~
17 ~~rescind a previously authorized delegation.~~

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

19 (225 ILCS 65/55-10) (was 225 ILCS 65/10-30)

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

21 Sec. 55-10. LPN licensure by examination ~~Qualifications~~
22 ~~for LPN licensure.~~

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

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

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

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

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

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

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

23 (6) the applicant has submitted ~~Submit~~ either to the
24 Department or its designated testing service, a fee
25 covering the cost of providing the examination. Failure to
26 appear for the examination on the scheduled date at the

1 time and place specified after the applicant's application
2 for examination has been received and acknowledged by the
3 Department or the designated testing service shall result
4 in the forfeiture of the examination fee; and -

5 (7) the applicant has met ~~Meet~~ all other requirements
6 established 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 under this Act within 3 years
12 of the date of initial application after filing the
13 application, the application shall be denied. When an
14 applicant's application is denied due to the failure to pass
15 the examination within the 3-year period, that applicant must
16 undertake an additional course of education as defined by rule
17 prior to submitting a new application for licensure. Any new
18 application must be accompanied by the required fee, evidence
19 of meeting the requirements in force at the time of the new
20 application, and evidence of completion of the additional
21 course of education prescribed by rule. The applicant must
22 enroll in and complete an approved practical nursing education
23 program prior to submitting an additional application for the
24 licensure exam.

25 An applicant may take and successfully complete a
26 Department-approved examination in another jurisdiction.

1 However, an applicant who has never been licensed previously in
2 any jurisdiction that utilizes a Department-approved
3 examination and who has taken and failed to pass the
4 examination within 3 years after filing the application must
5 submit proof of successful completion of a
6 Department-authorized nursing education program or
7 recompletion of an approved licensed practical nursing program
8 prior to re-application.

9 (c) An applicant for licensure by examination shall have
10 one year from the date of notification of successful completion
11 of the examination to apply to the Department for a license. If
12 an applicant fails to apply within one year, the applicant
13 shall be required to retake and pass the examination unless
14 licensed in another jurisdiction of the United States.

15 (d) A licensed practical nurse applicant who passes the
16 Department-approved licensure examination and has applied to
17 the Department for licensure may obtain employment as a
18 license-pending practical nurse and practice as delegated by a
19 registered professional nurse or an advanced practice
20 registered nurse or physician. An individual may be employed as
21 a license-pending practical nurse if all of the following
22 criteria are met:

23 (1) He or she has completed and passed the
24 Department-approved licensure exam and presents to the
25 employer the official written notification indicating
26 successful passage of the licensure examination.

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

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

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

8 (e) The privilege to practice as a license-pending
9 practical nurse shall terminate with the occurrence of any of
10 the following:

11 (1) Three months have passed since the official date of
12 passing the licensure exam as inscribed on the formal
13 written notification indicating passage of the exam. This
14 3-month period may be extended as determined by rule.

15 (2) Receipt of the practical nurse license from the
16 Department.

17 (3) Notification from the Department that the
18 application for licensure has been denied.

19 (4) A request by the Department that the individual
20 terminate practicing as a license-pending practical nurse
21 until an official decision is made by the Department to
22 grant or deny a practical nurse license.

23 (f) (Blank). ~~An applicant for licensure by endorsement who~~
24 ~~is a licensed practical nurse licensed by examination under the~~
25 ~~laws of another state or territory of the United States or a~~
26 ~~foreign country, jurisdiction, territory, or province must do~~

1 ~~each of the following:~~

2 ~~(1) Submit a completed written application, on forms~~
3 ~~supplied by the Department, and fees as established by the~~
4 ~~Department.~~

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

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

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

12 ~~(5) Meet all other requirements as established by the~~
13 ~~Department by rule.~~

14 (g) All applicants for practical nurse licensure by
15 examination ~~or endorsement~~ who are graduates of nursing
16 educational programs in a country other than the United States
17 or its territories shall have their nursing education
18 credentials evaluated by a Department-approved nursing
19 credentialing evaluation service. No such applicant may be
20 issued a license under this Act unless the applicant's program
21 is deemed by the nursing credentialing evaluation service to be
22 equivalent to a professional nursing education program
23 approved by the Department. An applicant who has graduated from
24 a nursing educational program outside of the United States or
25 its territories and whose first language is not English shall
26 submit evidence of English proficiency ~~certification of~~

1 ~~passage of the Test of English as a Foreign Language (TOEFL),~~
2 ~~as defined by rule. The Department may, upon recommendation~~
3 ~~from the nursing evaluation service, waive the requirement that~~
4 ~~the applicant pass the TOEFL examination if the applicant~~
5 ~~submits verification of the successful completion of a nursing~~
6 ~~education program conducted in English. The requirements of~~
7 ~~this subsection (d) may be satisfied by the showing of proof of~~
8 ~~a certificate from the Certificate Program or the VisaScreen~~
9 ~~Program of the Commission on Graduates of Foreign Nursing~~
10 ~~Schools.~~

11 (h) (Blank). ~~An applicant licensed in another state or~~
12 ~~territory who is applying for licensure and has received her or~~
13 ~~his education in a country other than the United States or its~~
14 ~~territories shall have her or his nursing education credentials~~
15 ~~evaluated by a Department approved nursing credentialing~~
16 ~~evaluation service. No such applicant may be issued a license~~
17 ~~under this Act unless the applicant's program is deemed by the~~
18 ~~nursing credentialing evaluation service to be equivalent to a~~
19 ~~professional nursing education program approved by the~~
20 ~~Department. An applicant who has graduated from a nursing~~
21 ~~educational program outside of the United States or its~~
22 ~~territories and whose first language is not English shall~~
23 ~~submit certification of passage of the Test of English as a~~
24 ~~Foreign Language (TOEFL), as defined by rule. The Department~~
25 ~~may, upon recommendation from the nursing evaluation service,~~
26 ~~wave the requirement that the applicant pass the TOEFL~~

1 ~~examination if the applicant submits verification of the~~
2 ~~successful completion of a nursing education program conducted~~
3 ~~in English or the successful passage of an approved licensing~~
4 ~~examination given in English. The requirements of this~~
5 ~~subsection (d 5) may be satisfied by the showing of proof of a~~
6 ~~certificate from the Certificate Program or the VisaScreen~~
7 ~~Program of the Commission on Graduates of Foreign Nursing~~
8 ~~Schools.~~

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

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

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

7 ~~(3) A signed and completed application for a temporary~~
8 ~~license.~~

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

10 (j) (Blank). ~~The Department may refuse to issue an~~
11 ~~applicant a temporary license authorized pursuant to this~~
12 ~~Section if, within 14 working days following its receipt of an~~
13 ~~application for a temporary license, the Department determines~~
14 ~~that:~~

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

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

25 ~~(3) the Department intends to deny licensure by~~
26 ~~endorsement.~~

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

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

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

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

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

24 (m) All applicants for practical nurse licensure have 3
25 years from the date of application to complete the application
26 process. If the process has not been completed within 3 years

1 from the date of application, the application shall be denied,
2 the fee forfeited, and the applicant must reapply and meet the
3 requirements in effect at the time of reapplication.

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

6 (225 ILCS 65/55-11 new)

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

8 (a) Each applicant who successfully meets the requirements
9 of this Section is eligible for licensure as a licensed
10 practical nurse.

11 (b) An applicant for licensure by endorsement who is a
12 licensed practical nurse licensed by examination under the laws
13 of another United States jurisdiction or a foreign jurisdiction
14 is eligible for licensure when the following requirements are
15 met:

16 (1) the applicant has submitted a completed written
17 application on forms supplied by the Department and fees as
18 established by the Department;

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

21 (3) the applicant has been issued an LPN license by
22 another United States or foreign jurisdiction, which shall
23 be verified, as defined by rule;

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

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

3 (c) An applicant licensed in another state or territory who
4 is applying for licensure and has received her or his education
5 in a country other than the United States or its territories
6 shall have her or his nursing education credentials evaluated
7 by a Department-approved nursing credentialing evaluation
8 service. No such applicant may be issued a license under this
9 Act unless the applicant's program is deemed by the nursing
10 credentialing evaluation service to be equivalent to a
11 professional nursing education program approved by the
12 Department. An applicant who has graduated from a nursing
13 education program outside of the United States or its
14 territories and whose first language is not English shall
15 submit evidence of English proficiency, as defined by rule.

16 (d) A licensed practical nurse who holds an unencumbered
17 license in good standing in another United States jurisdiction
18 and who has applied for practical nurse licensure under this
19 Act by endorsement may be issued a temporary permit if
20 satisfactory proof of such licensure in another jurisdiction is
21 presented to the Department. The Department shall not issue an
22 applicant a temporary practical nurse permit until it is
23 satisfied that the applicant holds an active, unencumbered
24 license in good standing in another jurisdiction. If the
25 applicant holds more than one current active license or one or
26 more active temporary permits from another jurisdiction, the

1 Department may not issue a temporary permit until the
2 Department is satisfied that each current active license held
3 by the applicant is unencumbered. The temporary permit, which
4 shall be issued no later than 14 working days following receipt
5 by the Department of an application for the temporary permit,
6 shall be granted upon the submission of all of the following to
7 the Department:

8 (1) a completed application for licensure as a
9 practical nurse;

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

14 (3) a signed and completed application for a temporary
15 permit; and

16 (4) the required temporary permit fee.

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

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

25 (2) the applicant has had a license or permit related
26 to the practice of practical nursing revoked, suspended, or

1 placed on probation by another jurisdiction within the last
2 5 years and at least one of the grounds for revoking,
3 suspending, or placing on probation is the same or
4 substantially equivalent to grounds in Illinois; or

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

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

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

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

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

22 (g) A temporary permit shall expire 6 months after the date
23 of issuance. Further renewal may be granted by the Department
24 in hardship cases, as defined by rule and upon approval of the
25 Secretary. However, a temporary permit shall automatically
26 expire upon issuance of a valid license under this Act or upon

1 notification that the Department intends to deny licensure,
2 whichever occurs first.

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

9 (225 ILCS 65/55-20)

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

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

12 (a) Any license to practice practical nursing issued under
13 this Act that has expired or that is on inactive status may be
14 restored by making application to the Department and filing
15 proof of fitness acceptable to the Department, as specified by
16 rule, to have the license restored, and by paying the required
17 restoration fee. Such proof of fitness may include evidence
18 certifying active lawful practice in another jurisdiction.

19 (b) A practical nurse licensee seeking restoration of a
20 license after it has expired or been placed on inactive status
21 for more than 5 years shall file an application, on forms
22 supplied by the Department, and submit the restoration or
23 renewal fees set forth by the Department. The licensee must
24 also submit proof of fitness to practice, as specified by rule.

25 ~~, including one of the following:~~

1 ~~(1) certification of active practice in another~~
2 ~~jurisdiction, which may include a statement from the~~
3 ~~appropriate board or licensing authority in the other~~
4 ~~jurisdiction that the licensee was authorized to practice~~
5 ~~during the term of said active practice;~~

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

8 ~~(3) an affidavit attesting to military service as~~
9 ~~provided in subsection (c) of this Section; however, if~~
10 ~~application is made within 2 years after discharge and if~~
11 ~~all other provisions of subsection (c) of this Section are~~
12 ~~satisfied, the applicant shall be required to pay the~~
13 ~~current renewal fee.~~

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

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

6 (e) Pending restoration of a license under this Section,
7 the Department may grant an applicant a temporary permit to
8 practice as a practical nurse if the Department is satisfied
9 that the applicant holds an active, unencumbered license in
10 good standing in another jurisdiction. If the applicant holds
11 more than one current active license or one or more active
12 temporary licenses from another jurisdiction, the Department
13 shall not issue a temporary permit until it is satisfied that
14 each current active license held by the applicant is
15 unencumbered. The temporary permit, which shall be issued no
16 later than 14 working days after receipt by the Department of
17 an application for the permit, shall be granted upon the
18 submission of all of the following to the Department:

19 (1) A signed and completed application for restoration
20 of licensure under this Section as a licensed practical
21 nurse.

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

1 (3) A signed and completed application for a temporary
2 permit.

3 (4) The required permit fee.

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

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

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

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

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

24 (1) the Department determines that the applicant has
25 been convicted within the last 5 years of any crime under
26 the laws of any jurisdiction of the United States that is

1 (i) a felony or (ii) a misdemeanor directly related to the
2 practice of the profession;

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

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

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

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

1 (225 ILCS 65/55-30)

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

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

4 (a) Practice as a licensed practical nurse means a directed
5 scope of ~~basic~~ nursing practice, with or without compensation,
6 under the direction of ~~as delegated by~~ a registered
7 professional nurse or an advanced practice registered nurse, ~~or~~
8 ~~as directed by~~ a physician assistant, physician, dentist, ~~or~~
9 podiatric physician, or other health care professionals as
10 determined by the Department, and includes, but is not limited
11 to, all of the following:

12 (1) Conducting a focused nursing assessment and
13 collaborating on the ongoing health assessment of the
14 patient. ~~Collecting data and collaborating in the~~
15 ~~assessment of the health status of a patient.~~

16 (2) Collaborating in the development and modification
17 of the registered professional nurse's or advanced
18 practice registered nurse's comprehensive nursing plan of
19 care for all types of patients.

20 (3) Implementing aspects of the plan of care ~~as~~
21 ~~delegated.~~

22 (4) Participating in health teaching and counseling to
23 promote, attain, and maintain the optimum health level of
24 patients, ~~as delegated.~~

25 (5) Serving as an advocate for the patient by

1 communicating and collaborating with other health service
2 personnel, ~~as delegated.~~

3 (6) Participating in the evaluation of patient
4 responses to interventions.

5 (7) Communicating and collaborating with other health
6 care professionals ~~as delegated.~~

7 (8) Providing input into the development of policies
8 and procedures to support patient safety.

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

10 (225 ILCS 65/60-5)

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

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

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

1 (1) a feasibility study that describes the need for the
2 program and the facilities used, the potential of the
3 program to recruit faculty and students, financial support
4 for the program, and other criteria, as established by
5 rule;

6 (2) program curriculum that meets all State
7 requirements;

8 (3) the administration of the program by a Nurse
9 Administrator and the involvement of a Nurse Administrator
10 in the development of the program; ~~and~~

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

13 (5) beginning December 31, 2022, obtaining and
14 maintaining programmatic accreditation by a national
15 accrediting body for nursing education recognized by the
16 United States Department of Education and approved by the
17 Department.

18 The Department and Board of Nursing shall be notified
19 within 30 days if the program loses its accreditation. The
20 Department may adopt rules regarding a warning process and
21 reaccreditation.

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

25 (1) The institution responsible for conducting the
26 program and the Nurse Administrator must ensure that

1 individual faculty members are academically and
2 professionally competent.

3 (2) The program curriculum must contain all applicable
4 requirements established by rule, including both theory
5 and clinical components.

6 (3) The passage rates of the program's graduating
7 classes on the State-approved licensure exam must be deemed
8 satisfactory by the Department.

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

21 (d) Any institution conducting a registered professional
22 nursing program that wishes to discontinue the program must do
23 each of the following:

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

26 (2) Continue to meet the requirements of this Act and

1 the rules adopted thereunder until the official date of
2 termination of the program.

3 (3) Notify the Department of the date on which the last
4 student shall graduate from the program and the program
5 shall terminate.

6 (4) Assist remaining students in the continuation of
7 their education in the event of program termination prior
8 to the graduation of the program's final student.

9 (5) Upon the closure of the program, notify the
10 Department, in writing, of the location of student and
11 graduate records' storage.

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

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

24 (225 ILCS 65/60-10)

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

1 Sec. 60-10. RN licensure by examination ~~Qualifications for~~
2 ~~RN licensure.~~

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

6 (b) An applicant for licensure by examination to practice
7 as a registered professional nurse is eligible for licensure
8 when the following requirements are met ~~must do each of the~~
9 ~~following:~~

10 (1) the applicant has submitted ~~Submit~~ a completed
11 written application, on forms provided by the Department,
12 and fees, as established by the Department;~~;~~

13 (2) the applicant has ~~Have~~ graduated from a
14 professional nursing education program approved by the
15 Department or have been granted a certificate of completion
16 of pre-licensure requirements from another United States
17 jurisdiction;~~;~~

18 (3) the applicant has successfully completed
19 ~~Successfully complete~~ a licensure examination approved by
20 the Department;~~;~~

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

26 (5) the applicant has submitted ~~Submit~~ to the criminal

1 history records check required under Section 50-35 of this
2 Act;~~;~~

3 (6) the applicant has submitted ~~Submit~~, either to the
4 Department or its designated testing service, a fee
5 covering the cost of providing the examination; failure ~~;~~
6 ~~Failure~~ to appear for the examination on the scheduled date
7 at the time and place specified after the applicant's
8 application for examination has been received and
9 acknowledged by the Department or the designated testing
10 service shall result in the forfeiture of the examination
11 fee; ~~and~~.

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

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

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

1 evidence of completion of the additional course of education
2 prescribed by rule. ~~The applicant may make a new application~~
3 ~~accompanied by the required fee, evidence of meeting the~~
4 ~~requirements in force at the time of the new application, and~~
5 ~~proof of the successful completion of at least 2 additional~~
6 ~~years of professional nursing education.~~

7 (c) An applicant for licensure by examination shall have
8 one year after the date of notification of the successful
9 completion of the examination to apply to the Department for a
10 license. If an applicant fails to apply within one year, the
11 applicant shall be required to retake and pass the examination
12 unless licensed in another jurisdiction of the United States.

13 (d) An applicant for licensure by examination who passes
14 the Department-approved licensure examination for professional
15 nursing may obtain employment as a license-pending registered
16 nurse and practice under the direction of a registered
17 professional nurse or an advanced practice registered nurse
18 until such time as he or she receives his or her license to
19 practice or until the license is denied. In no instance shall
20 any such applicant practice or be employed in any management
21 capacity. An individual may be employed as a license-pending
22 registered nurse if all of the following criteria are met:

23 (1) He or she has completed and passed the
24 Department-approved licensure exam and presents to the
25 employer the official written notification indicating
26 successful passage of the licensure examination.

1 (2) He or she has completed and submitted to the
2 Department an application for licensure under this Section
3 as a registered professional nurse.

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

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

8 (e) The privilege to practice as a license-pending
9 registered nurse shall terminate with the occurrence of any of
10 the following:

11 (1) Three months have passed since the official date of
12 passing the licensure exam as inscribed on the formal
13 written notification indicating passage of the exam. The
14 3-month license pending period may be extended if more time
15 is needed by the Department to process the licensure
16 application.

17 (2) Receipt of the registered professional nurse
18 license from the Department.

19 (3) Notification from the Department that the
20 application for licensure has been refused.

21 (4) A request by the Department that the individual
22 terminate practicing as a license-pending registered nurse
23 until an official decision is made by the Department to
24 grant or deny a registered professional nurse license.

25 (f) (Blank). ~~An applicant for registered professional~~
26 ~~nurse licensure by endorsement who is a registered professional~~

1 ~~nurse licensed by examination under the laws of another state~~
2 ~~or territory of the United States must do each of the~~
3 ~~following:~~

4 ~~(1) Submit a completed written application, on forms~~
5 ~~supplied by the Department, and fees as established by the~~
6 ~~Department.~~

7 ~~(2) Have graduated from a registered professional~~
8 ~~nursing education program approved by the Department.~~

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

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

14 ~~(5) Meet all other requirements as established by the~~
15 ~~Department by rule.~~

16 (g) (Blank). ~~Pending the issuance of a license under this~~
17 ~~Section, the Department may grant an applicant a temporary~~
18 ~~license to practice nursing as a registered professional nurse~~
19 ~~if the Department is satisfied that the applicant holds an~~
20 ~~active, unencumbered license in good standing in another U.S.~~
21 ~~jurisdiction. If the applicant holds more than one current~~
22 ~~active license or one or more active temporary licenses from~~
23 ~~another jurisdiction, the Department may not issue a temporary~~
24 ~~license until the Department is satisfied that each current~~
25 ~~active license held by the applicant is unencumbered. The~~
26 ~~temporary license, which shall be issued no later than 14~~

1 ~~working days after receipt by the Department of an application~~
2 ~~for the temporary license, shall be granted upon the submission~~
3 ~~of all of the following to the Department:~~

4 ~~(1) A completed application for licensure as a~~
5 ~~registered professional nurse.~~

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

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

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

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

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

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

1 ~~Act, or~~

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

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

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

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

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

19 (j) (Blank). ~~A temporary license issued under this Section~~
20 ~~shall expire 6 months after the date of issuance. Further~~
21 ~~renewal may be granted by the Department in hardship cases, as~~
22 ~~defined by rule and upon approval of the Secretary. However, a~~
23 ~~temporary license shall automatically expire upon issuance of~~
24 ~~the Illinois license or upon notification that the Department~~
25 ~~intends to deny licensure, whichever occurs first.~~

26 (k) All applicants for registered professional nurse

1 licensure have 3 years after the date of application to
2 complete the application process. If the process has not been
3 completed within 3 years after the date of application, the
4 application shall be denied, the fee forfeited, and the
5 applicant must reapply and meet the requirements in effect at
6 the time of reapplication.

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

1 ~~a certificate from the Certificate Program or the VisaScreen~~
2 ~~Program of the Commission on Graduates of Foreign Nursing~~
3 ~~Schools.~~

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

1 ~~Schools.~~

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

3 (225 ILCS 65/60-11 new)

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

5 (a) Each applicant who successfully meets the requirements
6 of this Section is eligible for licensure as a registered
7 professional nurse.

8 (b) An applicant for registered professional nurse
9 licensure by endorsement who is a registered professional nurse
10 licensed by examination under the laws of another United States
11 jurisdiction or a foreign jurisdiction is eligible for
12 licensure when the following requirements are met:

13 (1) the applicant has submitted a completed written
14 application, on forms supplied by the Department, and fees
15 as established by the Department;

16 (2) the applicant has graduated from a registered
17 professional nursing education program approved by the
18 Department;

19 (3) the applicant has been issued an LPN license by
20 another United States or foreign jurisdiction, which shall
21 be verified, as defined by rule;

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

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

1 (c) Pending the issuance of a license under this Section,
2 the Department may grant an applicant a temporary permit to
3 practice nursing as a registered professional nurse if the
4 Department is satisfied that the applicant holds an active,
5 unencumbered license in good standing in another United States
6 jurisdiction. If the applicant holds more than one current
7 active license or one or more active temporary licenses from
8 another jurisdiction, the Department may not issue a temporary
9 permit until the Department is satisfied that each current
10 active license held by the applicant is unencumbered. The
11 temporary permit, which shall be issued no later than 14
12 working days after receipt by the Department of an application
13 for the temporary permit, shall be granted upon the submission
14 of all of the following to the Department:

15 (1) a completed application for licensure as a
16 registered professional nurse;

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

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

22 (4) the required temporary permit fee.

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

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

5 (2) the applicant has had a license or permit related
6 to the practice of nursing revoked, suspended, or placed on
7 probation by another jurisdiction within the last 5 years,
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 licensure by
13 endorsement.

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

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

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

1 (3) the Department intends to deny licensure by
2 endorsement.

3 (f) A temporary permit issued under this Section shall
4 expire 6 months after the date of issuance. Further renewal may
5 be granted by the Department in hardship cases, as defined by
6 rule and upon approval of the Secretary. However, a temporary
7 permit shall automatically expire upon issuance of the Illinois
8 license or upon notification that the Department intends to
9 deny licensure, whichever occurs first.

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

17 (h) An applicant licensed in another state or territory who
18 is applying for licensure and has received her or his education
19 in a country other than the United States or its territories
20 shall have her or his nursing education credentials evaluated
21 by a Department-approved nursing credentialing evaluation
22 service. No such applicant may be issued a license under this
23 Act unless the applicant's program is deemed by the nursing
24 credentialing evaluation service to be equivalent to a
25 professional nursing education program approved by the
26 Department. An applicant who has graduated from a nursing

1 education program outside of the United States or its
2 territories and whose first language is not English shall
3 submit evidence of English proficiency, as defined by rule.

4 (225 ILCS 65/60-25)

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

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

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

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

22 ~~(1) Certification of active practice in another~~
23 ~~jurisdiction, which may include a statement from the~~
24 ~~appropriate board or licensing authority in the other~~
25 ~~jurisdiction that the licensee was authorized to practice~~

1 ~~during the term of said active practice.~~

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

4 ~~(3) An affidavit attesting to military service as~~
5 ~~provided in subsection (c) of this Section; however, if~~
6 ~~application is made within 2 years after discharge and if~~
7 ~~all other provisions of subsection (c) of this Section are~~
8 ~~satisfied, the applicant shall be required to pay the~~
9 ~~current renewal fee.~~

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

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

1 (e) Pending restoration of a registered professional nurse
2 license under this Section, the Department may grant an
3 applicant a temporary permit to practice as a registered
4 professional nurse if the Department is satisfied that the
5 applicant holds an active, unencumbered license in good
6 standing in another jurisdiction. If the applicant holds more
7 than one current active license or one or more active temporary
8 licenses from another jurisdiction, the Department shall not
9 issue a temporary permit until it is satisfied that each
10 current active license held by the applicant is unencumbered.
11 The temporary permit, which shall be issued no later than 14
12 working days after receipt by the Department of an application
13 for the permit, shall be granted upon the submission of all of
14 the following to the Department:

15 (1) A signed and completed application for restoration
16 of licensure under this Section as a registered
17 professional nurse.

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

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

25 (4) The required permit fee.

26 (f) The Department may refuse to issue to an applicant a

1 temporary permit authorized under this Section if, within 14
2 working days after its receipt of an application for a
3 temporary permit, the Department determines that:

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

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

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

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

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

25 (2) within the last 5 years, the applicant had a
26 license or permit related to the practice of nursing

1 revoked, suspended, or placed on probation by another
2 jurisdiction, if at least one of the grounds for revoking,
3 suspending, or placing on probation is the same or
4 substantially equivalent to grounds in Illinois; or

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

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

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

21 (225 ILCS 65/60-35)

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

23 Sec. 60-35. RN scope of practice. The RN scope of nursing
24 practice is the protection, promotion, and optimization of
25 health and abilities, the prevention of illness and injury, the

1 facilitation of nursing interventions to alleviate suffering,
2 care coordination, and advocacy in the care of individuals,
3 families, groups, communities, and populations. Practice as a
4 registered professional nurse means this full scope of nursing,
5 with or without compensation, that incorporates caring for all
6 patients in all settings, through nursing standards of practice
7 and professional performance for coordination of care, and
8 includes, but is not limited to, all of the following:

9 (1) Collecting pertinent data and information relative
10 to the patient's health or the situation.

11 (2) Analyzing the assessment data to determine actual
12 or potential diagnoses, problems, and issues.

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

17 (4) Implementing the identified plan, coordinating
18 care delivery, employing strategies to promote healthy and
19 safe environments, and administering or delegating
20 medication administration.

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

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

25 (7) Providing health education and counseling.

26 (8) Practicing ethically according to the American

1 Nurses Association Code of Ethics.

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

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

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

8 (12) Participating in continuous professional
9 development.

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

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

14 (15) Contributing to quality nursing practice.

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

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

20 (18) Participating in the development of policies,
21 procedures, and systems to support patient safety.

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

1 ~~(1) The comprehensive nursing assessment of the health~~
2 ~~status of patients that addresses changes to patient~~
3 ~~conditions.~~

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

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

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

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

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

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

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

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

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

26 ~~(11) Participating in development of policies,~~

1 ~~procedures, and systems to support patient safety.~~

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

3 (225 ILCS 65/Art. 65 heading)

4 ARTICLE 65. ADVANCED PRACTICE REGISTERED NURSES

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

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

7 (225 ILCS 65/65-5) (was 225 ILCS 65/15-10)

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

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

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

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

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

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

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

1 certified registered nurse anesthetist from the
2 appropriate national certifying body as determined by rule
3 of the Department;~~;~~

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

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

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

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

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

26 (1) submits evidence of having successfully completed

1 a nurse anesthesia program described in item (4) of
2 subsection (b) of this Section prior to January 1, 1999;

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

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

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

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

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

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

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

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

26 (4) His or her complete work history for the 5-year

1 period immediately preceding the date of his or her
2 application.

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

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

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

16 (6) The required fee.

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

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

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

7 (225 ILCS 65/65-10) (was 225 ILCS 65/15-13)

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

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

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

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

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

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

1 or her specialty.

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

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

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

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

13 (225 ILCS 65/65-15)

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

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

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

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

1 current national certification in the specialty.

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

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

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

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

18 (225 ILCS 65/65-20)

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

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

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

1 license restored and by paying the required restoration fee.
2 Such proof of fitness may include evidence certifying active
3 lawful practice in another jurisdiction.

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

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

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

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

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

25 (c) Any advanced practice registered nurse license issued
26 under this Act that expired while the licensee was (1) in

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

11 (d) Any licensee who engages in the practice of advanced
12 practice registered nursing with a lapsed license or while on
13 inactive status shall be considered to be practicing without a
14 license, which shall be grounds for discipline under Section
15 70-5 of this Act.

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

1 later than 14 working days after receipt by the Department of
2 an application for the permit, shall be granted upon the
3 submission of all of the following to the Department:

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

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

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

14 (4) The required permit fee.

15 (5) Other proof as established by rule.

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

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

25 (2) within the last 5 years, the applicant had a
26 license or permit related to the practice of nursing

1 revoked, suspended, or placed on probation by another
2 jurisdiction if at least one of the grounds for revoking,
3 suspending, or placing on probation is the same or
4 substantially equivalent to grounds for disciplinary
5 action under this Act; or

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

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

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

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

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

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

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

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

11 (225 ILCS 65/65-25)

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

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

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

24 Any advanced practice registered nurse whose license is on
25 inactive status shall not practice advanced practice

1 registered nursing, as defined by this Act in the State of
2 Illinois.

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

4 (225 ILCS 65/65-30)

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

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

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

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

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

19 (1) Advanced nursing patient assessment and diagnosis.

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

1 (3) Ordering treatments, ordering or applying
2 appropriate medical devices, and using nursing medical,
3 therapeutic, and corrective measures to treat illness and
4 improve health status.

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

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

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

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

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

14 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

16 Sec. 65-35. Written collaborative agreements.

17 (a) A written collaborative agreement is required for all
18 advanced practice registered nurses engaged in clinical
19 practice, except for advanced practice registered nurses who
20 are authorized to practice in a hospital, hospital affiliate,
21 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 authorized to practice, the advanced practice registered nurse

1 must have a written collaborative agreement.

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

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

19 (b-5) Absent an employment relationship, a written
20 collaborative agreement may not (1) restrict the categories of
21 patients of an advanced practice registered nurse within the
22 scope of the advanced practice registered nurses training and
23 experience, (2) limit third party payors or government health
24 programs, such as the medical assistance program or Medicare
25 with which the advanced practice registered nurse contracts, or
26 (3) limit the geographic area or practice location of the

1 advanced practice registered nurse in this State.

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

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

26 (c-10) A certified registered nurse anesthetist who

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

24 (d) A copy of the signed, written collaborative agreement
25 must be available to the Department upon request from both the
26 advanced practice registered nurse and the collaborating

1 physician, dentist, or podiatric physician.

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

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

18 (g) (Blank).

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

21 (225 ILCS 65/65-35.1)

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

23 Sec. 65-35.1. Written collaborative agreement; temporary
24 practice. Any advanced practice registered nurse required to
25 enter into a written collaborative agreement with a

1 collaborating physician or collaborating podiatrist is
2 authorized to continue to practice for up to 90 days after the
3 termination of a collaborative agreement provided the advanced
4 practice registered nurse seeks any needed collaboration at a
5 local hospital and refers patients who require services beyond
6 the training and experience of the advanced practice registered
7 nurse to a physician or other health care provider.

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

9 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

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

11 Sec. 65-40. Written collaborative agreement; prescriptive
12 authority.

13 (a) A collaborating physician or podiatric physician may,
14 but is not required to, delegate prescriptive authority to an
15 advanced practice registered nurse as part of a written
16 collaborative agreement. This authority may, but is not
17 required to, include prescription of, selection of, orders for,
18 administration of, storage of, acceptance of samples of, and
19 dispensing over the counter medications, legend drugs, medical
20 gases, and controlled substances categorized as any Schedule
21 III through V controlled substances, as defined in Article II
22 of the Illinois Controlled Substances Act, and other
23 preparations, including, but not limited to, botanical and
24 herbal remedies. The collaborating physician or podiatric
25 physician must have a valid current Illinois controlled

1 substance license and federal registration to delegate
2 authority to prescribe delegated controlled substances.

3 (b) To prescribe controlled substances under this Section,
4 an advanced practice registered nurse must obtain a mid-level
5 practitioner controlled substance license. Medication orders
6 shall be reviewed periodically by the collaborating physician
7 or podiatric physician.

8 (c) The collaborating physician or podiatric physician
9 shall file with the Department notice of delegation of
10 prescriptive authority and termination of such delegation, in
11 accordance with rules of the Department. Upon receipt of this
12 notice delegating authority to prescribe any Schedule III
13 through V controlled substances, the licensed advanced
14 practice registered nurse shall be eligible to register for a
15 mid-level practitioner controlled substance license under
16 Section 303.05 of the Illinois Controlled Substances Act.

17 (d) In addition to the requirements of subsections (a),
18 (b), and (c) of this Section, a collaborating physician or
19 podiatric physician may, but is not required to, delegate
20 authority to an advanced practice registered nurse to prescribe
21 any Schedule II controlled substances, if all of the following
22 conditions apply:

23 (1) Specific Schedule II controlled substances by oral
24 dosage or topical or transdermal application may be
25 delegated, provided that the delegated Schedule II
26 controlled substances are routinely prescribed by the

1 collaborating physician or podiatric physician. This
2 delegation must identify the specific Schedule II
3 controlled substances by either brand name or generic name.
4 Schedule II controlled substances to be delivered by
5 injection or other route of administration may not be
6 delegated.

7 (2) Any delegation must be controlled substances that
8 the collaborating physician or podiatric physician
9 prescribes.

10 (3) Any prescription must be limited to no more than a
11 30-day supply, with any continuation authorized only after
12 prior approval of the collaborating physician or podiatric
13 physician.

14 (4) The advanced practice registered nurse must
15 discuss the condition of any patients for whom a controlled
16 substance is prescribed monthly with the delegating
17 physician.

18 (5) The advanced practice registered nurse meets the
19 education requirements of Section 303.05 of the Illinois
20 Controlled Substances Act.

21 (e) Nothing in this Act shall be construed to limit the
22 delegation of tasks or duties by a physician to a licensed
23 practical nurse, a registered professional nurse, or other
24 persons. Nothing in this Act shall be construed to limit the
25 method of delegation that may be authorized by any means,
26 including, but not limited to, oral, written, electronic,

1 standing orders, protocols, guidelines, or verbal orders.

2 (f) Nothing in this Section shall be construed to apply to
3 any medication authority including Schedule II controlled
4 substances of an advanced practice registered nurse for care
5 provided in a hospital, hospital affiliate, or ambulatory
6 surgical treatment center pursuant to Section 65-45.

7 (g) Any advanced practice registered nurse who writes a
8 prescription for a controlled substance without having a valid
9 appropriate authority may be fined by the Department not more
10 than \$50 per prescription, and the Department may take any
11 other disciplinary action provided for in this Act.

12 (h) Nothing in this Section shall be construed to prohibit
13 generic substitution.

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

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

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

17 Sec. 65-45. Advanced practice registered nursing in
18 hospitals, hospital affiliates, or ambulatory surgical
19 treatment centers.

20 (a) An advanced practice registered nurse may provide
21 services in a hospital or a hospital affiliate as those terms
22 are defined in the Hospital Licensing Act or the University of
23 Illinois Hospital Act or a licensed ambulatory surgical
24 treatment center without a written collaborative agreement
25 pursuant to Section 65-35 of this Act. An advanced practice

1 registered nurse must possess clinical privileges recommended
2 by the hospital medical staff and granted by the hospital or
3 the consulting medical staff committee and ambulatory surgical
4 treatment center in order to provide services. The medical
5 staff or consulting medical staff committee shall periodically
6 review the services of advanced practice registered nurses
7 granted clinical privileges, including any care provided in a
8 hospital affiliate. Authority may also be granted when
9 recommended by the hospital medical staff and granted by the
10 hospital or recommended by the consulting medical staff
11 committee and ambulatory surgical treatment center to
12 individual advanced practice registered nurses to select,
13 order, and administer medications, including controlled
14 substances, to provide delineated care. In a hospital, hospital
15 affiliate, or ambulatory surgical treatment center, the
16 attending physician shall determine an advanced practice
17 registered nurse's role in providing care for his or her
18 patients, except as otherwise provided in the medical staff
19 bylaws or consulting committee policies.

20 (a-2) An advanced practice registered nurse granted
21 authority to order medications including controlled substances
22 may complete discharge prescriptions provided the prescription
23 is in the name of the advanced practice registered nurse and
24 the attending or discharging physician.

25 (a-3) Advanced practice registered nurses practicing in a
26 hospital or an ambulatory surgical treatment center are not

1 required to obtain a mid-level controlled substance license to
2 order controlled substances under Section 303.05 of the
3 Illinois Controlled Substances Act.

4 (a-5) For anesthesia services provided by a certified
5 registered nurse anesthetist, an anesthesiologist, physician,
6 dentist, or podiatric physician shall participate through
7 discussion of and agreement with the anesthesia plan and shall
8 remain physically present and be available on the premises
9 during the delivery of anesthesia services for diagnosis,
10 consultation, and treatment of emergency medical conditions,
11 unless hospital policy adopted pursuant to clause (B) of
12 subdivision (3) of Section 10.7 of the Hospital Licensing Act
13 or ambulatory surgical treatment center policy adopted
14 pursuant to clause (B) of subdivision (3) of Section 6.5 of the
15 Ambulatory Surgical Treatment Center Act provides otherwise. A
16 certified registered nurse anesthetist may select, order, and
17 administer medication for anesthesia services under the
18 anesthesia plan agreed to by the anesthesiologist or the
19 physician, in accordance with hospital alternative policy or
20 the medical staff consulting committee policies of a licensed
21 ambulatory surgical treatment center.

22 (b) An advanced practice registered nurse who provides
23 services in a hospital shall do so in accordance with Section
24 10.7 of the Hospital Licensing Act and, in an ambulatory
25 surgical treatment center, in accordance with Section 6.5 of
26 the Ambulatory Surgical Treatment Center Act.

1 (c) Advanced practice registered nurses certified as nurse
2 practitioners, nurse midwives, or clinical nurse specialists
3 practicing in a hospital affiliate may be, but are not required
4 to be, granted authority to prescribe Schedule II through V
5 controlled substances when such authority is recommended by the
6 appropriate physician committee of the hospital affiliate and
7 granted by the hospital affiliate. This authority may, but is
8 not required to, include prescription of, selection of, orders
9 for, administration of, storage of, acceptance of samples of,
10 and dispensing over-the-counter medications, legend drugs,
11 medical gases, and controlled substances categorized as
12 Schedule II through V controlled substances, as defined in
13 Article II of the Illinois Controlled Substances Act, and other
14 preparations, including, but not limited to, botanical and
15 herbal remedies.

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

23 The hospital affiliate shall file with the Department
24 notice of a grant of prescriptive authority consistent with
25 this subsection (c) and termination of such a grant of
26 authority, in accordance with rules of the Department. Upon

1 receipt of this notice of grant of authority to prescribe any
2 Schedule II through V controlled substances, the licensed
3 advanced practice registered nurse certified as a nurse
4 practitioner, nurse midwife, or clinical nurse specialist may
5 register for a mid-level practitioner controlled substance
6 license under Section 303.05 of the Illinois Controlled
7 Substances Act.

8 In addition, a hospital affiliate may, but is not required
9 to, grant authority to an advanced practice registered nurse
10 certified as a nurse practitioner, nurse midwife, or clinical
11 nurse specialist to prescribe any Schedule II controlled
12 substances, if all of the following conditions apply:

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

23 (2) any grant of authority must be controlled
24 substances limited to the practice of the advanced practice
25 registered nurse;

26 (3) any prescription must be limited to no more than a

1 30-day supply;

2 (4) the advanced practice registered nurse must
3 discuss the condition of any patients for whom a controlled
4 substance is prescribed monthly with the appropriate
5 physician committee of the hospital affiliate or its
6 physician designee; and

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

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

11 (225 ILCS 65/65-50) (was 225 ILCS 65/15-30)

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

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

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

1 titles or initials protected by this subsection (a).

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

5 (c) An advanced practice registered nurse shall verbally
6 identify himself or herself as an advanced practice registered
7 nurse, including specialty certification, to each patient.

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

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

13 (225 ILCS 65/65-55) (was 225 ILCS 65/15-40)

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

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

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

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

23 (2) information pertaining to the person's areas of
24 specialization, including, but not limited to, appropriate
25 board certification or limitation of professional

1 practice;

2 (3) publication of the person's collaborating
3 physician's, dentist's, or podiatric physician's name,
4 title, and areas of specialization;

5 (4) information on usual and customary fees for routine
6 professional services offered, which shall include
7 notification that fees may be adjusted due to complications
8 or unforeseen circumstances;

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

11 (6) announcement of additions to or deletions from
12 professional licensed staff; and

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

14 (b) It is unlawful for a person licensed under this Act as
15 an advanced practice registered nurse to use testimonials or
16 claims of superior quality of care to entice the public. It
17 shall be unlawful to advertise fee comparisons of available
18 services with those of other licensed persons.

19 (c) This Article does not authorize the advertising of
20 professional services that the offeror of the services is not
21 licensed or authorized to render. Nor shall the advertiser use
22 statements that contain false, fraudulent, deceptive, or
23 misleading material or guarantees of success, statements that
24 play upon the vanity or fears of the public, or statements that
25 promote or produce unfair competition.

26 (d) It is unlawful and punishable under the penalty

1 provisions of this Act for a person licensed under this Article
2 to knowingly advertise that the licensee will accept as payment
3 for services rendered by assignment from any third party payor
4 the amount the third party payor covers as payment in full, if
5 the effect is to give the impression of eliminating the need of
6 payment by the patient of any required deductible or copayment
7 applicable in the patient's health benefit plan.

8 (e) A licensee shall include in every advertisement for
9 services regulated under this Act his or her title as it
10 appears on the license or the initials authorized under this
11 Act.

12 (f) As used in this Section, "advertise" means solicitation
13 by the licensee or through another person or entity by means of
14 handbills, posters, circulars, motion pictures, radio,
15 newspapers, or television or any other manner.

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

17 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

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

19 Sec. 65-65. Reports relating to APRN ~~APN~~ professional
20 conduct and capacity.

21 (a) Entities Required to Report.

22 (1) Health Care Institutions. The chief administrator
23 or executive officer of a health care institution licensed
24 by the Department of Public Health, which provides the
25 minimum due process set forth in Section 10.4 of the

1 Hospital Licensing Act, shall report to the Board when an
2 advanced practice registered nurse's organized
3 professional staff clinical privileges are terminated or
4 are restricted based on a final determination, in
5 accordance with that institution's bylaws or rules and
6 regulations, that (i) a person has either committed an act
7 or acts that may directly threaten patient care and that
8 are not of an administrative nature or (ii) that a person
9 may have a mental or physical disability that may endanger
10 patients under that person's care. The chief administrator
11 or officer shall also report if an advanced practice
12 registered nurse accepts voluntary termination or
13 restriction of clinical privileges in lieu of formal action
14 based upon conduct related directly to patient care and not
15 of an administrative nature, or in lieu of formal action
16 seeking to determine whether a person may have a mental or
17 physical disability that may endanger patients under that
18 person's care. The Department Board shall provide by rule
19 for the reporting to it of all instances in which a person
20 licensed under this Article, who is impaired by reason of
21 age, drug, or alcohol abuse or physical or mental
22 impairment, is under supervision and, where appropriate,
23 is in a program of rehabilitation. Reports submitted under
24 this subsection shall be strictly confidential and may be
25 reviewed and considered only by the members of the Board or
26 authorized staff as provided by rule of the Department

1 ~~Board~~. Provisions shall be made for the periodic report of
2 the status of any such reported person not less than twice
3 annually in order that the Board shall have current
4 information upon which to determine the status of that
5 person. Initial and periodic reports of impaired advanced
6 practice registered nurses shall not be considered records
7 within the meaning of the State Records Act and shall be
8 disposed of, following a determination by the Board that
9 such reports are no longer required, in a manner and at an
10 appropriate time as the Board shall determine by rule. The
11 filing of reports submitted under this subsection shall be
12 construed as the filing of a report for purposes of
13 subsection (c) of this Section.

14 (2) Professional Associations. The President or chief
15 executive officer of an association or society of persons
16 licensed under this Article, operating within this State,
17 shall report to the Board when the association or society
18 renders a final determination that a person licensed under
19 this Article has committed unprofessional conduct related
20 directly to patient care or that a person may have a mental
21 or physical disability that may endanger patients under the
22 person's care.

23 (3) Professional Liability Insurers. Every insurance
24 company that offers policies of professional liability
25 insurance to persons licensed under this Article, or any
26 other entity that seeks to indemnify the professional

1 liability of a person licensed under this Article, shall
2 report to the Board the settlement of any claim or cause of
3 action, or final judgment rendered in any cause of action,
4 that alleged negligence in the furnishing of patient care
5 by the licensee when the settlement or final judgment is in
6 favor of the plaintiff.

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

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

23 (b) Mandatory Reporting. All reports required under items
24 (16) and (17) of subsection (a) of Section 70-5 shall be
25 submitted to the Board in a timely fashion. The reports shall
26 be filed in writing within 60 days after a determination that a

1 report is required under this Article. All reports shall
2 contain the following information:

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

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

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

11 (4) A brief description of the facts that gave rise to
12 the issuance of the report, including, but not limited to,
13 the dates of any occurrences deemed to necessitate the
14 filing of the report.

15 (5) If court action is involved, the identity of the
16 court in which the action is filed, the docket number, and
17 date of filing of the action.

18 (6) Any further pertinent information that the
19 reporting party deems to be an aid in the evaluation of the
20 report.

21 Nothing contained in this Section shall be construed to in
22 any way waive or modify the confidentiality of medical reports
23 and committee reports to the extent provided by law. Any
24 information reported or disclosed shall be kept for the
25 confidential use of the Board, the Board's attorneys, the
26 investigative staff, and authorized clerical staff and shall be

1 afforded the same status as is provided information concerning
2 medical studies in Part 21 of Article VIII of the Code of Civil
3 Procedure.

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

12 (d) Indemnification. Members of the Board, the Board's
13 attorneys, the investigative staff, advanced practice
14 registered nurses or physicians retained under contract to
15 assist and advise in the investigation, and authorized clerical
16 staff shall be indemnified by the State for any actions (i)
17 occurring within the scope of services on the Board, (ii)
18 performed in good faith, and (iii) not willful ~~wilful~~ and
19 wanton in nature. The Attorney General shall defend all actions
20 taken against those persons unless he or she determines either
21 that there would be a conflict of interest in the
22 representation or that the actions complained of were not
23 performed in good faith or were willful ~~wilful~~ and wanton in
24 nature. If the Attorney General declines representation, the
25 member shall have the right to employ counsel of his or her
26 choice, whose fees shall be provided by the State, after

1 approval by the Attorney General, unless there is a
2 determination by a court that the member's actions were not
3 performed in good faith or were willful ~~willful~~ and wanton in
4 nature. The member shall notify the Attorney General within 7
5 days of receipt of notice of the initiation of an action
6 involving services of the Board. Failure to so notify the
7 Attorney General shall constitute an absolute waiver of the
8 right to a defense and indemnification. The Attorney General
9 shall determine within 7 days after receiving the notice
10 whether he or she will undertake to represent the member.

11 (e) Deliberations of Board. Upon the receipt of a report
12 called for by this Section, other than those reports of
13 impaired persons licensed under this Article required pursuant
14 to the rules of the Board, the Board shall notify in writing by
15 certified or registered mail or by email to the email address
16 of record the person who is the subject of the report. The
17 notification shall be made within 30 days of receipt by the
18 Board of the report. The notification shall include a written
19 notice setting forth the person's right to examine the report.
20 Included in the notification shall be the address at which the
21 file is maintained, the name of the custodian of the reports,
22 and the telephone number at which the custodian may be reached.
23 The person who is the subject of the report shall submit a
24 written statement responding to, clarifying, adding to, or
25 proposing to amend the report previously filed. The statement
26 shall become a permanent part of the file and shall be received

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

24 (f) (Blank). ~~Summary Reports. The Board shall prepare, on a~~
25 ~~timely basis, but in no event less than one every other month,~~
26 ~~a summary report of final actions taken upon disciplinary files~~

1 ~~maintained by the Board. The summary reports shall be made~~
2 ~~available to the public upon request and payment of the fees~~
3 ~~set by the Department. This publication may be made available~~
4 ~~to the public on the Department's Internet website.~~

5 (g) Any violation of this Section shall constitute a Class
6 A misdemeanor.

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

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

21 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

23 Sec. 70-5. Grounds for disciplinary action.

24 (a) The Department may refuse to issue or to renew, or may
25 revoke, suspend, place on probation, reprimand, or take other

1 disciplinary or non-disciplinary action as the Department may
2 deem appropriate, including fines not to exceed \$10,000 per
3 violation, with regard to a license for any one or combination
4 of the causes set forth in subsection (b) below. All fines
5 collected under this Section shall be deposited in the Nursing
6 Dedicated and Professional Fund.

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

8 (1) Material deception in furnishing information to
9 the Department.

10 (2) Material violations of any provision of this Act or
11 violation of the rules of or final administrative action of
12 the Secretary, after consideration of the recommendation
13 of the Board.

14 (3) Conviction by plea of guilty or nolo contendere,
15 finding of guilt, jury verdict, or entry of judgment or by
16 sentencing of any crime, including, but not limited to,
17 convictions, preceding sentences of supervision,
18 conditional discharge, or first offender probation, under
19 the laws of any jurisdiction of the United States: (i) that
20 is a felony; or (ii) that is a misdemeanor, an essential
21 element of which is dishonesty, or that is directly related
22 to the practice of the profession.

23 (4) A pattern of practice or other behavior which
24 demonstrates incapacity or incompetency to practice under
25 this Act.

26 (5) Knowingly aiding or assisting another person in

1 violating any provision of this Act or rules.

2 (6) Failing, within 90 days, to provide a response to a
3 request for information in response to a written request
4 made by the Department by certified or registered mail or
5 by email to the email address of record.

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

9 (8) Unlawful taking, theft, selling, distributing, or
10 manufacturing of any drug, narcotic, or prescription
11 device.

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

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

20 (11) A finding that the licensee, after having her or
21 his license placed on probationary status or subject to
22 conditions or restrictions, has violated the terms of
23 probation or failed to comply with such terms or
24 conditions.

25 (12) Being named as a perpetrator in an indicated
26 report by the Department of Children and Family Services

1 and under the Abused and Neglected Child Reporting Act, and
2 upon proof by clear and convincing evidence that the
3 licensee has caused a child to be an abused child or
4 neglected child as defined in the Abused and Neglected
5 Child Reporting Act.

6 (13) Willful omission to file or record, or willfully
7 impeding the filing or recording or inducing another person
8 to omit to file or record medical reports as required by
9 law.

10 (13.5) Willfully ~~or willfully~~ failing to report an
11 instance of suspected child abuse or neglect as required by
12 the Abused and Neglected Child Reporting Act.

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

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

17 (16) Failure of a licensee to report to the Department
18 any adverse final action taken against him or her by
19 another licensing jurisdiction of the United States or any
20 foreign state or country, any peer review body, any health
21 care institution, any professional or nursing society or
22 association, any governmental agency, any law enforcement
23 agency, or any court or a nursing liability claim related
24 to acts or conduct similar to acts or conduct that would
25 constitute grounds for action as defined in this Section.

26 (17) Failure of a licensee to report to the Department

1 surrender by the licensee of a license or authorization to
2 practice nursing or advanced practice registered nursing
3 in another state or jurisdiction or current surrender by
4 the licensee of membership on any nursing staff or in any
5 nursing or advanced practice registered nursing or
6 professional association or society while under
7 disciplinary investigation by any of those authorities or
8 bodies for acts or conduct similar to acts or conduct that
9 would constitute grounds for action as defined by this
10 Section.

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

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

15 (20) Fraud, deceit or misrepresentation in applying
16 for or procuring a license under this Act or in connection
17 with applying for renewal of a license under this Act.

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

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

26 (23) Attempting to subvert or cheat on a licensing

1 examination administered under this Act.

2 (24) Immoral conduct in the commission of an act,
3 including, but not limited to, sexual abuse, sexual
4 misconduct, or sexual exploitation, related to the
5 licensee's practice.

6 (25) Willfully or negligently violating the
7 confidentiality between nurse and patient except as
8 required by law.

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

11 (27) The use of any false, fraudulent, or deceptive
12 statement in any document connected with the licensee's
13 practice.

14 (28) Directly or indirectly giving to or receiving from
15 a person, firm, corporation, partnership, or association a
16 fee, commission, rebate, or other form of compensation for
17 professional services not actually or personally rendered.
18 Nothing in this paragraph (28) affects any bona fide
19 independent contractor or employment arrangements among
20 health care professionals, health facilities, health care
21 providers, or other entities, except as otherwise
22 prohibited by law. Any employment arrangements may include
23 provisions for compensation, health insurance, pension, or
24 other employment benefits for the provision of services
25 within the scope of the licensee's practice under this Act.
26 Nothing in this paragraph (28) shall be construed to

1 require an employment arrangement to receive professional
2 fees for services rendered.

3 (29) A violation of the Health Care Worker
4 Self-Referral Act.

5 (30) Physical illness, ~~including but not limited to~~
6 ~~deterioration through the aging process or loss of motor~~
7 ~~skill~~, mental illness, or disability that results in the
8 inability to practice the profession with reasonable
9 judgment, skill, or safety.

10 (31) Exceeding the terms of a collaborative agreement
11 or the prescriptive authority delegated to a licensee by
12 his or her collaborating physician or podiatric physician
13 in guidelines established under a written collaborative
14 agreement.

15 (32) Making a false or misleading statement regarding a
16 licensee's skill or the efficacy or value of the medicine,
17 treatment, or remedy prescribed by him or her in the course
18 of treatment.

19 (33) Prescribing, selling, administering,
20 distributing, giving, or self-administering a drug
21 classified as a controlled substance (designated product)
22 or narcotic for other than medically accepted therapeutic
23 purposes.

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

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

3 (36) Willfully or negligently violating the
4 confidentiality between an advanced practice registered
5 nurse, collaborating physician, dentist, or podiatric
6 physician and a patient, except as required by law.

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

11 (38) Being named as an abuser in a verified report by
12 the Department on Aging and under the Adult Protective
13 Services Act, and upon proof by clear and convincing
14 evidence that the licensee abused, neglected, or
15 financially exploited an eligible adult as defined in the
16 Adult Protective Services Act.

17 (39) ~~(37)~~ A violation of any provision of this Act or
18 any rules adopted ~~promulgated~~ under this Act.

19 (c) The determination by a circuit court that a licensee is
20 subject to involuntary admission or judicial admission as
21 provided in the Mental Health and Developmental Disabilities
22 Code, as amended, operates as an automatic suspension. The
23 suspension will end only upon a finding by a court that the
24 patient is no longer subject to involuntary admission or
25 judicial admission and issues an order so finding and
26 discharging the patient; and upon the recommendation of the

1 Board to the Secretary that the licensee be allowed to resume
2 his or her practice.

3 (d) The Department may refuse to issue or may suspend or
4 otherwise discipline the license of any person who fails to
5 file a return, or to pay the tax, penalty or interest shown in
6 a filed return, or to pay any final assessment of the tax,
7 penalty, or interest as required by any tax Act administered by
8 the Department of Revenue, until such time as the requirements
9 of any such tax Act are satisfied.

10 (e) In enforcing this Act, the Department ~~or Board~~, upon a
11 showing of a possible violation, may compel an individual
12 licensed to practice under this Act or who has applied for
13 licensure under this Act, to submit to a mental or physical
14 examination, or both, as required by and at the expense of the
15 Department. The Department ~~or Board~~ may order the examining
16 physician to present testimony concerning the mental or
17 physical examination of the licensee or applicant. No
18 information shall be excluded by reason of any common law or
19 statutory privilege relating to communications between the
20 licensee or applicant and the examining physician. The
21 examining physicians shall be specifically designated by the
22 ~~Board or~~ Department. The individual to be examined may have, at
23 his or her own expense, another physician of his or her choice
24 present during all aspects of this examination. Failure of an
25 individual to submit to a mental or physical examination, when
26 directed, shall result in an automatic suspension without

1 hearing.

2 All substance-related violations shall mandate an
3 automatic substance abuse assessment. Failure to submit to an
4 assessment by a licensed physician who is certified as an
5 addictionist or an advanced practice registered nurse with
6 specialty certification in addictions may be grounds for an
7 automatic suspension, as defined by rule.

8 If the Department ~~or Board~~ finds an individual unable to
9 practice or unfit for duty because of the reasons set forth in
10 this subsection (e) ~~Section~~, the Department ~~or Board~~ may
11 require that individual to submit to a substance abuse
12 evaluation or treatment by individuals or programs approved or
13 designated by the Department ~~or Board~~, as a condition, term, or
14 restriction for continued, restored ~~reinstated~~, or renewed
15 licensure to practice; or, in lieu of evaluation or treatment,
16 the Department may file, or the Board may recommend to the
17 Department to file, a complaint to immediately suspend, revoke,
18 or otherwise discipline the license of the individual. An
19 individual whose license was granted, continued, restored
20 ~~reinstated~~, renewed, disciplined or supervised subject to such
21 terms, conditions, or restrictions, and who fails to comply
22 with such terms, conditions, or restrictions, shall be referred
23 to the Secretary for a determination as to whether the
24 individual shall have his or her license suspended immediately,
25 pending a hearing by the Department.

26 In instances in which the Secretary immediately suspends a

1 person's license under this subsection (e) ~~Section~~, a hearing
2 on that person's license must be convened by the Department
3 within 15 days after the suspension and completed without
4 appreciable delay. The Department and Board shall have the
5 authority to review the subject individual's record of
6 treatment and counseling regarding the impairment to the extent
7 permitted by applicable federal statutes and regulations
8 safeguarding the confidentiality of medical records.

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

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

15 (225 ILCS 65/70-10) (was 225 ILCS 65/10-50)

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

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

18 (a) Any nurse who is an administrator or officer in any
19 hospital, nursing home, other health care agency or facility,
20 or nurse agency and has knowledge of any action or condition
21 which reasonably indicates that a registered professional
22 nurse or licensed practical nurse is impaired due to the use of
23 alcohol or mood altering drugs to the extent that such
24 impairment adversely affects such nurse's professional
25 performance, or unlawfully possesses, uses, distributes or

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

22 Should the Department find insufficient facts to warrant
23 further investigation, or action, the report shall be accepted
24 for filing and the matter shall be deemed closed and so
25 reported.

26 Should the Department find sufficient facts to warrant

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

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

19 (b) (Blank). ~~Each year on March 1, the Department shall~~
20 ~~submit a report to the General Assembly. The report shall~~
21 ~~include the number of reports made under this Section to the~~
22 ~~Department during the previous year, the number of reports~~
23 ~~reviewed and found insufficient to warrant further~~
24 ~~investigation, the number of reports not completed and the~~
25 ~~reasons for incompleteness. This report shall be made available~~
26 ~~also to nurses requesting the report.~~

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

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

15 (225 ILCS 65/70-20) (was 225 ILCS 65/20-13)

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

17 Sec. 70-20. Suspension of license ~~or registration~~ for
18 failure to pay restitution. The Department, without further
19 process or hearing, shall suspend the license or other
20 authorization to practice of any person issued under this Act
21 who has been certified by court order as not having paid
22 restitution to a person under Section 8A-3.5 of the Illinois
23 Public Aid Code or under Section 17-10.5 or 46-1 of the
24 Criminal Code of 1961 or the Criminal Code of 2012. A person
25 whose license or other authorization to practice is suspended

1 under this Section is prohibited from practicing until the
2 restitution is made in full.

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

4 (225 ILCS 65/70-35) (was 225 ILCS 65/20-31)

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

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

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

17 (225 ILCS 65/70-40) (was 225 ILCS 65/20-32)

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

19 Sec. 70-40. Educational resources; internet link. The
20 Department ~~may~~ shall work with the Board, the Board of Higher
21 Education, the Illinois Student Assistance Commission,
22 Statewide organizations, and community-based organizations to
23 develop a list of Department-approved nursing programs and
24 other educational resources related to the Test of English as a

1 Foreign Language and the Commission on Graduates of Foreign
2 Nursing Schools Examination. The Department shall provide a
3 link to a list of these resources, ~~in English and Spanish,~~ on
4 the Department's World Wide Web site.

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

6 (225 ILCS 65/70-50) (was 225 ILCS 65/20-40)

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

8 Sec. 70-50. Fund.

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

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

15 (2) Employment of secretarial, nursing,
16 administrative, enforcement, and other staff for the
17 administration of this Act.

18 (b) Disposition of fees:

19 (1) \$5 of every licensure fee shall be placed in a fund
20 for assistance to nurses enrolled in a diversionary program
21 as approved by the Department.

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

25 (3) Each fiscal year, the moneys deposited in the

1 Nursing Dedicated and Professional Fund shall be
2 appropriated to the Department for expenses of the
3 Department and the Board in the administration of this Act.
4 All earnings received from investment of moneys in the
5 Nursing Dedicated and Professional Fund shall be deposited
6 in the Nursing Dedicated and Professional Fund and shall be
7 used for the same purposes as fees deposited in the Fund.

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

18 (5) Moneys in the Fund may be transferred to the
19 Professions Indirect Cost Fund as authorized under Section
20 2105-300 of the Department of Professional Regulation Law
21 (20 ILCS 2105/2105-300).

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

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

1 96-328, eff. 8-11-09; 96-805, eff. 10-30-09.)

2 (225 ILCS 65/70-60) (was 225 ILCS 65/20-55)

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

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

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

1 (225 ILCS 65/70-75) (was 225 ILCS 65/20-75)

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

3 Sec. 70-75. Injunctive remedies.

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

18 (b) If any person shall practice as a nurse or hold herself
19 or himself out as a nurse without being licensed under the
20 provisions of this Act, then any licensed nurse, any interested
21 party, or any person injured thereby may, in addition to the
22 Secretary, petition for relief as provided in subsection (a) of
23 this Section.

24 (b-5) Whoever knowingly practices or offers to practice
25 nursing in this State without a license for that purpose shall

1 be guilty of a Class A misdemeanor and for each subsequent
2 conviction, shall be guilty of a Class 4 felony. All criminal
3 fines, monies, or other property collected or received by the
4 Department under this Section or any other State or federal
5 statute, including, but not limited to, property forfeited to
6 the Department under Section 505 of the Illinois Controlled
7 Substances Act or Section 85 of the Methamphetamine Control and
8 Community Protection Act, shall be deposited into the
9 Professional Regulation Evidence Fund.

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

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

20 (225 ILCS 65/70-80) (was 225 ILCS 65/20-80)

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

22 Sec. 70-80. Investigation; notice; hearing.

23 (a) ~~The Prior to bringing an action before the Board, the~~
24 Department may investigate the actions of any applicant or of
25 any person or persons holding or claiming to hold a license

1 under this Act.

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

23 (c) At the time and place fixed in the notice, the
24 Department shall proceed to hear the charges and the parties or
25 their counsel shall be accorded ample opportunity to present
26 any pertinent ~~such~~ statements, testimony, evidence and

1 arguments. ~~argument as may be pertinent to the charges or to~~
2 ~~the defense to the charges.~~ The Department may continue a
3 hearing from time to time. In case the accused person, after
4 receiving notice, fails to file an answer, her or his license
5 may in the discretion of the Secretary, having received first
6 the recommendation of the Board, be suspended, revoked, placed
7 on probationary status, or be subject to whatever disciplinary
8 action the Secretary considers proper ~~the Secretary may take~~
9 ~~whatever disciplinary action as he or she may deem proper,~~
10 including limiting the scope, nature, or extent of said
11 person's practice or the imposition of a fine, without a
12 hearing, if the act or acts charged constitute sufficient
13 grounds for such action under this Act.

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

18 (e) The Secretary has the authority to appoint any attorney
19 licensed to practice law in the State of Illinois to serve as
20 the hearing officer in any action for refusal to issue,
21 restore, or renew a license or to discipline a licensee. The
22 hearing officer has full authority to conduct the hearing. The
23 Board may have a member or members present at any hearing. The
24 Board members shall have equal or greater licensing
25 qualifications than those of the licensee being prosecuted.

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

1 (225 ILCS 65/70-81 new)

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

19 (225 ILCS 65/70-85) (was 225 ILCS 65/20-85)

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

21 Sec. 70-85. Stenographer; transcript. The Department, at
22 its expense, shall provide a stenographer to take down the
23 testimony and preserve a record of all formal hearing
24 proceedings if a license may be revoked, suspended, or placed

1 on probationary status or other disciplinary action may be
2 taken at the hearing of any case wherein any disciplinary
3 action is taken regarding a license. Any licensee who is found
4 to have violated this Act or who fails to appear for a hearing
5 to refuse to issue, restore, or renew a license or to
6 discipline a license may be required by the Department to pay
7 for the costs of the proceeding. These costs are limited to
8 costs for court reporters, transcripts, and witness attendance
9 and mileage fees. The Secretary may waive payment of costs by a
10 licensee in whole or in part where there is an undue financial
11 hardship. The notice of hearing, complaint and all other
12 documents in the nature of pleadings and written motions filed
13 in the proceedings, the transcript of testimony, the report of
14 the Board and the orders of the Department shall be the record
15 of the proceedings. The Department shall furnish a transcript
16 of the record to any person interested in the hearing upon
17 payment of the fee required under Section 2105-115 of the
18 Department of Professional Regulation Law (20 ILCS
19 2105/2105-115).

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

21 (225 ILCS 65/70-100) (was 225 ILCS 65/20-100)

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

23 Sec. 70-100. Hearing; findings and recommendations;
24 rehearing Board report.

25 (a) The Board or the hearing officer authorized by the

1 Department shall hear evidence in support of the formal charges
2 and evidence produced by the licensee. At the conclusion of the
3 hearing the Board shall present to the Secretary a written
4 report of its findings of fact, conclusions of law, and
5 recommendations. The report shall contain a finding whether or
6 not the accused person violated this Act or failed to comply
7 with the conditions required in this Act. The report shall
8 specify the nature of the violation or failure to comply, and
9 the Board shall make its recommendations to the Secretary.

10 (b) At the conclusion of the hearing, a copy of the Board's
11 or hearing officer's report shall be served upon the applicant
12 or licensee by the Department, either personally or as provided
13 in this Act for the service of a notice of hearing. Within 20
14 calendar days after service, the applicant or licensee may
15 present to the Department a motion in writing for a rehearing,
16 which shall specify the particular grounds for hearing. The
17 Department shall respond to the motion for rehearing within 20
18 calendar days after its service on the Department. If no motion
19 for rehearing is filed, then upon the expiration of the time
20 specified for filing such a motion, or upon denial of a motion
21 for rehearing, the Secretary may enter an order in accordance
22 with the recommendations of the Board or hearing officer. If
23 the applicant or licensee orders from the reporting service and
24 pays for a transcript of the record within the time for filing
25 a motion for rehearing, the 20-day period within which a motion
26 may be filed shall commence upon the delivery of the transcript

1 to the applicant or licensee.

2 (c) If the Secretary disagrees in any regard with the
3 report of the Board, the Secretary may issue an order contrary
4 to the report. ~~The report of findings of fact, conclusions of~~
5 ~~law, and recommendation of the Board shall be the basis for the~~
6 ~~Department's order of refusal or for the granting of a license~~
7 ~~or permit unless the Secretary shall determine that the report~~
8 ~~is contrary to the manifest weight of the evidence, in which~~
9 ~~case the Secretary may issue an order in contravention of the~~
10 ~~report.~~ The findings are not admissible in evidence against the
11 person in a criminal prosecution brought for the violation of
12 this Act, but the hearing and findings are not a bar to a
13 criminal prosecution brought for the violation of this Act.

14 (d) Whenever the Secretary is not satisfied that
15 substantial justice has been done, the Secretary may order a
16 rehearing by the same or another hearing officer.

17 (e) All proceedings under this Section are matters of
18 public record and shall be preserved.

19 (f) Upon the suspension or revocation of a license, the
20 licensee shall surrender the license to the Department, and,
21 upon failure to do so, the Department shall seize the same.

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

23 (225 ILCS 65/70-103 new)

24 Sec. 70-103. Disposition by consent order. At any point in
25 any investigation or disciplinary proceeding provided for in

1 this Act, both parties may agree to a negotiated consent order.
2 The consent order shall be final upon signature of the
3 Secretary.

4 (225 ILCS 65/70-140) (was 225 ILCS 65/20-140)

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

6 Sec. 70-140. Review under Administrative Review Law. All
7 final administrative decisions of the Department ~~are hereunder~~
8 ~~shall be~~ subject to judicial review pursuant to the provisions
9 ~~revisions~~ of the Administrative Review Law, and all rules
10 ~~amendments and modifications thereof, and the rule adopted~~
11 under the Administrative Review Law pursuant thereto. The term
12 "administrative decision" is defined as in Section 3-101 of the
13 Code of Civil Procedure.

14 Proceedings for judicial review shall be commenced in the
15 circuit court of the county in which the party applying for
16 review resides; however, if the party is not a resident of this
17 State, the venue shall be Sangamon County.

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

19 (225 ILCS 65/70-145) (was 225 ILCS 65/20-145)

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

21 Sec. 70-145. Certification of record. The Department shall
22 not be required to certify any record to the court, ~~Court or~~
23 file any answer in court, or otherwise appear in any court in a
24 judicial review proceeding, unless and until the Department has

1 received from the plaintiff payment of the costs of furnishing
2 and certifying the record, which costs shall be determined by
3 the Department. Exhibits shall be certified without cost there
4 is filed in the court, with the complaint, a receipt from the
5 Department acknowledging payment of the costs of furnishing and
6 certifying the record. Failure on the part of the plaintiff to
7 file such receipt in Court shall be grounds for dismissal of
8 the action.

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

10 (225 ILCS 65/70-160) (was 225 ILCS 65/20-160)

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

12 Sec. 70-160. Illinois Administrative Procedure Act. The
13 Illinois Administrative Procedure Act is hereby expressly
14 adopted and incorporated herein as if all of the provisions of
15 that Act were included in this Act, except that the provision
16 of subsection (d) of Section 10-65 of the Illinois
17 Administrative Procedure Act that provides that at hearings the
18 licensee has the right to show compliance with all lawful
19 requirements for retention, continuation or renewal of the
20 license is specifically excluded. For the purposes of this Act,
21 the notice required under Section 10-25 of the Illinois
22 Administrative Procedure Act is deemed sufficient when mailed
23 to the address of record ~~last known address of a party.~~

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

1 (225 ILCS 65/Art. 75 heading)

2 ARTICLE 75. ILLINOIS NURSING WORKFORCE CENTER ~~FOR NURSING~~

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

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

5 (225 ILCS 65/75-10) (was 225 ILCS 65/17-10)

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

7 Sec. 75-10. Illinois Nursing Workforce Center ~~for Nursing~~.
8 The purpose of ~~There is created~~ the Illinois Nursing Workforce
9 Center ~~for Nursing~~ to address issues of supply and demand in
10 the nursing profession, including issues of recruitment,
11 retention, and utilization of nurse manpower resources. The
12 General Assembly finds that the Center will enhance the access
13 to and delivery of quality health care services by providing an
14 ongoing strategy for the allocation of the State's resources
15 directed towards nursing. Each of the following objectives
16 shall serve as the primary goals for the Center:

17 (1) To develop a strategic plan for nursing manpower in
18 Illinois by selecting priorities that must be addressed.

19 (2) To convene various groups of representatives of
20 nurses, other health care providers, businesses and
21 industries, consumers, legislators, and educators to:

22 (A) review and comment on data analysis prepared
23 for the Center; and

24 (B) recommend systemic changes, including
25 strategies for implementation of recommended changes. 7

1 ~~and~~

2 ~~(C) evaluate and report the results of the Advisory~~
3 ~~Board's efforts to the General Assembly and others.~~

4 (3) To enhance and promote recognition, reward, and
5 renewal activities for nurses in Illinois by:

6 (A) proposing and creating reward, recognition,
7 and renewal activities for nursing; and

8 (B) promoting media and positive image-building
9 efforts for nursing.

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

11 (225 ILCS 65/75-15) (was 225 ILCS 65/17-15)

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

13 Sec. 75-15. Illinois Center for Nursing Workforce Center
14 Advisory Board.

15 (a) There is created the Illinois Center for Nursing
16 Workforce Center Advisory Board, which shall consist of 11
17 members appointed by the Secretary Governor, with 6 members of
18 the Advisory Board being nurses representative of various
19 nursing specialty areas. The other 5 members may include
20 representatives of associations, health care providers,
21 nursing educators, and consumers.

22 (b) The membership of the Advisory Board shall reasonably
23 reflect representation from the geographic areas in this State.

24 (c) Members of the Advisory Board appointed by the
25 Secretary Governor shall serve for terms of 4 years, with no

1 member serving more than 10 successive years, ~~except that,~~
2 ~~initially, 4 members shall be appointed to the Advisory Board~~
3 ~~for terms that expire on June 30, 2009, 4 members shall be~~
4 ~~appointed to the Advisory Board for terms that expire on June~~
5 ~~30, 2008, and 3 members shall be appointed to the Advisory~~
6 ~~Board for terms that expire on June 30, 2007.~~ A member shall
7 serve until his or her successor is appointed and has
8 qualified. Vacancies shall be filled in the same manner as
9 original appointments, and any member so appointed shall serve
10 during the remainder of the term for which the vacancy
11 occurred.

12 (d) A quorum of the Advisory Board shall consist of a
13 majority of Advisory Board members currently serving. A
14 majority vote of the quorum is required for Advisory Board
15 decisions. A vacancy in the membership of the Advisory Board
16 shall not impair the right of a quorum to exercise all of the
17 rights and perform all of the duties of the Advisory Board.

18 (e) The Secretary ~~Governor~~ may remove any appointed member
19 of the Advisory Board for misconduct, incapacity, or neglect of
20 duty and shall be the sole judge of the sufficiency of the
21 cause for removal.

22 (f) Members of the Advisory Board are immune from suit in
23 any action based upon any activities performed in good faith as
24 members of the Advisory Board.

25 (g) Members of the Advisory Board shall not receive
26 compensation, but shall be reimbursed for actual traveling,

1 incidentals, and expenses necessarily incurred in carrying out
2 their duties as members of the Advisory Board, as approved by
3 the Department.

4 (h) The Advisory Board shall meet annually to elect a
5 chairperson and vice chairperson.

6 (Source: P.A. 97-813, eff. 7-13-12; 98-247, eff. 8-9-13.)

7 (225 ILCS 65/75-20) (was 225 ILCS 65/17-20)

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

9 Sec. 75-20. Powers and duties of the Advisory Board.

10 (a) The Advisory Board shall be advisory to the Department
11 and shall possess and perform each of the following powers and
12 duties:

13 (1) determine operational policy;

14 (2) (blank); ~~administer grants, scholarships,~~
15 ~~internships, and other programs, as defined by rule,~~
16 ~~including the administration of programs, as determined by~~
17 ~~law, that further those goals set forth in Section 75-10 of~~
18 ~~this Article, in consultation with other State agencies, as~~
19 ~~provided by law;~~

20 (3) establish committees of the Advisory Board as
21 needed;

22 (4) recommend the adoption and, from time to time, the
23 revision of those rules that may be adopted and necessary
24 to carry out the provisions of this Act;

25 (5) implement the major functions of the Center, as

1 established in the goals set forth in Section 75-10 of this
2 Article; and

3 (6) seek and accept non-State funds for carrying out
4 the policy of the Center.

5 (b) The Center shall work in consultation with other State
6 agencies as necessary.

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

8 (225 ILCS 65/80-15)

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

10 Sec. 80-15. Licensure requirement; exempt activities.

11 (a) On and after January 1, 2015, no person shall practice
12 as a medication aide or hold himself or herself out as a
13 licensed medication aide in this State unless he or she is
14 licensed under this Article.

15 (b) Nothing in this Article shall be construed as
16 preventing or restricting the practice, services, or
17 activities of:

18 (1) any person licensed in this State by any other law
19 from engaging in the profession or occupation for which he
20 or she is licensed;

21 (2) any person employed as a medication aide by the
22 government of the United States, if such person practices
23 as a medication aide solely under the direction or control
24 of the organization by which he or she is employed; or

25 (3) any person pursuing a course of study leading to a

1 certificate in medication aide at an accredited or approved
2 educational program if such activities and services
3 constitute a part of a supervised course of study and if
4 such person is designated by a title which clearly
5 indicates his or her status as a student or trainee.

6 (c) Nothing in this Article shall be construed to limit the
7 delegation of tasks or duties by a physician, dentist, advanced
8 practice registered nurse, or podiatric physician as
9 authorized by law.

10 (Source: P.A. 98-990, eff. 8-18-14.)

11 (225 ILCS 65/80-35)

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

13 Sec. 80-35. Examinations. The Department shall authorize
14 examinations of applicants for a license under this Article at
15 the times and place as it may designate. The examination shall
16 be of a character to give a fair test of the qualifications of
17 the applicant to practice as a medication aide.

18 Applicants for examination as a medication aide shall be
19 required to pay, either to the Department or the designated
20 testing service, a fee covering the cost of providing the
21 examination. Failure to appear for the examination on the
22 scheduled date, at the time and place specified, after the
23 applicant's application for examination has been received and
24 acknowledged by the Department or the designated testing
25 service, shall result in the forfeiture of the examination fee.

1 If an applicant fails to pass an examination for licensure
2 ~~registration~~ under this Act within 3 years after filing his or
3 her application, the application shall be denied. The applicant
4 may thereafter make a new application accompanied by the
5 required fee; however, the applicant shall meet all
6 requirements in effect at the time of subsequent application
7 before obtaining licensure. The Department may employ
8 consultants for the purposes of preparing and conducting
9 examinations.

10 (Source: P.A. 98-990, eff. 8-18-14.)

11 (225 ILCS 65/60-15 rep.)

12 (225 ILCS 65/70-30 rep.)

13 (225 ILCS 65/70-65 rep.)

14 (225 ILCS 65/70-105 rep.)

15 (225 ILCS 65/70-110 rep.)

16 (225 ILCS 65/70-115 rep.)

17 (225 ILCS 65/75-5 rep.)

18 Section 165. The Nurse Practice Act is amended by repealing
19 Sections 60-15, 70-30, 70-65, 70-105, 70-110, 70-115, and 75-5.

20 Section 170. The Illinois Occupational Therapy Practice
21 Act is amended by changing Sections 3.1 and 19 as follows:

22 (225 ILCS 75/3.1)

23 (Section scheduled to be repealed on January 1, 2024)

1 Sec. 3.1. Referrals.

2 (a) A licensed occupational therapist or licensed
3 occupational therapy assistant may consult with, educate,
4 evaluate, and monitor services for individuals, groups, and
5 populations concerning occupational therapy needs. Except as
6 indicated in subsections (b) and (c) of this Section,
7 implementation of direct occupational therapy treatment to
8 individuals for their specific health care conditions shall be
9 based upon a referral from a licensed physician, dentist,
10 podiatric physician, advanced practice registered nurse,
11 physician assistant, or optometrist.

12 (b) A referral is not required for the purpose of providing
13 consultation, habilitation, screening, education, wellness,
14 prevention, environmental assessments, and work-related
15 ergonomic services to individuals, groups, or populations.

16 (c) Referral from a physician or other health care provider
17 is not required for evaluation or intervention for children and
18 youths if an occupational therapist or occupational therapy
19 assistant provides services in a school-based or educational
20 environment, including the child's home.

21 (d) An occupational therapist shall refer to a licensed
22 physician, dentist, optometrist, advanced practice registered
23 nurse, physician assistant, or podiatric physician any patient
24 whose medical condition should, at the time of evaluation or
25 treatment, be determined to be beyond the scope of practice of
26 the occupational therapist.

1 (Source: P.A. 98-214, eff. 8-9-13; 98-264, eff. 12-31-13;
2 98-756, eff. 7-16-14; 99-173, eff. 7-29-15.)

3 (225 ILCS 75/19) (from Ch. 111, par. 3719)

4 (Section scheduled to be repealed on January 1, 2024)

5 Sec. 19. Grounds for discipline.

6 (a) The Department may refuse to issue or renew, or may
7 revoke, suspend, place on probation, reprimand or take other
8 disciplinary or non-disciplinary action as the Department may
9 deem proper, including imposing fines not to exceed \$10,000 for
10 each violation and the assessment of costs as provided under
11 Section 19.3 of this Act, with regard to any license for any
12 one or combination of the following:

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

15 (2) Violations of this Act, or of the rules promulgated
16 thereunder;

17 (3) Conviction by plea of guilty or nolo contendere,
18 finding of guilt, jury verdict, or entry of judgment or
19 sentencing of any crime, including, but not limited to,
20 convictions, preceding sentences of supervision,
21 conditional discharge, or first offender probation, under
22 the laws of any jurisdiction of the United States that is
23 (i) a felony or (ii) a misdemeanor, an essential element of
24 which is dishonesty, or that is directly related to the
25 practice of the profession;

1 (4) Fraud or any misrepresentation in applying for or
2 procuring a license under this Act, or in connection with
3 applying for renewal of a license under this Act;

4 (5) Professional incompetence;

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

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

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

13 (9) Habitual or excessive use or abuse of drugs defined
14 in law as controlled substances, alcohol, or any other
15 substance that results in the inability to practice with
16 reasonable judgment, skill, or safety;

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

22 (11) Directly or indirectly giving to or receiving from
23 any person, firm, corporation, partnership, or association
24 any fee, commission, rebate or other form of compensation
25 for professional services not actually or personally
26 rendered. Nothing in this paragraph (11) affects any bona

1 fide independent contractor or employment arrangements
2 among health care professionals, health facilities, health
3 care providers, or other entities, except as otherwise
4 prohibited by law. Any employment arrangements may include
5 provisions for compensation, health insurance, pension, or
6 other employment benefits for the provision of services
7 within the scope of the licensee's practice under this Act.
8 Nothing in this paragraph (11) shall be construed to
9 require an employment arrangement to receive professional
10 fees for services rendered;

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

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

18 (14) Physical illness, including but not limited to,
19 deterioration through the aging process, or loss of motor
20 skill which results in the inability to practice under this
21 Act with reasonable judgment, skill, or safety;

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

24 (16) Allowing one's license under this Act to be used
25 by an unlicensed person in violation of this Act;

26 (17) Practicing under a false or, except as provided by

1 law, assumed name;

2 (18) Professional incompetence or gross negligence;

3 (19) Malpractice;

4 (20) Promotion of the sale of drugs, devices,
5 appliances, or goods provided for a patient in any manner
6 to exploit the client for financial gain of the licensee;

7 (21) Gross, willful, or continued overcharging for
8 professional services;

9 (22) Mental illness or disability that results in the
10 inability to practice under this Act with reasonable
11 judgment, skill, or safety;

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

14 (24) Having treated patients other than by the practice
15 of occupational therapy as defined in this Act, or having
16 treated patients as a licensed occupational therapist
17 independent of a referral from a physician, advanced
18 practice registered nurse or physician assistant in
19 accordance with Section 3.1, dentist, podiatric physician,
20 or optometrist, or having failed to notify the physician,
21 advanced practice registered nurse, physician assistant,
22 dentist, podiatric physician, or optometrist who
23 established a diagnosis that the patient is receiving
24 occupational therapy pursuant to that diagnosis;

25 (25) Cheating on or attempting to subvert the licensing
26 examination administered under this Act; and

1 (26) Charging for professional services not rendered,
2 including filing false statements for the collection of
3 fees for which services are not rendered.

4 All fines imposed under this Section shall be paid within
5 60 days after the effective date of the order imposing the fine
6 or in accordance with the terms set forth in the order imposing
7 the fine.

8 (b) The determination by a circuit court that a license
9 holder is subject to involuntary admission or judicial
10 admission as provided in the Mental Health and Developmental
11 Disabilities Code, as now or hereafter amended, operates as an
12 automatic suspension. Such suspension will end only upon a
13 finding by a court that the patient is no longer subject to
14 involuntary admission or judicial admission and an order by the
15 court so finding and discharging the patient. In any case where
16 a license is suspended under this provision, the licensee shall
17 file a petition for restoration and shall include evidence
18 acceptable to the Department that the licensee can resume
19 practice in compliance with acceptable and prevailing
20 standards of their profession.

21 (c) The Department may refuse to issue or may suspend
22 without hearing, as provided for in the Code of Civil
23 Procedure, the license of any person who fails to file a
24 return, to pay the tax, penalty, or interest shown in a filed
25 return, or to pay any final assessment of tax, penalty, or
26 interest as required by any tax Act administered by the

1 Illinois Department of Revenue, until such time as the
2 requirements of any such tax Act are satisfied in accordance
3 with subsection (a) of Section 2105-15 of the Department of
4 Professional Regulation Law of the Civil Administrative Code of
5 Illinois.

6 (d) In enforcing this Section, the Department, upon a
7 showing of a possible violation, may compel any individual who
8 is licensed under this Act or any individual who has applied
9 for licensure to submit to a mental or physical examination or
10 evaluation, or both, which may include a substance abuse or
11 sexual offender evaluation, at the expense of the Department.
12 The Department shall specifically designate the examining
13 physician licensed to practice medicine in all of its branches
14 or, if applicable, the multidisciplinary team involved in
15 providing the mental or physical examination and evaluation.
16 The multidisciplinary team shall be led by a physician licensed
17 to practice medicine in all of its branches and may consist of
18 one or more or a combination of physicians licensed to practice
19 medicine in all of its branches, licensed chiropractic
20 physicians, licensed clinical psychologists, licensed clinical
21 social workers, licensed clinical professional counselors, and
22 other professional and administrative staff. Any examining
23 physician or member of the multidisciplinary team may require
24 any person ordered to submit to an examination and evaluation
25 pursuant to this Section to submit to any additional
26 supplemental testing deemed necessary to complete any

1 examination or evaluation process, including, but not limited
2 to, blood testing, urinalysis, psychological testing, or
3 neuropsychological testing.

4 The Department may order the examining physician or any
5 member of the multidisciplinary team to provide to the
6 Department any and all records, including business records,
7 that relate to the examination and evaluation, including any
8 supplemental testing performed. The Department may order the
9 examining physician or any member of the multidisciplinary team
10 to present testimony concerning this examination and
11 evaluation of the licensee or applicant, including testimony
12 concerning any supplemental testing or documents relating to
13 the examination and evaluation. No information, report,
14 record, or other documents in any way related to the
15 examination and evaluation shall be excluded by reason of any
16 common law or statutory privilege relating to communication
17 between the licensee or applicant and the examining physician
18 or any member of the multidisciplinary team. No authorization
19 is necessary from the licensee or applicant ordered to undergo
20 an evaluation and examination for the examining physician or
21 any member of the multidisciplinary team to provide
22 information, reports, records, or other documents or to provide
23 any testimony regarding the examination and evaluation. The
24 individual to be examined may have, at his or her own expense,
25 another physician of his or her choice present during all
26 aspects of the examination.

1 Failure of any individual to submit to mental or physical
2 examination or evaluation, or both, when directed, shall result
3 in an automatic suspension without hearing, until such time as
4 the individual submits to the examination. If the Department
5 finds a licensee unable to practice because of the reasons set
6 forth in this Section, the Department shall require the
7 licensee to submit to care, counseling, or treatment by
8 physicians approved or designated by the Department as a
9 condition for continued, reinstated, or renewed licensure.

10 When the Secretary immediately suspends a license under
11 this Section, a hearing upon such person's license must be
12 convened by the Department within 15 days after the suspension
13 and completed without appreciable delay. The Department shall
14 have the authority to review the licensee's record of treatment
15 and counseling regarding the impairment to the extent permitted
16 by applicable federal statutes and regulations safeguarding
17 the confidentiality of medical records.

18 Individuals licensed under this Act that are affected under
19 this Section, shall be afforded an opportunity to demonstrate
20 to the Department that they can resume practice in compliance
21 with acceptable and prevailing standards under the provisions
22 of their license.

23 (e) The Department shall deny a license or renewal
24 authorized by this Act to a person who has defaulted on an
25 educational loan or scholarship provided or guaranteed by the
26 Illinois Student Assistance Commission or any governmental

1 agency of this State in accordance with paragraph (5) of
2 subsection (a) of Section 2105-15 of the Department of
3 Professional Regulation Law of the Civil Administrative Code of
4 Illinois.

5 (f) In cases where the Department of Healthcare and Family
6 Services has previously determined a licensee or a potential
7 licensee is more than 30 days delinquent in the payment of
8 child support and has subsequently certified the delinquency to
9 the Department, the Department may refuse to issue or renew or
10 may revoke or suspend that person's license or may take other
11 disciplinary action against that person based solely upon the
12 certification of delinquency made by the Department of
13 Healthcare and Family Services in accordance with paragraph (5)
14 of subsection (a) of Section 2105-15 of the Department of
15 Professional Regulation Law of the Civil Administrative Code of
16 Illinois.

17 (Source: P.A. 98-214, eff. 8-9-13; 98-264, eff. 12-31-13;
18 98-756, eff. 7-16-14.)

19 Section 175. The Orthotics, Prosthetics, and Pedorthics
20 Practice Act is amended by changing Sections 15 and 57 as
21 follows:

22 (225 ILCS 84/15)

23 (Section scheduled to be repealed on January 1, 2020)

24 Sec. 15. Exceptions. This Act shall not be construed to

1 prohibit:

2 (1) a physician licensed in this State from engaging in the
3 practice for which he or she is licensed;

4 (2) a person licensed in this State under any other Act
5 from engaging in the practice for which he or she is licensed;

6 (3) the practice of orthotics, prosthetics, or pedorthics
7 by a person who is employed by the federal government or any
8 bureau, division, or agency of the federal government while in
9 the discharge of the employee's official duties;

10 (4) the practice of orthotics, prosthetics, or pedorthics
11 by (i) a student enrolled in a school of orthotics,
12 prosthetics, or pedorthics, (ii) a resident continuing his or
13 her clinical education in a residency accredited by the
14 National Commission on Orthotic and Prosthetic Education, or
15 (iii) a student in a qualified work experience program or
16 internship in pedorthics;

17 (5) the practice of orthotics, prosthetics, or pedorthics
18 by one who is an orthotist, prosthetist, or pedorthist licensed
19 under the laws of another state or territory of the United
20 States or another country and has applied in writing to the
21 Department, in a form and substance satisfactory to the
22 Department, for a license as orthotist, prosthetist, or
23 pedorthist and who is qualified to receive the license under
24 Section 40 until (i) the expiration of 6 months after the
25 filing of the written application, (ii) the withdrawal of the
26 application, or (iii) the denial of the application by the

1 Department;

2 (6) a person licensed by this State as a physical
3 therapist, occupational therapist, or advanced practice
4 registered nurse from engaging in his or her profession; or

5 (7) a physician licensed under the Podiatric Medical
6 Practice Act of 1987 from engaging in his or her profession.

7 (Source: P.A. 96-682, eff. 8-25-09; 96-1000, eff. 7-2-10.)

8 (225 ILCS 84/57)

9 (Section scheduled to be repealed on January 1, 2020)

10 Sec. 57. Limitation on provision of care and services. A
11 licensed orthotist, prosthetist, or pedorthist may provide
12 care or services only if the care or services are provided
13 pursuant to an order from (i) a licensed physician, (ii) a
14 licensed podiatric physician, (iii) a licensed advanced
15 practice registered nurse, or (iv) a licensed physician
16 assistant. A licensed podiatric physician or advanced practice
17 registered nurse collaborating with a podiatric physician may
18 only order care or services concerning the foot from a licensed
19 prosthetist.

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

21 Section 180. The Pharmacy Practice Act is amended by
22 changing Sections 3, 4, and 16b as follows:

23 (225 ILCS 85/3)

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

2 Sec. 3. Definitions. For the purpose of this Act, except
3 where otherwise limited therein:

4 (a) "Pharmacy" or "drugstore" means and includes every
5 store, shop, pharmacy department, or other place where
6 pharmacist care is provided by a pharmacist (1) where drugs,
7 medicines, or poisons are dispensed, sold or offered for sale
8 at retail, or displayed for sale at retail; or (2) where
9 prescriptions of physicians, dentists, advanced practice
10 registered nurses, physician assistants, veterinarians,
11 podiatric physicians, or optometrists, within the limits of
12 their licenses, are compounded, filled, or dispensed; or (3)
13 which has upon it or displayed within it, or affixed to or used
14 in connection with it, a sign bearing the word or words
15 "Pharmacist", "Druggist", "Pharmacy", "Pharmaceutical Care",
16 "Apothecary", "Drugstore", "Medicine Store", "Prescriptions",
17 "Drugs", "Dispensary", "Medicines", or any word or words of
18 similar or like import, either in the English language or any
19 other language; or (4) where the characteristic prescription
20 sign (Rx) or similar design is exhibited; or (5) any store, or
21 shop, or other place with respect to which any of the above
22 words, objects, signs or designs are used in any advertisement.

23 (b) "Drugs" means and includes (1) articles recognized in
24 the official United States Pharmacopoeia/National Formulary
25 (USP/NF), or any supplement thereto and being intended for and
26 having for their main use the diagnosis, cure, mitigation,

1 treatment or prevention of disease in man or other animals, as
2 approved by the United States Food and Drug Administration, but
3 does not include devices or their components, parts, or
4 accessories; and (2) all other articles intended for and having
5 for their main use the diagnosis, cure, mitigation, treatment
6 or prevention of disease in man or other animals, as approved
7 by the United States Food and Drug Administration, but does not
8 include devices or their components, parts, or accessories; and
9 (3) articles (other than food) having for their main use and
10 intended to affect the structure or any function of the body of
11 man or other animals; and (4) articles having for their main
12 use and intended for use as a component or any articles
13 specified in clause (1), (2) or (3); but does not include
14 devices or their components, parts or accessories.

15 (c) "Medicines" means and includes all drugs intended for
16 human or veterinary use approved by the United States Food and
17 Drug Administration.

18 (d) "Practice of pharmacy" means (1) the interpretation and
19 the provision of assistance in the monitoring, evaluation, and
20 implementation of prescription drug orders; (2) the dispensing
21 of prescription drug orders; (3) participation in drug and
22 device selection; (4) drug administration limited to the
23 administration of oral, topical, injectable, and inhalation as
24 follows: in the context of patient education on the proper use
25 or delivery of medications; vaccination of patients 14 years of
26 age and older pursuant to a valid prescription or standing

1 order, by a physician licensed to practice medicine in all its
2 branches, upon completion of appropriate training, including
3 how to address contraindications and adverse reactions set
4 forth by rule, with notification to the patient's physician and
5 appropriate record retention, or pursuant to hospital pharmacy
6 and therapeutics committee policies and procedures; (5)
7 vaccination of patients ages 10 through 13 limited to the
8 Influenza (inactivated influenza vaccine and live attenuated
9 influenza intranasal vaccine) and Tdap (defined as tetanus,
10 diphtheria, acellular pertussis) vaccines, pursuant to a valid
11 prescription or standing order, by a physician licensed to
12 practice medicine in all its branches, upon completion of
13 appropriate training, including how to address
14 contraindications and adverse reactions set forth by rule, with
15 notification to the patient's physician and appropriate record
16 retention, or pursuant to hospital pharmacy and therapeutics
17 committee policies and procedures; (6) drug regimen review; (7)
18 drug or drug-related research; (8) the provision of patient
19 counseling; (9) the practice of telepharmacy; (10) the
20 provision of those acts or services necessary to provide
21 pharmacist care; (11) medication therapy management; and (12)
22 the responsibility for compounding and labeling of drugs and
23 devices (except labeling by a manufacturer, repackager, or
24 distributor of non-prescription drugs and commercially
25 packaged legend drugs and devices), proper and safe storage of
26 drugs and devices, and maintenance of required records. A

1 pharmacist who performs any of the acts defined as the practice
2 of pharmacy in this State must be actively licensed as a
3 pharmacist under this Act.

4 (e) "Prescription" means and includes any written, oral,
5 facsimile, or electronically transmitted order for drugs or
6 medical devices, issued by a physician licensed to practice
7 medicine in all its branches, dentist, veterinarian, podiatric
8 physician, or optometrist, within the limits of their licenses,
9 by a physician assistant in accordance with subsection (f) of
10 Section 4, or by an advanced practice registered nurse in
11 accordance with subsection (g) of Section 4, containing the
12 following: (1) name of the patient; (2) date when prescription
13 was issued; (3) name and strength of drug or description of the
14 medical device prescribed; and (4) quantity; (5) directions for
15 use; (6) prescriber's name, address, and signature; and (7) DEA
16 number where required, for controlled substances. The
17 prescription may, but is not required to, list the illness,
18 disease, or condition for which the drug or device is being
19 prescribed. DEA numbers shall not be required on inpatient drug
20 orders.

21 (f) "Person" means and includes a natural person,
22 copartnership, association, corporation, government entity, or
23 any other legal entity.

24 (g) "Department" means the Department of Financial and
25 Professional Regulation.

26 (h) "Board of Pharmacy" or "Board" means the State Board of

1 Pharmacy of the Department of Financial and Professional
2 Regulation.

3 (i) "Secretary" means the Secretary of Financial and
4 Professional Regulation.

5 (j) "Drug product selection" means the interchange for a
6 prescribed pharmaceutical product in accordance with Section
7 25 of this Act and Section 3.14 of the Illinois Food, Drug and
8 Cosmetic Act.

9 (k) "Inpatient drug order" means an order issued by an
10 authorized prescriber for a resident or patient of a facility
11 licensed under the Nursing Home Care Act, the ID/DD Community
12 Care Act, the MC/DD Act, the Specialized Mental Health
13 Rehabilitation Act of 2013, or the Hospital Licensing Act, or
14 "An Act in relation to the founding and operation of the
15 University of Illinois Hospital and the conduct of University
16 of Illinois health care programs", approved July 3, 1931, as
17 amended, or a facility which is operated by the Department of
18 Human Services (as successor to the Department of Mental Health
19 and Developmental Disabilities) or the Department of
20 Corrections.

21 (k-5) "Pharmacist" means an individual health care
22 professional and provider currently licensed by this State to
23 engage in the practice of pharmacy.

24 (l) "Pharmacist in charge" means the licensed pharmacist
25 whose name appears on a pharmacy license and who is responsible
26 for all aspects of the operation related to the practice of

1 pharmacy.

2 (m) "Dispense" or "dispensing" means the interpretation,
3 evaluation, and implementation of a prescription drug order,
4 including the preparation and delivery of a drug or device to a
5 patient or patient's agent in a suitable container
6 appropriately labeled for subsequent administration to or use
7 by a patient in accordance with applicable State and federal
8 laws and regulations. "Dispense" or "dispensing" does not mean
9 the physical delivery to a patient or a patient's
10 representative in a home or institution by a designee of a
11 pharmacist or by common carrier. "Dispense" or "dispensing"
12 also does not mean the physical delivery of a drug or medical
13 device to a patient or patient's representative by a
14 pharmacist's designee within a pharmacy or drugstore while the
15 pharmacist is on duty and the pharmacy is open.

16 (n) "Nonresident pharmacy" means a pharmacy that is located
17 in a state, commonwealth, or territory of the United States,
18 other than Illinois, that delivers, dispenses, or distributes,
19 through the United States Postal Service, commercially
20 acceptable parcel delivery service, or other common carrier, to
21 Illinois residents, any substance which requires a
22 prescription.

23 (o) "Compounding" means the preparation and mixing of
24 components, excluding flavorings, (1) as the result of a
25 prescriber's prescription drug order or initiative based on the
26 prescriber-patient-pharmacist relationship in the course of

1 professional practice or (2) for the purpose of, or incident
2 to, research, teaching, or chemical analysis and not for sale
3 or dispensing. "Compounding" includes the preparation of drugs
4 or devices in anticipation of receiving prescription drug
5 orders based on routine, regularly observed dispensing
6 patterns. Commercially available products may be compounded
7 for dispensing to individual patients only if all of the
8 following conditions are met: (i) the commercial product is not
9 reasonably available from normal distribution channels in a
10 timely manner to meet the patient's needs and (ii) the
11 prescribing practitioner has requested that the drug be
12 compounded.

13 (p) (Blank).

14 (q) (Blank).

15 (r) "Patient counseling" means the communication between a
16 pharmacist or a student pharmacist under the supervision of a
17 pharmacist and a patient or the patient's representative about
18 the patient's medication or device for the purpose of
19 optimizing proper use of prescription medications or devices.
20 "Patient counseling" may include without limitation (1)
21 obtaining a medication history; (2) acquiring a patient's
22 allergies and health conditions; (3) facilitation of the
23 patient's understanding of the intended use of the medication;
24 (4) proper directions for use; (5) significant potential
25 adverse events; (6) potential food-drug interactions; and (7)
26 the need to be compliant with the medication therapy. A

1 pharmacy technician may only participate in the following
2 aspects of patient counseling under the supervision of a
3 pharmacist: (1) obtaining medication history; (2) providing
4 the offer for counseling by a pharmacist or student pharmacist;
5 and (3) acquiring a patient's allergies and health conditions.

6 (s) "Patient profiles" or "patient drug therapy record"
7 means the obtaining, recording, and maintenance of patient
8 prescription information, including prescriptions for
9 controlled substances, and personal information.

10 (t) (Blank).

11 (u) "Medical device" means an instrument, apparatus,
12 implement, machine, contrivance, implant, in vitro reagent, or
13 other similar or related article, including any component part
14 or accessory, required under federal law to bear the label
15 "Caution: Federal law requires dispensing by or on the order of
16 a physician". A seller of goods and services who, only for the
17 purpose of retail sales, compounds, sells, rents, or leases
18 medical devices shall not, by reasons thereof, be required to
19 be a licensed pharmacy.

20 (v) "Unique identifier" means an electronic signature,
21 handwritten signature or initials, thumb print, or other
22 acceptable biometric or electronic identification process as
23 approved by the Department.

24 (w) "Current usual and customary retail price" means the
25 price that a pharmacy charges to a non-third-party payor.

26 (x) "Automated pharmacy system" means a mechanical system

1 located within the confines of the pharmacy or remote location
2 that performs operations or activities, other than compounding
3 or administration, relative to storage, packaging, dispensing,
4 or distribution of medication, and which collects, controls,
5 and maintains all transaction information.

6 (y) "Drug regimen review" means and includes the evaluation
7 of prescription drug orders and patient records for (1) known
8 allergies; (2) drug or potential therapy contraindications;
9 (3) reasonable dose, duration of use, and route of
10 administration, taking into consideration factors such as age,
11 gender, and contraindications; (4) reasonable directions for
12 use; (5) potential or actual adverse drug reactions; (6)
13 drug-drug interactions; (7) drug-food interactions; (8)
14 drug-disease contraindications; (9) therapeutic duplication;
15 (10) patient laboratory values when authorized and available;
16 (11) proper utilization (including over or under utilization)
17 and optimum therapeutic outcomes; and (12) abuse and misuse.

18 (z) "Electronic transmission prescription" means any
19 prescription order for which a facsimile or electronic image of
20 the order is electronically transmitted from a licensed
21 prescriber to a pharmacy. "Electronic transmission
22 prescription" includes both data and image prescriptions.

23 (aa) "Medication therapy management services" means a
24 distinct service or group of services offered by licensed
25 pharmacists, physicians licensed to practice medicine in all
26 its branches, advanced practice registered nurses authorized

1 in a written agreement with a physician licensed to practice
2 medicine in all its branches, or physician assistants
3 authorized in guidelines by a supervising physician that
4 optimize therapeutic outcomes for individual patients through
5 improved medication use. In a retail or other non-hospital
6 pharmacy, medication therapy management services shall consist
7 of the evaluation of prescription drug orders and patient
8 medication records to resolve conflicts with the following:

- 9 (1) known allergies;
- 10 (2) drug or potential therapy contraindications;
- 11 (3) reasonable dose, duration of use, and route of
12 administration, taking into consideration factors such as
13 age, gender, and contraindications;
- 14 (4) reasonable directions for use;
- 15 (5) potential or actual adverse drug reactions;
- 16 (6) drug-drug interactions;
- 17 (7) drug-food interactions;
- 18 (8) drug-disease contraindications;
- 19 (9) identification of therapeutic duplication;
- 20 (10) patient laboratory values when authorized and
21 available;
- 22 (11) proper utilization (including over or under
23 utilization) and optimum therapeutic outcomes; and
- 24 (12) drug abuse and misuse.

25 "Medication therapy management services" includes the
26 following:

1 (1) documenting the services delivered and
2 communicating the information provided to patients'
3 prescribers within an appropriate time frame, not to exceed
4 48 hours;

5 (2) providing patient counseling designed to enhance a
6 patient's understanding and the appropriate use of his or
7 her medications; and

8 (3) providing information, support services, and
9 resources designed to enhance a patient's adherence with
10 his or her prescribed therapeutic regimens.

11 "Medication therapy management services" may also include
12 patient care functions authorized by a physician licensed to
13 practice medicine in all its branches for his or her identified
14 patient or groups of patients under specified conditions or
15 limitations in a standing order from the physician.

16 "Medication therapy management services" in a licensed
17 hospital may also include the following:

18 (1) reviewing assessments of the patient's health
19 status; and

20 (2) following protocols of a hospital pharmacy and
21 therapeutics committee with respect to the fulfillment of
22 medication orders.

23 (bb) "Pharmacist care" means the provision by a pharmacist
24 of medication therapy management services, with or without the
25 dispensing of drugs or devices, intended to achieve outcomes
26 that improve patient health, quality of life, and comfort and

1 enhance patient safety.

2 (cc) "Protected health information" means individually
3 identifiable health information that, except as otherwise
4 provided, is:

5 (1) transmitted by electronic media;

6 (2) maintained in any medium set forth in the
7 definition of "electronic media" in the federal Health
8 Insurance Portability and Accountability Act; or

9 (3) transmitted or maintained in any other form or
10 medium.

11 "Protected health information" does not include
12 individually identifiable health information found in:

13 (1) education records covered by the federal Family
14 Educational Right and Privacy Act; or

15 (2) employment records held by a licensee in its role
16 as an employer.

17 (dd) "Standing order" means a specific order for a patient
18 or group of patients issued by a physician licensed to practice
19 medicine in all its branches in Illinois.

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

24 (ff) "Home pharmacy" means the location of a pharmacy's
25 primary operations.

26 (Source: P.A. 98-104, eff. 7-22-13; 98-214, eff. 8-9-13;

1 98-756, eff. 7-16-14; 99-180, eff. 7-29-15.)

2 (225 ILCS 85/4) (from Ch. 111, par. 4124)

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

4 Sec. 4. Exemptions. Nothing contained in any Section of
5 this Act shall apply to, or in any manner interfere with:

6 (a) the lawful practice of any physician licensed to
7 practice medicine in all of its branches, dentist, podiatric
8 physician, veterinarian, or therapeutically or diagnostically
9 certified optometrist within the limits of his or her license,
10 or prevent him or her from supplying to his or her bona fide
11 patients such drugs, medicines, or poisons as may seem to him
12 appropriate;

13 (b) the sale of compressed gases;

14 (c) the sale of patent or proprietary medicines and
15 household remedies when sold in original and unbroken packages
16 only, if such patent or proprietary medicines and household
17 remedies be properly and adequately labeled as to content and
18 usage and generally considered and accepted as harmless and
19 nonpoisonous when used according to the directions on the
20 label, and also do not contain opium or coca leaves, or any
21 compound, salt or derivative thereof, or any drug which,
22 according to the latest editions of the following authoritative
23 pharmaceutical treatises and standards, namely, The United
24 States Pharmacopoeia/National Formulary (USP/NF), the United
25 States Dispensatory, and the Accepted Dental Remedies of the

1 Council of Dental Therapeutics of the American Dental
2 Association or any or either of them, in use on the effective
3 date of this Act, or according to the existing provisions of
4 the Federal Food, Drug, and Cosmetic Act and Regulations of the
5 Department of Health and Human Services, Food and Drug
6 Administration, promulgated thereunder now in effect, is
7 designated, described or considered as a narcotic, hypnotic,
8 habit forming, dangerous, or poisonous drug;

9 (d) the sale of poultry and livestock remedies in original
10 and unbroken packages only, labeled for poultry and livestock
11 medication;

12 (e) the sale of poisonous substances or mixture of
13 poisonous substances, in unbroken packages, for nonmedicinal
14 use in the arts or industries or for insecticide purposes;
15 provided, they are properly and adequately labeled as to
16 content and such nonmedicinal usage, in conformity with the
17 provisions of all applicable federal, state and local laws and
18 regulations promulgated thereunder now in effect relating
19 thereto and governing the same, and those which are required
20 under such applicable laws and regulations to be labeled with
21 the word "Poison", are also labeled with the word "Poison"
22 printed thereon in prominent type and the name of a readily
23 obtainable antidote with directions for its administration;

24 (f) the delegation of limited prescriptive authority by a
25 physician licensed to practice medicine in all its branches to
26 a physician assistant under Section 7.5 of the Physician

1 Assistant Practice Act of 1987. This delegated authority under
2 Section 7.5 of the Physician Assistant Practice Act of 1987
3 may, but is not required to, include prescription of controlled
4 substances, as defined in Article II of the Illinois Controlled
5 Substances Act, in accordance with a written supervision
6 agreement; and

7 (g) the delegation of prescriptive authority by a physician
8 licensed to practice medicine in all its branches or a licensed
9 podiatric physician to an advanced practice registered nurse in
10 accordance with a written collaborative agreement under
11 Sections 65-35 and 65-40 of the Nurse Practice Act.

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

13 (225 ILCS 85/16b)

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

15 Sec. 16b. Prescription pick up and drop off. Nothing
16 contained in this Act shall prohibit a pharmacist or pharmacy,
17 by means of its employee or by use of a common carrier or the
18 U.S. mail, at the request of the patient, from picking up
19 prescription orders from the prescriber or delivering
20 prescription drugs to the patient or the patient's agent,
21 including an advanced practice registered nurse, practical
22 nurse, or registered nurse licensed under the Nurse Practice
23 Act, or a physician assistant licensed under the Physician
24 Assistant Practice Act of 1987, who provides hospice services
25 to a hospice patient or who provides home health services to a

1 person, at the residence or place of employment of the person
2 for whom the prescription was issued or at the hospital or
3 medical care facility in which the patient is confined.
4 Conversely, the patient or patient's agent may drop off
5 prescriptions at a designated area. In this Section, "home
6 health services" has the meaning ascribed to it in the Home
7 Health, Home Services, and Home Nursing Agency Licensing Act;
8 and "hospice patient" and "hospice services" have the meanings
9 ascribed to them in the Hospice Program Licensing Act.

10 (Source: P.A. 99-163, eff. 1-1-16.)

11 Section 185. The Illinois Physical Therapy Act is amended
12 by changing Sections 1 and 17 as follows:

13 (225 ILCS 90/1) (from Ch. 111, par. 4251)

14 (Section scheduled to be repealed on January 1, 2026)

15 Sec. 1. Definitions. As used in this Act:

16 (1) "Physical therapy" means all of the following:

17 (A) Examining, evaluating, and testing individuals who
18 may have mechanical, physiological, or developmental
19 impairments, functional limitations, disabilities, or
20 other health and movement-related conditions, classifying
21 these disorders, determining a rehabilitation prognosis
22 and plan of therapeutic intervention, and assessing the
23 on-going effects of the interventions.

24 (B) Alleviating impairments, functional limitations,

1 or disabilities by designing, implementing, and modifying
2 therapeutic interventions that may include, but are not
3 limited to, the evaluation or treatment of a person through
4 the use of the effective properties of physical measures
5 and heat, cold, light, water, radiant energy, electricity,
6 sound, and air and use of therapeutic massage, therapeutic
7 exercise, mobilization, and rehabilitative procedures,
8 with or without assistive devices, for the purposes of
9 preventing, correcting, or alleviating a physical or
10 mental impairment, functional limitation, or disability.

11 (C) Reducing the risk of injury, impairment,
12 functional limitation, or disability, including the
13 promotion and maintenance of fitness, health, and
14 wellness.

15 (D) Engaging in administration, consultation,
16 education, and research.

17 "Physical therapy" includes, but is not limited to: (a)
18 performance of specialized tests and measurements, (b)
19 administration of specialized treatment procedures, (c)
20 interpretation of referrals from physicians, dentists,
21 advanced practice registered nurses, physician assistants, and
22 podiatric physicians, (d) establishment, and modification of
23 physical therapy treatment programs, (e) administration of
24 topical medication used in generally accepted physical therapy
25 procedures when such medication is either prescribed by the
26 patient's physician, licensed to practice medicine in all its

1 branches, the patient's physician licensed to practice
2 podiatric medicine, the patient's advanced practice registered
3 nurse, the patient's physician assistant, or the patient's
4 dentist or used following the physician's orders or written
5 instructions, and (f) supervision or teaching of physical
6 therapy. Physical therapy does not include radiology,
7 electrosurgery, chiropractic technique or determination of a
8 differential diagnosis; provided, however, the limitation on
9 determining a differential diagnosis shall not in any manner
10 limit a physical therapist licensed under this Act from
11 performing an evaluation pursuant to such license. Nothing in
12 this Section shall limit a physical therapist from employing
13 appropriate physical therapy techniques that he or she is
14 educated and licensed to perform. A physical therapist shall
15 refer to a licensed physician, advanced practice registered
16 nurse, physician assistant, dentist, podiatric physician,
17 other physical therapist, or other health care provider any
18 patient whose medical condition should, at the time of
19 evaluation or treatment, be determined to be beyond the scope
20 of practice of the physical therapist.

21 (2) "Physical therapist" means a person who practices
22 physical therapy and who has met all requirements as provided
23 in this Act.

24 (3) "Department" means the Department of Professional
25 Regulation.

26 (4) "Director" means the Director of Professional

1 Regulation.

2 (5) "Board" means the Physical Therapy Licensing and
3 Disciplinary Board approved by the Director.

4 (6) "Referral" means a written or oral authorization for
5 physical therapy services for a patient by a physician,
6 dentist, advanced practice registered nurse, physician
7 assistant, or podiatric physician who maintains medical
8 supervision of the patient and makes a diagnosis or verifies
9 that the patient's condition is such that it may be treated by
10 a physical therapist.

11 (7) "Documented current and relevant diagnosis" for the
12 purpose of this Act means a diagnosis, substantiated by
13 signature or oral verification of a physician, dentist,
14 advanced practice registered nurse, physician assistant, or
15 podiatric physician, that a patient's condition is such that it
16 may be treated by physical therapy as defined in this Act,
17 which diagnosis shall remain in effect until changed by the
18 physician, dentist, advanced practice registered nurse,
19 physician assistant, or podiatric physician.

20 (8) "State" includes:

21 (a) the states of the United States of America;

22 (b) the District of Columbia; and

23 (c) the Commonwealth of Puerto Rico.

24 (9) "Physical therapist assistant" means a person licensed
25 to assist a physical therapist and who has met all requirements
26 as provided in this Act and who works under the supervision of

1 a licensed physical therapist to assist in implementing the
2 physical therapy treatment program as established by the
3 licensed physical therapist. The patient care activities
4 provided by the physical therapist assistant shall not include
5 the interpretation of referrals, evaluation procedures, or the
6 planning or major modification of patient programs.

7 (10) "Physical therapy aide" means a person who has
8 received on the job training, specific to the facility in which
9 he is employed.

10 (11) "Advanced practice registered nurse" means a person
11 licensed as an advanced practice registered nurse under the
12 Nurse Practice Act.

13 (12) "Physician assistant" means a person licensed under
14 the Physician Assistant Practice Act of 1987.

15 (Source: P.A. 98-214, eff. 8-9-13; 99-173, eff. 7-29-15;
16 99-229, eff. 8-3-15; 99-642, eff. 7-28-16; revised 10-27-16.)

17 (225 ILCS 90/17) (from Ch. 111, par. 4267)

18 (Section scheduled to be repealed on January 1, 2026)

19 Sec. 17. (1) The Department may refuse to issue or to
20 renew, or may revoke, suspend, place on probation, reprimand,
21 or take other disciplinary action as the Department deems
22 appropriate, including the issuance of fines not to exceed
23 \$5000, with regard to a license for any one or a combination of
24 the following:

25 A. Material misstatement in furnishing information to

1 the Department or otherwise making misleading, deceptive,
2 untrue, or fraudulent representations in violation of this
3 Act or otherwise in the practice of the profession;

4 B. Violations of this Act, or of the rules or
5 regulations promulgated hereunder;

6 C. Conviction of any crime under the laws of the United
7 States or any state or territory thereof which is a felony
8 or which is a misdemeanor, an essential element of which is
9 dishonesty, or of any crime which is directly related to
10 the practice of the profession; conviction, as used in this
11 paragraph, shall include a finding or verdict of guilty, an
12 admission of guilt or a plea of nolo contendere;

13 D. Making any misrepresentation for the purpose of
14 obtaining licenses, or violating any provision of this Act
15 or the rules promulgated thereunder pertaining to
16 advertising;

17 E. A pattern of practice or other behavior which
18 demonstrates incapacity or incompetency to practice under
19 this Act;

20 F. Aiding or assisting another person in violating any
21 provision of this Act or Rules;

22 G. Failing, within 60 days, to provide information in
23 response to a written request made by the Department;

24 H. Engaging in dishonorable, unethical or
25 unprofessional conduct of a character likely to deceive,
26 defraud or harm the public. Unprofessional conduct shall

1 include any departure from or the failure to conform to the
2 minimal standards of acceptable and prevailing physical
3 therapy practice, in which proceeding actual injury to a
4 patient need not be established;

5 I. Unlawful distribution of any drug or narcotic, or
6 unlawful conversion of any drug or narcotic not belonging
7 to the person for such person's own use or benefit or for
8 other than medically accepted therapeutic purposes;

9 J. Habitual or excessive use or addiction to alcohol,
10 narcotics, stimulants, or any other chemical agent or drug
11 which results in a physical therapist's or physical
12 therapist assistant's inability to practice with
13 reasonable judgment, skill or safety;

14 K. Revocation or suspension of a license to practice
15 physical therapy as a physical therapist or physical
16 therapist assistant or the taking of other disciplinary
17 action by the proper licensing authority of another state,
18 territory or country;

19 L. Directly or indirectly giving to or receiving from
20 any person, firm, corporation, partnership, or association
21 any fee, commission, rebate or other form of compensation
22 for any professional services not actually or personally
23 rendered. Nothing contained in this paragraph prohibits
24 persons holding valid and current licenses under this Act
25 from practicing physical therapy in partnership under a
26 partnership agreement, including a limited liability

1 partnership, a limited liability company, or a corporation
2 under the Professional Service Corporation Act or from
3 pooling, sharing, dividing, or apportioning the fees and
4 monies received by them or by the partnership, company, or
5 corporation in accordance with the partnership agreement
6 or the policies of the company or professional corporation.
7 Nothing in this paragraph (L) affects any bona fide
8 independent contractor or employment arrangements among
9 health care professionals, health facilities, health care
10 providers, or other entities, except as otherwise
11 prohibited by law. Any employment arrangements may include
12 provisions for compensation, health insurance, pension, or
13 other employment benefits for the provision of services
14 within the scope of the licensee's practice under this Act.
15 Nothing in this paragraph (L) shall be construed to require
16 an employment arrangement to receive professional fees for
17 services rendered;

18 M. A finding by the Board that the licensee after
19 having his or her license placed on probationary status has
20 violated the terms of probation;

21 N. Abandonment of a patient;

22 O. Willfully failing to report an instance of suspected
23 child abuse or neglect as required by the Abused and
24 Neglected Child Reporting Act;

25 P. Willfully failing to report an instance of suspected
26 elder abuse or neglect as required by the Elder Abuse

1 Reporting Act;

2 Q. Physical illness, including but not limited to,
3 deterioration through the aging process, or loss of motor
4 skill which results in the inability to practice the
5 profession with reasonable judgement, skill or safety;

6 R. The use of any words (such as physical therapy,
7 physical therapist physiotherapy or physiotherapist),
8 abbreviations, figures or letters with the intention of
9 indicating practice as a licensed physical therapist
10 without a valid license as a physical therapist issued
11 under this Act;

12 S. The use of the term physical therapist assistant, or
13 abbreviations, figures, or letters with the intention of
14 indicating practice as a physical therapist assistant
15 without a valid license as a physical therapist assistant
16 issued under this Act;

17 T. Willfully violating or knowingly assisting in the
18 violation of any law of this State relating to the practice
19 of abortion;

20 U. Continued practice by a person knowingly having an
21 infectious, communicable or contagious disease;

22 V. Having treated ailments of human beings otherwise
23 than by the practice of physical therapy as defined in this
24 Act, or having treated ailments of human beings as a
25 licensed physical therapist independent of a documented
26 referral or a documented current and relevant diagnosis

1 from a physician, dentist, advanced practice registered
2 nurse, physician assistant, or podiatric physician, or
3 having failed to notify the physician, dentist, advanced
4 practice registered nurse, physician assistant, or
5 podiatric physician who established a documented current
6 and relevant diagnosis that the patient is receiving
7 physical therapy pursuant to that diagnosis;

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

14 X. Interpretation of referrals, performance of
15 evaluation procedures, planning or making major
16 modifications of patient programs by a physical therapist
17 assistant;

18 Y. Failure by a physical therapist assistant and
19 supervising physical therapist to maintain continued
20 contact, including periodic personal supervision and
21 instruction, to insure safety and welfare of patients;

22 Z. Violation of the Health Care Worker Self-Referral
23 Act.

24 (2) The determination by a circuit court that a licensee is
25 subject to involuntary admission or judicial admission as
26 provided in the Mental Health and Developmental Disabilities

1 Code operates as an automatic suspension. Such suspension will
2 end only upon a finding by a court that the patient is no
3 longer subject to involuntary admission or judicial admission
4 and the issuance of an order so finding and discharging the
5 patient; and upon the recommendation of the Board to the
6 Director that the licensee be allowed to resume his practice.

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

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

15 Section 190. The Podiatric Medical Practice Act of 1987 is
16 amended by changing Section 20.5 as follows:

17 (225 ILCS 100/20.5)

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

19 Sec. 20.5. Delegation of authority to advanced practice
20 registered nurses.

21 (a) A podiatric physician in active clinical practice may
22 collaborate with an advanced practice registered nurse in
23 accordance with the requirements of the Nurse Practice Act.
24 Collaboration shall be for the purpose of providing podiatric

1 care and no employment relationship shall be required. A
2 written collaborative agreement shall conform to the
3 requirements of Section 65-35 of the Nurse Practice Act. A
4 written collaborative agreement and podiatric physician
5 collaboration and consultation shall be adequate with respect
6 to advanced practice registered nurses if all of the following
7 apply:

8 (1) With respect to the provision of anesthesia
9 services by a certified registered nurse anesthetist, the
10 collaborating podiatric physician must have training and
11 experience in the delivery of anesthesia consistent with
12 Department rules.

13 (2) Methods of communication are available with the
14 collaborating podiatric physician in person or through
15 telecommunications or electronic communications for
16 consultation, collaboration, and referral as needed to
17 address patient care needs.

18 (3) With respect to the provision of anesthesia
19 services by a certified registered nurse anesthetist, an
20 anesthesiologist, physician, or podiatric physician shall
21 participate through discussion of and agreement with the
22 anesthesia plan and shall remain physically present and be
23 available on the premises during the delivery of anesthesia
24 services for diagnosis, consultation, and treatment of
25 emergency medical conditions. The anesthesiologist or
26 operating podiatric physician must agree with the

1 anesthesia plan prior to the delivery of services.

2 (b) The collaborating podiatric physician shall have
3 access to the records of all patients attended to by an
4 advanced practice registered nurse.

5 (c) Nothing in this Section shall be construed to limit the
6 delegation of tasks or duties by a podiatric physician to a
7 licensed practical nurse, a registered professional nurse, or
8 other appropriately trained persons.

9 (d) A podiatric physician shall not be liable for the acts
10 or omissions of an advanced practice registered nurse solely on
11 the basis of having signed guidelines or a collaborative
12 agreement, an order, a standing order, a standing delegation
13 order, or other order or guideline authorizing an advanced
14 practice registered nurse to perform acts, unless the podiatric
15 physician has reason to believe the advanced practice
16 registered nurse lacked the competency to perform the act or
17 acts or commits willful or wanton misconduct.

18 (e) A podiatric physician, may, but is not required to
19 delegate prescriptive authority to an advanced practice
20 registered nurse as part of a written collaborative agreement
21 and the delegation of prescriptive authority shall conform to
22 the requirements of Section 65-40 of the Nurse Practice Act.

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

24 Section 195. The Respiratory Care Practice Act is amended
25 by changing Sections 10 and 15 as follows:

1 (225 ILCS 106/10)

2 (Section scheduled to be repealed on January 1, 2026)

3 Sec. 10. Definitions. In this Act:

4 "Address of record" means the designated address recorded
5 by the Department in the applicant's or licensee's application
6 file or license file as maintained by the Department's
7 licensure maintenance unit. It is the duty of the applicant or
8 licensee to inform the Department of any change of address and
9 those changes must be made either through the Department's
10 website or by contacting the Department.

11 "Advanced practice registered nurse" means an advanced
12 practice registered nurse licensed under the Nurse Practice
13 Act.

14 "Board" means the Respiratory Care Board appointed by the
15 Secretary.

16 "Basic respiratory care activities" means and includes all
17 of the following activities:

18 (1) Cleaning, disinfecting, and sterilizing equipment
19 used in the practice of respiratory care as delegated by a
20 licensed health care professional or other authorized
21 licensed personnel.

22 (2) Assembling equipment used in the practice of
23 respiratory care as delegated by a licensed health care
24 professional or other authorized licensed personnel.

25 (3) Collecting and reviewing patient data through

1 non-invasive means, provided that the collection and
2 review does not include the individual's interpretation of
3 the clinical significance of the data. Collecting and
4 reviewing patient data includes the performance of pulse
5 oximetry and non-invasive monitoring procedures in order
6 to obtain vital signs and notification to licensed health
7 care professionals and other authorized licensed personnel
8 in a timely manner.

9 (4) Maintaining a nasal cannula or face mask for oxygen
10 therapy in the proper position on the patient's face.

11 (5) Assembling a nasal cannula or face mask for oxygen
12 therapy at patient bedside in preparation for use.

13 (6) Maintaining a patient's natural airway by
14 physically manipulating the jaw and neck, suctioning the
15 oral cavity, or suctioning the mouth or nose with a bulb
16 syringe.

17 (7) Performing assisted ventilation during emergency
18 resuscitation using a manual resuscitator.

19 (8) Using a manual resuscitator at the direction of a
20 licensed health care professional or other authorized
21 licensed personnel who is present and performing routine
22 airway suctioning. These activities do not include care of
23 a patient's artificial airway or the adjustment of
24 mechanical ventilator settings while a patient is
25 connected to the ventilator.

26 "Basic respiratory care activities" does not mean

1 activities that involve any of the following:

2 (1) Specialized knowledge that results from a course of
3 education or training in respiratory care.

4 (2) An unreasonable risk of a negative outcome for the
5 patient.

6 (3) The assessment or making of a decision concerning
7 patient care.

8 (4) The administration of aerosol medication or
9 medical gas.

10 (5) The insertion and maintenance of an artificial
11 airway.

12 (6) Mechanical ventilatory support.

13 (7) Patient assessment.

14 (8) Patient education.

15 (9) The transferring of oxygen devices, for purposes of
16 patient transport, with a liter flow greater than 6 liters
17 per minute, and the transferring of oxygen devices at any
18 liter flow being delivered to patients less than 12 years
19 of age.

20 "Department" means the Department of Financial and
21 Professional Regulation.

22 "Licensed" means that which is required to hold oneself out
23 as a respiratory care practitioner as defined in this Act.

24 "Licensed health care professional" means a physician
25 licensed to practice medicine in all its branches, a licensed
26 advanced practice registered nurse, or a licensed physician

1 assistant.

2 "Order" means a written, oral, or telecommunicated
3 authorization for respiratory care services for a patient by
4 (i) a licensed health care professional who maintains medical
5 supervision of the patient and makes a diagnosis or verifies
6 that the patient's condition is such that it may be treated by
7 a respiratory care practitioner or (ii) a certified registered
8 nurse anesthetist in a licensed hospital or ambulatory surgical
9 treatment center.

10 "Other authorized licensed personnel" means a licensed
11 respiratory care practitioner, a licensed registered nurse, or
12 a licensed practical nurse whose scope of practice authorizes
13 the professional to supervise an individual who is not
14 licensed, certified, or registered as a health professional.

15 "Proximate supervision" means a situation in which an
16 individual is responsible for directing the actions of another
17 individual in the facility and is physically close enough to be
18 readily available, if needed, by the supervised individual.

19 "Respiratory care" and "cardiorespiratory care" mean
20 preventative services, evaluation and assessment services,
21 therapeutic services, cardiopulmonary disease management, and
22 rehabilitative services under the order of a licensed health
23 care professional for an individual with a disorder, disease,
24 or abnormality of the cardiopulmonary system. These terms
25 include, but are not limited to, measuring, observing,
26 assessing, and monitoring signs and symptoms, reactions,

1 general behavior, and general physical response of individuals
2 to respiratory care services, including the determination of
3 whether those signs, symptoms, reactions, behaviors, or
4 general physical responses exhibit abnormal characteristics;
5 the administration of pharmacological and therapeutic agents
6 and procedures related to respiratory care services; the
7 collection of blood specimens and other bodily fluids and
8 tissues for, and the performance of, cardiopulmonary
9 diagnostic testing procedures, including, but not limited to,
10 blood gas analysis; development, implementation, and
11 modification of respiratory care treatment plans based on
12 assessed abnormalities of the cardiopulmonary system,
13 respiratory care guidelines, referrals, and orders of a
14 licensed health care professional; application, operation, and
15 management of mechanical ventilatory support and other means of
16 life support, including, but not limited to, hemodynamic
17 cardiovascular support; and the initiation of emergency
18 procedures under the rules promulgated by the Department. A
19 respiratory care practitioner shall refer to a physician
20 licensed to practice medicine in all its branches any patient
21 whose condition, at the time of evaluation or treatment, is
22 determined to be beyond the scope of practice of the
23 respiratory care practitioner.

24 "Respiratory care education program" means a course of
25 academic study leading to eligibility for registry or
26 certification in respiratory care. The training is to be

1 approved by an accrediting agency recognized by the Board and
2 shall include an evaluation of competence through a
3 standardized testing mechanism that is determined by the Board
4 to be both valid and reliable.

5 "Respiratory care practitioner" means a person who is
6 licensed by the Department of Professional Regulation and meets
7 all of the following criteria:

8 (1) The person is engaged in the practice of
9 cardiorespiratory care and has the knowledge and skill
10 necessary to administer respiratory care.

11 (2) The person is capable of serving as a resource to
12 the licensed health care professional in relation to the
13 technical aspects of cardiorespiratory care and the safe
14 and effective methods for administering cardiorespiratory
15 care modalities.

16 (3) The person is able to function in situations of
17 unsupervised patient contact requiring great individual
18 judgment.

19 "Secretary" means the Secretary of Financial and
20 Professional Regulation.

21 (Source: P.A. 99-173, eff. 7-29-15; 99-230, eff. 8-3-15;
22 99-642, eff. 7-28-16.)

23 (225 ILCS 106/15)

24 (Section scheduled to be repealed on January 1, 2026)

25 Sec. 15. Exemptions.

1 (a) This Act does not prohibit a person legally regulated
2 in this State by any other Act from engaging in any practice
3 for which he or she is authorized.

4 (b) Nothing in this Act shall prohibit the practice of
5 respiratory care by a person who is employed by the United
6 States government or any bureau, division, or agency thereof
7 while in the discharge of the employee's official duties.

8 (c) Nothing in this Act shall be construed to limit the
9 activities and services of a person enrolled in an approved
10 course of study leading to a degree or certificate of registry
11 or certification eligibility in respiratory care if these
12 activities and services constitute a part of a supervised
13 course of study and if the person is designated by a title
14 which clearly indicates his or her status as a student or
15 trainee. Status as a student or trainee shall not exceed 3
16 years from the date of enrollment in an approved course.

17 (d) Nothing in this Act shall prohibit a person from
18 treating ailments by spiritual means through prayer alone in
19 accordance with the tenets and practices of a recognized church
20 or religious denomination.

21 (e) Nothing in this Act shall be construed to prevent a
22 person who is a registered nurse, an advanced practice
23 registered nurse, a licensed practical nurse, a physician
24 assistant, or a physician licensed to practice medicine in all
25 its branches from providing respiratory care.

26 (f) Nothing in this Act shall limit a person who is

1 credentialed by the National Society for Cardiopulmonary
2 Technology or the National Board for Respiratory Care from
3 performing pulmonary function tests and respiratory care
4 procedures related to the pulmonary function test. Individuals
5 who do not possess a license to practice respiratory care or a
6 license in another health care field may perform basic
7 screening spirometry limited to peak flow, forced vital
8 capacity, slow vital capacity, and maximum voluntary
9 ventilation if they possess spirometry certification from the
10 National Institute for Occupational Safety and Health, an
11 Office Spirometry Certificate from the American Association
12 for Respiratory Care, or other similarly accepted
13 certification training.

14 (g) Nothing in this Act shall prohibit the collection and
15 analysis of blood by clinical laboratory personnel meeting the
16 personnel standards of the Illinois Clinical Laboratory Act.

17 (h) Nothing in this Act shall prohibit a polysomnographic
18 technologist, technician, or trainee, as defined in the job
19 descriptions jointly accepted by the American Academy of Sleep
20 Medicine, the Association of Polysomnographic Technologists,
21 the Board of Registered Polysomnographic Technologists, and
22 the American Society of Electroneurodiagnostic Technologists,
23 from performing activities within the scope of practice of
24 polysomnographic technology while under the direction of a
25 physician licensed in this State.

26 (i) Nothing in this Act shall prohibit a family member from

1 providing respiratory care services to an ill person.

2 (j) Nothing in this Act shall be construed to limit an
3 unlicensed practitioner in a licensed hospital who is working
4 under the proximate supervision of a licensed health care
5 professional or other authorized licensed personnel and
6 providing direct patient care services from performing basic
7 respiratory care activities if the unlicensed practitioner (i)
8 has been trained to perform the basic respiratory care
9 activities at the facility that employs or contracts with the
10 individual and (ii) at a minimum, has annually received an
11 evaluation of the unlicensed practitioner's performance of
12 basic respiratory care activities documented by the facility.

13 (k) Nothing in this Act shall be construed to prohibit a
14 person enrolled in a respiratory care education program or an
15 approved course of study leading to a degree or certification
16 in a health care-related discipline that provides respiratory
17 care activities within his or her scope of practice and
18 employed in a licensed hospital in order to provide direct
19 patient care services under the direction of other authorized
20 licensed personnel from providing respiratory care activities.

21 (l) Nothing in this Act prohibits a person licensed as a
22 respiratory care practitioner in another jurisdiction from
23 providing respiratory care: (i) in a declared emergency in this
24 State; (ii) as a member of an organ procurement team; or (iii)
25 as part of a medical transport team that is transporting a
26 patient into or out of this State.

1 (Source: P.A. 99-230, eff. 8-3-15.)

2 Section 200. The Sex Offender Evaluation and Treatment
3 Provider Act is amended by changing Sections 35 and 40 as
4 follows:

5 (225 ILCS 109/35)

6 Sec. 35. Qualifications for licensure.

7 (a) (1) A person is qualified for licensure as a sex
8 offender evaluator if that person:

9 (A) has applied in writing on forms prepared and
10 furnished by the Department;

11 (B) has not engaged or is not engaged in any practice
12 or conduct that would be grounds for disciplining a
13 licensee under Section 75 of this Act; and

14 (C) satisfies the licensure and experience
15 requirements of paragraph (2) of this subsection (a).

16 (2) A person who applies to the Department shall be issued
17 a sex offender evaluator license by the Department if the
18 person meets the qualifications set forth in paragraph (1) of
19 this subsection (a) and provides evidence to the Department
20 that the person:

21 (A) is a physician licensed to practice medicine in all
22 of its branches under the Medical Practice Act of 1987 or
23 licensed under the laws of another state; an advanced
24 practice registered nurse with psychiatric specialty

1 licensed under the Nurse Practice Act or licensed under the
2 laws of another state; a clinical psychologist licensed
3 under the Clinical Psychologist Licensing Act or licensed
4 under the laws of another state; a licensed clinical social
5 worker licensed under the Clinical Social Work and Social
6 Work Practice Act or licensed under the laws of another
7 state; a licensed clinical professional counselor licensed
8 under the Professional Counselor and Clinical Professional
9 Counselor Licensing and Practice Act or licensed under the
10 laws of another state; or a licensed marriage and family
11 therapist licensed under the Marriage and Family Therapy
12 ~~Therapist~~ Licensing Act or licensed under the laws of
13 another state;

14 (B) has 400 hours of supervised experience in the
15 treatment or evaluation of sex offenders in the last 4
16 years, at least 200 of which are face-to-face therapy or
17 evaluation with sex offenders;

18 (C) has completed at least 10 sex offender evaluations
19 under supervision in the past 4 years; and

20 (D) has at least 40 hours of documented training in the
21 specialty of sex offender evaluation, treatment, or
22 management.

23 Until January 1, 2015, the requirements of subparagraphs
24 (B) and (D) of paragraph (2) of this subsection (a) are
25 satisfied if the applicant has been listed on the Sex Offender
26 Management Board's Approved Provider List for a minimum of 2

1 years before application for licensure. Until January 1, 2015,
2 the requirements of subparagraph (C) of paragraph (2) of this
3 subsection (a) are satisfied if the applicant has completed at
4 least 10 sex offender evaluations within the 4 years before
5 application for licensure.

6 (b)(1) A person is qualified for licensure as a sex
7 offender treatment provider if that person:

8 (A) has applied in writing on forms prepared and
9 furnished by the Department;

10 (B) has not engaged or is not engaged in any practice
11 or conduct that would be grounds for disciplining a
12 licensee under Section 75 of this Act; and

13 (C) satisfies the licensure and experience
14 requirements of paragraph (2) of this subsection (b).

15 (2) A person who applies to the Department shall be issued
16 a sex offender treatment provider license by the Department if
17 the person meets the qualifications set forth in paragraph (1)
18 of this subsection (b) and provides evidence to the Department
19 that the person:

20 (A) is a physician licensed to practice medicine in all
21 of its branches under the Medical Practice Act of 1987 or
22 licensed under the laws of another state; an advanced
23 practice registered nurse with psychiatric specialty
24 licensed under the Nurse Practice Act or licensed under the
25 laws of another state; a clinical psychologist licensed
26 under the Clinical Psychologist Licensing Act or licensed

1 under the laws of another state; a licensed clinical social
2 worker licensed under the Clinical Social Work and Social
3 Work Practice Act or licensed under the laws of another
4 state; a licensed clinical professional counselor licensed
5 under the Professional Counselor and Clinical Professional
6 Counselor Licensing and Practice Act or licensed under the
7 laws of another state; or a licensed marriage and family
8 therapist licensed under the Marriage and Family Therapy
9 ~~Therapist~~ Licensing Act or licensed under the laws of
10 another state;

11 (B) has 400 hours of supervised experience in the
12 treatment of sex offenders in the last 4 years, at least
13 200 of which are face-to-face therapy with sex offenders;
14 and

15 (C) has at least 40 hours documented training in the
16 specialty of sex offender evaluation, treatment, or
17 management.

18 Until January 1, 2015, the requirements of subparagraphs
19 (B) and (C) of paragraph (2) of this subsection (b) are
20 satisfied if the applicant has been listed on the Sex Offender
21 Management Board's Approved Provider List for a minimum of 2
22 years before application.

23 (c) (1) A person is qualified for licensure as an associate
24 sex offender provider if that person:

25 (A) has applied in writing on forms prepared and
26 furnished by the Department;

1 (B) has not engaged or is not engaged in any practice
2 or conduct that would be grounds for disciplining a
3 licensee under Section 75 of this Act; and

4 (C) satisfies the education and experience
5 requirements of paragraph (2) of this subsection (c).

6 (2) A person who applies to the Department shall be issued
7 an associate sex offender provider license by the Department if
8 the person meets the qualifications set forth in paragraph (1)
9 of this subsection (c) and provides evidence to the Department
10 that the person holds a master's degree or higher in social
11 work, psychology, marriage and family therapy, counseling or
12 closely related behavioral science degree, or psychiatry.

13 (Source: P.A. 97-1098, eff. 7-1-13; 98-612, eff. 12-27-13;
14 revised 9-14-16.)

15 (225 ILCS 109/40)

16 Sec. 40. Application; exemptions.

17 (a) No person may act as a sex offender evaluator, sex
18 offender treatment provider, or associate sex offender
19 provider as defined in this Act for the provision of sex
20 offender evaluations or sex offender treatment pursuant to the
21 Sex Offender Management Board Act, the Sexually Dangerous
22 Persons Act, or the Sexually Violent Persons Commitment Act
23 unless the person is licensed to do so by the Department. Any
24 evaluation or treatment services provided by a licensed health
25 care professional not licensed under this Act shall not be

1 valid under the Sex Offender Management Board Act, the Sexually
2 Dangerous Persons Act, or the Sexually Violent Persons
3 Commitment Act. No business shall provide, attempt to provide,
4 or offer to provide sex offender evaluation services unless it
5 is organized under the Professional Service Corporation Act,
6 the Medical Corporation Act, or the Professional Limited
7 Liability Company Act.

8 (b) Nothing in this Act shall be construed to require any
9 licensed physician, advanced practice registered nurse,
10 physician assistant, or other health care professional to be
11 licensed under this Act for the provision of services for which
12 the person is otherwise licensed. This Act does not prohibit a
13 person licensed under any other Act in this State from engaging
14 in the practice for which he or she is licensed. This Act only
15 applies to the provision of sex offender evaluations or sex
16 offender treatment provided for the purposes of complying with
17 the Sex Offender Management Board Act, the Sexually Dangerous
18 Persons Act, or the Sexually Violent Persons Commitment Act.

19 (Source: P.A. 99-227, eff. 8-3-15.)

20 Section 205. The Registered Surgical Assistant and
21 Registered Surgical Technologist Title Protection Act is
22 amended by changing Section 40 as follows:

23 (225 ILCS 130/40)

24 (Section scheduled to be repealed on January 1, 2024)

1 Sec. 40. Application of Act. This Act shall not be
2 construed to prohibit the following:

3 (1) A person licensed in this State under any other Act
4 from engaging in the practice for which he or she is
5 licensed, including but not limited to a physician licensed
6 to practice medicine in all its branches, physician
7 assistant, advanced practice registered nurse, or nurse
8 performing surgery-related tasks within the scope of his or
9 her license, nor are these individuals required to be
10 registered under this Act.

11 (2) A person from engaging in practice as a surgical
12 assistant or surgical technologist in the discharge of his
13 or her official duties as an employee of the United States
14 government.

15 (3) One or more registered surgical assistants or
16 surgical technologists from forming a professional service
17 corporation in accordance with the Professional Service
18 Corporation Act and applying for licensure as a corporation
19 providing surgical assistant or surgical technologist
20 services.

21 (4) A student engaging in practice as a surgical
22 assistant or surgical technologist under the direct
23 supervision of a physician licensed to practice medicine in
24 all of its branches as part of his or her program of study
25 at a school approved by the Department or in preparation to
26 qualify for the examination as prescribed under Sections 45

1 and 50 of this Act.

2 (5) A person from assisting in surgery at a physician's
3 discretion, including but not limited to medical students
4 and residents, nor are medical students and residents
5 required to be registered under this Act.

6 (6) A hospital, health system or network, ambulatory
7 surgical treatment center, physician licensed to practice
8 medicine in all its branches, physician medical group, or
9 other entity that provides surgery-related services from
10 employing individuals that the entity considers competent
11 to assist in surgery. These entities are not required to
12 utilize registered surgical assistants or registered
13 surgical technologists when providing surgery-related
14 services to patients. Nothing in this subsection shall be
15 construed to limit the ability of an employer to utilize
16 the services of any person to assist in surgery within the
17 employment setting consistent with the individual's skill
18 and training.

19 (Source: P.A. 98-364, eff. 12-31-13.)

20 Section 210. The Genetic Counselor Licensing Act is amended
21 by changing Sections 90 and 95 as follows:

22 (225 ILCS 135/90)

23 (Section scheduled to be repealed on January 1, 2025)

24 Sec. 90. Privileged communications and exceptions.

1 (a) With the exception of disclosure to the physician
2 performing or supervising a genetic test and to the referring
3 physician licensed to practice medicine in all its branches,
4 advanced practice registered nurse, or physician assistant, no
5 licensed genetic counselor shall disclose any information
6 acquired from persons consulting the counselor in a
7 professional capacity, except that which may be voluntarily
8 disclosed under any of the following circumstances:

9 (1) In the course of formally reporting, conferring, or
10 consulting with administrative superiors, colleagues, or
11 consultants who share professional responsibility, in
12 which instance all recipients of the information are
13 similarly bound to regard the communication as privileged.

14 (2) With the written consent of the person who provided
15 the information and about whom the information concerns.

16 (3) In the case of death or disability, with the
17 written consent of a personal representative.

18 (4) When a communication reveals the intended
19 commission of a crime or harmful act and such disclosure is
20 judged necessary in the professional judgment of the
21 licensed genetic counselor to protect any person from a
22 clear risk of serious mental or physical harm or injury or
23 to forestall a serious threat to the public safety.

24 (5) When the person waives the privilege by bringing
25 any public charges or filing a lawsuit against the
26 licensee.

1 (b) Any person having access to records or anyone who
2 participates in providing genetic counseling services, or in
3 providing any human services, or is supervised by a licensed
4 genetic counselor is similarly bound to regard all information
5 and communications as privileged in accord with this Section.

6 (c) The Mental Health and Developmental Disabilities
7 Confidentiality Act is incorporated herein as if all of its
8 provisions were included in this Act. In the event of a
9 conflict between the application of this Section and the Mental
10 Health and Developmental Disabilities Confidentiality Act to a
11 specific situation, the provisions of the Mental Health and
12 Developmental Disabilities Confidentiality Act shall control.

13 (Source: P.A. 96-1313, eff. 7-27-10.)

14 (225 ILCS 135/95)

15 (Section scheduled to be repealed on January 1, 2025)

16 Sec. 95. Grounds for discipline.

17 (a) The Department may refuse to issue, renew, or may
18 revoke, suspend, place on probation, reprimand, or take other
19 disciplinary or non-disciplinary action as the Department
20 deems appropriate, including the issuance of fines not to
21 exceed \$10,000 for each violation, with regard to any license
22 for any one or more of the following:

23 (1) Material misstatement in furnishing information to
24 the Department or to any other State agency.

25 (2) Violations or negligent or intentional disregard

1 of this Act, or any of its rules.

2 (3) Conviction by plea of guilty or nolo contendere,
3 finding of guilt, jury verdict, or entry of judgment or
4 sentencing, including, but not limited to, convictions,
5 preceding sentences of supervision, conditional discharge,
6 or first offender probation, under the laws of any
7 jurisdiction of the United States: (i) that is a felony or
8 (ii) that is a misdemeanor, an essential element of which
9 is dishonesty, or that is directly related to the practice
10 of genetic counseling.

11 (4) Making any misrepresentation for the purpose of
12 obtaining a license, or violating any provision of this Act
13 or its rules.

14 (5) Negligence in the rendering of genetic counseling
15 services.

16 (6) Failure to provide genetic testing results and any
17 requested information to a referring physician licensed to
18 practice medicine in all its branches, advanced practice
19 registered nurse, or physician assistant.

20 (7) Aiding or assisting another person in violating any
21 provision of this Act or any rules.

22 (8) Failing to provide information within 60 days in
23 response to a written request made by the Department.

24 (9) Engaging in dishonorable, unethical, or
25 unprofessional conduct of a character likely to deceive,
26 defraud, or harm the public and violating the rules of

1 professional conduct adopted by the Department.

2 (10) Failing to maintain the confidentiality of any
3 information received from a client, unless otherwise
4 authorized or required by law.

5 (10.5) Failure to maintain client records of services
6 provided and provide copies to clients upon request.

7 (11) Exploiting a client for personal advantage,
8 profit, or interest.

9 (12) Habitual or excessive use or addiction to alcohol,
10 narcotics, stimulants, or any other chemical agent or drug
11 which results in inability to practice with reasonable
12 skill, judgment, or safety.

13 (13) Discipline by another governmental agency or unit
14 of government, by any jurisdiction of the United States, or
15 by a foreign nation, if at least one of the grounds for the
16 discipline is the same or substantially equivalent to those
17 set forth in this Section.

18 (14) Directly or indirectly giving to or receiving from
19 any person, firm, corporation, partnership, or association
20 any fee, commission, rebate, or other form of compensation
21 for any professional service not actually rendered.
22 Nothing in this paragraph (14) affects any bona fide
23 independent contractor or employment arrangements among
24 health care professionals, health facilities, health care
25 providers, or other entities, except as otherwise
26 prohibited by law. Any employment arrangements may include

1 provisions for compensation, health insurance, pension, or
2 other employment benefits for the provision of services
3 within the scope of the licensee's practice under this Act.
4 Nothing in this paragraph (14) shall be construed to
5 require an employment arrangement to receive professional
6 fees for services rendered.

7 (15) A finding by the Department that the licensee,
8 after having the license placed on probationary status has
9 violated the terms of probation.

10 (16) Failing to refer a client to other health care
11 professionals when the licensee is unable or unwilling to
12 adequately support or serve the client.

13 (17) Willfully filing false reports relating to a
14 licensee's practice, including but not limited to false
15 records filed with federal or State agencies or
16 departments.

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

20 (19) Being named as a perpetrator in an indicated
21 report by the Department of Children and Family Services
22 pursuant to the Abused and Neglected Child Reporting Act,
23 and upon proof by clear and convincing evidence that the
24 licensee has caused a child to be an abused child or
25 neglected child as defined in the Abused and Neglected
26 Child Reporting Act.

1 (20) Physical or mental disability, including
2 deterioration through the aging process or loss of
3 abilities and skills which results in the inability to
4 practice the profession with reasonable judgment, skill,
5 or safety.

6 (21) Solicitation of professional services by using
7 false or misleading advertising.

8 (22) Failure to file a return, or to pay the tax,
9 penalty of interest shown in a filed return, or to pay any
10 final assessment of tax, penalty or interest, as required
11 by any tax Act administered by the Illinois Department of
12 Revenue or any successor agency or the Internal Revenue
13 Service or any successor agency.

14 (23) Fraud or making any misrepresentation in applying
15 for or procuring a license under this Act or in connection
16 with applying for renewal of a license under this Act.

17 (24) Practicing or attempting to practice under a name
18 other than the full name as shown on the license or any
19 other legally authorized name.

20 (25) Gross overcharging for professional services,
21 including filing statements for collection of fees or
22 monies for which services are not rendered.

23 (26) (Blank).

24 (27) Charging for professional services not rendered,
25 including filing false statements for the collection of
26 fees for which services are not rendered.

1 (28) Allowing one's license under this Act to be used
2 by an unlicensed person in violation of this Act.

3 (b) The Department shall deny, without hearing, any
4 application or renewal for a license under this Act to any
5 person who has defaulted on an educational loan guaranteed by
6 the Illinois Student ~~State~~ Assistance Commission; however, the
7 Department may issue a license or renewal if the person in
8 default has established a satisfactory repayment record as
9 determined by the Illinois Student Assistance Commission.

10 (c) The determination by a court that a licensee is subject
11 to involuntary admission or judicial admission as provided in
12 the Mental Health and Developmental Disabilities Code will
13 result in an automatic suspension of his or her license. The
14 suspension will end upon a finding by a court that the licensee
15 is no longer subject to involuntary admission or judicial
16 admission, the issuance of an order so finding and discharging
17 the patient, and the determination of the Secretary that the
18 licensee be allowed to resume professional practice.

19 (d) The Department may refuse to issue or renew or may
20 suspend without hearing the license of any person who fails to
21 file a return, to pay the tax penalty or interest shown in a
22 filed return, or to pay any final assessment of the tax,
23 penalty, or interest as required by any Act regarding the
24 payment of taxes administered by the Illinois Department of
25 Revenue until the requirements of the Act are satisfied in
26 accordance with subsection (g) of Section 2105-15 of the Civil

1 Administrative Code of Illinois.

2 (e) In cases where the Department of Healthcare and Family
3 Services has previously determined that a licensee or a
4 potential licensee is more than 30 days delinquent in the
5 payment of child support and has subsequently certified the
6 delinquency to the Department, the Department may refuse to
7 issue or renew or may revoke or suspend that person's license
8 or may take other disciplinary action against that person based
9 solely upon the certification of delinquency made by the
10 Department of Healthcare and Family Services in accordance with
11 item (5) of subsection (a) of Section 2105-15 of the Department
12 of Professional Regulation Law of the Civil Administrative Code
13 of Illinois.

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

18 (Source: P.A. 98-813, eff. 1-1-15; 99-173, eff. 7-29-15;
19 99-633, eff. 1-1-17; revised 10-27-16.)

20 Section 215. The Illinois Public Aid Code is amended by
21 changing Sections 5-8 and 12-4.37 as follows:

22 (305 ILCS 5/5-8) (from Ch. 23, par. 5-8)

23 Sec. 5-8. Practitioners. In supplying medical assistance,
24 the Illinois Department may provide for the legally authorized

1 services of (i) persons licensed under the Medical Practice Act
2 of 1987, as amended, except as hereafter in this Section
3 stated, whether under a general or limited license, (ii)
4 persons licensed under the Nurse Practice Act as advanced
5 practice registered nurses, regardless of whether or not the
6 persons have written collaborative agreements, (iii) persons
7 licensed or registered under other laws of this State to
8 provide dental, medical, pharmaceutical, optometric,
9 podiatric, or nursing services, or other remedial care
10 recognized under State law, and (iv) persons licensed under
11 other laws of this State as a clinical social worker. The
12 Department shall adopt rules, no later than 90 days after the
13 effective date of this amendatory Act of the 99th General
14 Assembly, for the legally authorized services of persons
15 licensed under other laws of this State as a clinical social
16 worker. The Department may not provide for legally authorized
17 services of any physician who has been convicted of having
18 performed an abortion procedure in a wilful and wanton manner
19 on a woman who was not pregnant at the time such abortion
20 procedure was performed. The utilization of the services of
21 persons engaged in the treatment or care of the sick, which
22 persons are not required to be licensed or registered under the
23 laws of this State, is not prohibited by this Section.

24 (Source: P.A. 99-173, eff. 7-29-15; 99-621, eff. 1-1-17.)

1 Sec. 12-4.37. Children's Healthcare Partnership Pilot
2 Program.

3 (a) The Department of Healthcare and Family Services, in
4 cooperation with the Department of Human Services, shall
5 establish a Children's Healthcare Partnership Pilot Program in
6 Sangamon County to fund the provision of various health care
7 services by a single provider, or a group of providers that
8 have entered into an agreement for that purpose, at a single
9 location in the county. Services covered under the pilot
10 program shall include, but need not be limited to, family
11 practice, pediatric, nursing (including advanced practice
12 registered nursing), psychiatric, dental, and vision services.
13 The Departments shall fund the provision of all services
14 provided under the pilot program using a rate structure that is
15 cost-based. To be selected by the Departments as the provider
16 of health care services under the pilot program, a provider or
17 group of providers must serve a disproportionate share of
18 low-income or indigent patients, including recipients of
19 medical assistance under Article V of this Code. The
20 Departments shall adopt rules as necessary to implement this
21 Section.

22 (b) Implementation of this Section is contingent on federal
23 approval. The Department of Healthcare and Family Services
24 shall take appropriate action by January 1, 2010 to seek
25 federal approval.

26 (c) This Section is inoperative if the provider of health

1 care services under the pilot program receives designation as a
2 Federally Qualified Health Center (FQHC) or FQHC Look-Alike.
3 (Source: P.A. 96-691, eff. 8-25-09; 96-1000, eff. 7-2-10.)

4 Section 220. The Older Adult Services Act is amended by
5 changing Section 35 as follows:

6 (320 ILCS 42/35)

7 Sec. 35. Older Adult Services Advisory Committee.

8 (a) The Older Adult Services Advisory Committee is created
9 to advise the directors of Aging, Healthcare and Family
10 Services, and Public Health on all matters related to this Act
11 and the delivery of services to older adults in general.

12 (b) The Advisory Committee shall be comprised of the
13 following:

14 (1) The Director of Aging or his or her designee, who
15 shall serve as chair and shall be an ex officio and
16 nonvoting member.

17 (2) The Director of Healthcare and Family Services and
18 the Director of Public Health or their designees, who shall
19 serve as vice-chairs and shall be ex officio and nonvoting
20 members.

21 (3) One representative each of the Governor's Office,
22 the Department of Healthcare and Family Services, the
23 Department of Public Health, the Department of Veterans'
24 Affairs, the Department of Human Services, the Department

1 of Insurance, the Department of Commerce and Economic
2 Opportunity, the Department on Aging, the Department on
3 Aging's State Long Term Care Ombudsman, the Illinois
4 Housing Finance Authority, and the Illinois Housing
5 Development Authority, each of whom shall be selected by
6 his or her respective director and shall be an ex officio
7 and nonvoting member.

8 (4) Thirty members appointed by the Director of Aging
9 in collaboration with the directors of Public Health and
10 Healthcare and Family Services, and selected from the
11 recommendations of statewide associations and
12 organizations, as follows:

13 (A) One member representing the Area Agencies on
14 Aging;

15 (B) Four members representing nursing homes or
16 licensed assisted living establishments;

17 (C) One member representing home health agencies;

18 (D) One member representing case management
19 services;

20 (E) One member representing statewide senior
21 center associations;

22 (F) One member representing Community Care Program
23 homemaker services;

24 (G) One member representing Community Care Program
25 adult day services;

26 (H) One member representing nutrition project

1 directors;

2 (I) One member representing hospice programs;

3 (J) One member representing individuals with
4 Alzheimer's disease and related dementias;

5 (K) Two members representing statewide trade or
6 labor unions;

7 (L) One advanced practice registered nurse with
8 experience in gerontological nursing;

9 (M) One physician specializing in gerontology;

10 (N) One member representing regional long-term
11 care ombudsmen;

12 (O) One member representing municipal, township,
13 or county officials;

14 (P) (Blank);

15 (Q) (Blank);

16 (R) One member representing the parish nurse
17 movement;

18 (S) One member representing pharmacists;

19 (T) Two members representing statewide
20 organizations engaging in advocacy or legal
21 representation on behalf of the senior population;

22 (U) Two family caregivers;

23 (V) Two citizen members over the age of 60;

24 (W) One citizen with knowledge in the area of
25 gerontology research or health care law;

26 (X) One representative of health care facilities

1 licensed under the Hospital Licensing Act; and

2 (Y) One representative of primary care service
3 providers.

4 The Director of Aging, in collaboration with the Directors
5 of Public Health and Healthcare and Family Services, may
6 appoint additional citizen members to the Older Adult Services
7 Advisory Committee. Each such additional member must be either
8 an individual age 60 or older or an uncompensated caregiver for
9 a family member or friend who is age 60 or older.

10 (c) Voting members of the Advisory Committee shall serve
11 for a term of 3 years or until a replacement is named. All
12 members shall be appointed no later than January 1, 2005. Of
13 the initial appointees, as determined by lot, 10 members shall
14 serve a term of one year; 10 shall serve for a term of 2 years;
15 and 12 shall serve for a term of 3 years. Any member appointed
16 to fill a vacancy occurring prior to the expiration of the term
17 for which his or her predecessor was appointed shall be
18 appointed for the remainder of that term. The Advisory
19 Committee shall meet at least quarterly and may meet more
20 frequently at the call of the Chair. A simple majority of those
21 appointed shall constitute a quorum. The affirmative vote of a
22 majority of those present and voting shall be necessary for
23 Advisory Committee action. Members of the Advisory Committee
24 shall receive no compensation for their services.

25 (d) The Advisory Committee shall have an Executive
26 Committee comprised of the Chair, the Vice Chairs, and up to 15

1 members of the Advisory Committee appointed by the Chair who
2 have demonstrated expertise in developing, implementing, or
3 coordinating the system restructuring initiatives defined in
4 Section 25. The Executive Committee shall have responsibility
5 to oversee and structure the operations of the Advisory
6 Committee and to create and appoint necessary subcommittees and
7 subcommittee members.

8 (e) The Advisory Committee shall study and make
9 recommendations related to the implementation of this Act,
10 including but not limited to system restructuring initiatives
11 as defined in Section 25 or otherwise related to this Act.

12 (Source: P.A. 95-331, eff. 8-21-07; 96-916, eff. 6-9-10.)

13 Section 225. The Abused and Neglected Child Reporting Act
14 is amended by changing Section 4 as follows:

15 (325 ILCS 5/4)

16 Sec. 4. Persons required to report; privileged
17 communications; transmitting false report. Any physician,
18 resident, intern, hospital, hospital administrator and
19 personnel engaged in examination, care and treatment of
20 persons, surgeon, dentist, dentist hygienist, osteopath,
21 chiropractor, podiatric physician, physician assistant,
22 substance abuse treatment personnel, funeral home director or
23 employee, coroner, medical examiner, emergency medical
24 technician, acupuncturist, crisis line or hotline personnel,

1 school personnel (including administrators and both certified
2 and non-certified school employees), personnel of institutions
3 of higher education, educational advocate assigned to a child
4 pursuant to the School Code, member of a school board or the
5 Chicago Board of Education or the governing body of a private
6 school (but only to the extent required in accordance with
7 other provisions of this Section expressly concerning the duty
8 of school board members to report suspected child abuse),
9 truant officers, social worker, social services administrator,
10 domestic violence program personnel, registered nurse,
11 licensed practical nurse, genetic counselor, respiratory care
12 practitioner, advanced practice registered nurse, home health
13 aide, director or staff assistant of a nursery school or a
14 child day care center, recreational or athletic program or
15 facility personnel, early intervention provider as defined in
16 the Early Intervention Services System Act, law enforcement
17 officer, licensed professional counselor, licensed clinical
18 professional counselor, registered psychologist and assistants
19 working under the direct supervision of a psychologist,
20 psychiatrist, or field personnel of the Department of
21 Healthcare and Family Services, Juvenile Justice, Public
22 Health, Human Services (acting as successor to the Department
23 of Mental Health and Developmental Disabilities,
24 Rehabilitation Services, or Public Aid), Corrections, Human
25 Rights, or Children and Family Services, supervisor and
26 administrator of general assistance under the Illinois Public

1 Aid Code, probation officer, animal control officer or Illinois
2 Department of Agriculture Bureau of Animal Health and Welfare
3 field investigator, or any other foster parent, homemaker or
4 child care worker having reasonable cause to believe a child
5 known to them in their professional or official capacity may be
6 an abused child or a neglected child shall immediately report
7 or cause a report to be made to the Department.

8 Any member of the clergy having reasonable cause to believe
9 that a child known to that member of the clergy in his or her
10 professional capacity may be an abused child as defined in item
11 (c) of the definition of "abused child" in Section 3 of this
12 Act shall immediately report or cause a report to be made to
13 the Department.

14 Any physician, physician's assistant, registered nurse,
15 licensed practical nurse, medical technician, certified
16 nursing assistant, social worker, or licensed professional
17 counselor of any office, clinic, or any other physical location
18 that provides abortions, abortion referrals, or contraceptives
19 having reasonable cause to believe a child known to him or her
20 in his or her professional or official capacity may be an
21 abused child or a neglected child shall immediately report or
22 cause a report to be made to the Department.

23 If an allegation is raised to a school board member during
24 the course of an open or closed school board meeting that a
25 child who is enrolled in the school district of which he or she
26 is a board member is an abused child as defined in Section 3 of

1 this Act, the member shall direct or cause the school board to
2 direct the superintendent of the school district or other
3 equivalent school administrator to comply with the
4 requirements of this Act concerning the reporting of child
5 abuse. For purposes of this paragraph, a school board member is
6 granted the authority in his or her individual capacity to
7 direct the superintendent of the school district or other
8 equivalent school administrator to comply with the
9 requirements of this Act concerning the reporting of child
10 abuse.

11 Notwithstanding any other provision of this Act, if an
12 employee of a school district has made a report or caused a
13 report to be made to the Department under this Act involving
14 the conduct of a current or former employee of the school
15 district and a request is made by another school district for
16 the provision of information concerning the job performance or
17 qualifications of the current or former employee because he or
18 she is an applicant for employment with the requesting school
19 district, the general superintendent of the school district to
20 which the request is being made must disclose to the requesting
21 school district the fact that an employee of the school
22 district has made a report involving the conduct of the
23 applicant or caused a report to be made to the Department, as
24 required under this Act. Only the fact that an employee of the
25 school district has made a report involving the conduct of the
26 applicant or caused a report to be made to the Department may

1 be disclosed by the general superintendent of the school
2 district to which the request for information concerning the
3 applicant is made, and this fact may be disclosed only in cases
4 where the employee and the general superintendent have not been
5 informed by the Department that the allegations were unfounded.
6 An employee of a school district who is or has been the subject
7 of a report made pursuant to this Act during his or her
8 employment with the school district must be informed by that
9 school district that if he or she applies for employment with
10 another school district, the general superintendent of the
11 former school district, upon the request of the school district
12 to which the employee applies, shall notify that requesting
13 school district that the employee is or was the subject of such
14 a report.

15 Whenever such person is required to report under this Act
16 in his capacity as a member of the staff of a medical or other
17 public or private institution, school, facility or agency, or
18 as a member of the clergy, he shall make report immediately to
19 the Department in accordance with the provisions of this Act
20 and may also notify the person in charge of such institution,
21 school, facility or agency, or church, synagogue, temple,
22 mosque, or other religious institution, or his designated agent
23 that such report has been made. Under no circumstances shall
24 any person in charge of such institution, school, facility or
25 agency, or church, synagogue, temple, mosque, or other
26 religious institution, or his designated agent to whom such

1 notification has been made, exercise any control, restraint,
2 modification or other change in the report or the forwarding of
3 such report to the Department.

4 The privileged quality of communication between any
5 professional person required to report and his patient or
6 client shall not apply to situations involving abused or
7 neglected children and shall not constitute grounds for failure
8 to report as required by this Act or constitute grounds for
9 failure to share information or documents with the Department
10 during the course of a child abuse or neglect investigation. If
11 requested by the professional, the Department shall confirm in
12 writing that the information or documents disclosed by the
13 professional were gathered in the course of a child abuse or
14 neglect investigation.

15 The reporting requirements of this Act shall not apply to
16 the contents of a privileged communication between an attorney
17 and his or her client or to confidential information within the
18 meaning of Rule 1.6 of the Illinois Rules of Professional
19 Conduct relating to the legal representation of an individual
20 client.

21 A member of the clergy may claim the privilege under
22 Section 8-803 of the Code of Civil Procedure.

23 Any office, clinic, or any other physical location that
24 provides abortions, abortion referrals, or contraceptives
25 shall provide to all office personnel copies of written
26 information and training materials about abuse and neglect and

1 the requirements of this Act that are provided to employees of
2 the office, clinic, or physical location who are required to
3 make reports to the Department under this Act, and instruct
4 such office personnel to bring to the attention of an employee
5 of the office, clinic, or physical location who is required to
6 make reports to the Department under this Act any reasonable
7 suspicion that a child known to him or her in his or her
8 professional or official capacity may be an abused child or a
9 neglected child. In addition to the above persons required to
10 report suspected cases of abused or neglected children, any
11 other person may make a report if such person has reasonable
12 cause to believe a child may be an abused child or a neglected
13 child.

14 Any person who enters into employment on and after July 1,
15 1986 and is mandated by virtue of that employment to report
16 under this Act, shall sign a statement on a form prescribed by
17 the Department, to the effect that the employee has knowledge
18 and understanding of the reporting requirements of this Act.
19 The statement shall be signed prior to commencement of the
20 employment. The signed statement shall be retained by the
21 employer. The cost of printing, distribution, and filing of the
22 statement shall be borne by the employer.

23 Within one year of initial employment and at least every 5
24 years thereafter, school personnel required to report child
25 abuse as provided under this Section must complete mandated
26 reporter training by a provider or agency with expertise in

1 recognizing and reporting child abuse.

2 The Department shall provide copies of this Act, upon
3 request, to all employers employing persons who shall be
4 required under the provisions of this Section to report under
5 this Act.

6 Any person who knowingly transmits a false report to the
7 Department commits the offense of disorderly conduct under
8 subsection (a) (7) of Section 26-1 of the Criminal Code of 2012.
9 A violation of this provision is a Class 4 felony.

10 Any person who knowingly and willfully violates any
11 provision of this Section other than a second or subsequent
12 violation of transmitting a false report as described in the
13 preceding paragraph, is guilty of a Class A misdemeanor for a
14 first violation and a Class 4 felony for a second or subsequent
15 violation; except that if the person acted as part of a plan or
16 scheme having as its object the prevention of discovery of an
17 abused or neglected child by lawful authorities for the purpose
18 of protecting or insulating any person or entity from arrest or
19 prosecution, the person is guilty of a Class 4 felony for a
20 first offense and a Class 3 felony for a second or subsequent
21 offense (regardless of whether the second or subsequent offense
22 involves any of the same facts or persons as the first or other
23 prior offense).

24 A child whose parent, guardian or custodian in good faith
25 selects and depends upon spiritual means through prayer alone
26 for the treatment or cure of disease or remedial care may be

1 considered neglected or abused, but not for the sole reason
2 that his parent, guardian or custodian accepts and practices
3 such beliefs.

4 A child shall not be considered neglected or abused solely
5 because the child is not attending school in accordance with
6 the requirements of Article 26 of the School Code, as amended.

7 Nothing in this Act prohibits a mandated reporter who
8 reasonably believes that an animal is being abused or neglected
9 in violation of the Humane Care for Animals Act from reporting
10 animal abuse or neglect to the Department of Agriculture's
11 Bureau of Animal Health and Welfare.

12 A home rule unit may not regulate the reporting of child
13 abuse or neglect in a manner inconsistent with the provisions
14 of this Section. This Section is a limitation under subsection
15 (i) of Section 6 of Article VII of the Illinois Constitution on
16 the concurrent exercise by home rule units of powers and
17 functions exercised by the State.

18 For purposes of this Section "child abuse or neglect"
19 includes abuse or neglect of an adult resident as defined in
20 this Act.

21 (Source: P.A. 97-189, eff. 7-22-11; 97-254, eff. 1-1-12;
22 97-387, eff. 8-15-11; 97-711, eff. 6-27-12; 97-813, eff.
23 7-13-12; 97-1150, eff. 1-25-13; 98-67, eff. 7-15-13; 98-214,
24 eff. 8-9-13; 98-408, eff. 7-1-14; 98-756, eff. 7-16-14.)

25 Section 230. The Health Care Workplace Violence Prevention

1 Act is amended by changing Section 10 as follows:

2 (405 ILCS 90/10)

3 Sec. 10. Definitions. In this Act:

4 "Department" means (i) the Department of Human Services, in
5 the case of a health care workplace that is operated or
6 regulated by the Department of Human Services, or (ii) the
7 Department of Public Health, in the case of a health care
8 workplace that is operated or regulated by the Department of
9 Public Health.

10 "Director" means the Secretary of Human Services or the
11 Director of Public Health, as appropriate.

12 "Employee" means any individual who is employed on a
13 full-time, part-time, or contractual basis by a health care
14 workplace.

15 "Health care workplace" means a mental health facility or
16 developmental disability facility as defined in the Mental
17 Health and Developmental Disabilities Code, other than a
18 hospital or unit thereof licensed under the Hospital Licensing
19 Act or operated under the University of Illinois Hospital Act.

20 "Health care workplace" does not include, and shall not be
21 construed to include, any office of a physician licensed to
22 practice medicine in all its branches, an advanced practice
23 registered nurse, or a physician assistant, regardless of the
24 form of such office.

25 "Imminent danger" means a preliminary determination of

1 immediate, threatened, or impending risk of physical injury as
2 determined by the employee.

3 "Responsible agency" means the State agency that (i)
4 licenses, certifies, registers, or otherwise regulates or
5 exercises jurisdiction over a health care workplace or a health
6 care workplace's activities or (ii) contracts with a health
7 care workplace for the delivery of health care services.

8 "Violence" or "violent act" means any act by a patient or
9 resident that causes or threatens to cause an injury to another
10 person.

11 (Source: P.A. 94-347, eff. 7-28-05.)

12 Section 235. The Perinatal Mental Health Disorders
13 Prevention and Treatment Act is amended by changing Section 10
14 as follows:

15 (405 ILCS 95/10)

16 Sec. 10. Definitions. In this Act:

17 "Hospital" has the meaning given to that term in the
18 Hospital Licensing Act.

19 "Licensed health care professional" means a physician
20 licensed to practice medicine in all its branches, a licensed
21 advanced practice registered nurse, or a licensed physician
22 assistant.

23 "Postnatal care" means an office visit to a licensed health
24 care professional occurring after birth, with reference to the

1 infant or mother.

2 "Prenatal care" means an office visit to a licensed health
3 care professional for pregnancy-related care occurring before
4 birth.

5 "Questionnaire" means an assessment tool administered by a
6 licensed health care professional to detect perinatal mental
7 health disorders, such as the Edinburgh Postnatal Depression
8 Scale, the Postpartum Depression Screening Scale, the Beck
9 Depression Inventory, the Patient Health Questionnaire, or
10 other validated assessment methods.

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

12 Section 240. The Epinephrine Auto-Injector Act is amended
13 by changing Section 5 as follows:

14 (410 ILCS 27/5)

15 Sec. 5. Definitions. As used in this Act:

16 "Administer" means to directly apply an epinephrine
17 auto-injector to the body of an individual.

18 "Authorized entity" means any entity or organization,
19 other than a school covered under Section 22-30 of the School
20 Code, in connection with or at which allergens capable of
21 causing anaphylaxis may be present, including, but not limited
22 to, independent contractors who provide student transportation
23 to schools, recreation camps, colleges and universities, day
24 care facilities, youth sports leagues, amusement parks,

1 restaurants, sports arenas, and places of employment. The
2 Department shall, by rule, determine what constitutes a day
3 care facility under this definition.

4 "Department" means the Department of Public Health.

5 "Epinephrine auto-injector" means a single-use device used
6 for the automatic injection of a pre-measured dose of
7 epinephrine into the human body.

8 "Health care practitioner" means a physician licensed to
9 practice medicine in all its branches under the Medical
10 Practice Act of 1987, a physician assistant under the Physician
11 Assistant Practice Act of 1987 with prescriptive authority, or
12 an advanced practice registered nurse with prescribing
13 authority under Article 65 of the Nurse Practice Act.

14 "Pharmacist" has the meaning given to that term under
15 subsection (k-5) of Section 3 of the Pharmacy Practice Act.

16 "Undesignated epinephrine auto-injector" means an
17 epinephrine auto-injector prescribed in the name of an
18 authorized entity.

19 (Source: P.A. 99-711, eff. 1-1-17.)

20 Section 245. The Lead Poisoning Prevention Act is amended
21 by changing Section 6.2 as follows:

22 (410 ILCS 45/6.2) (from Ch. 111 1/2, par. 1306.2)

23 Sec. 6.2. Testing children and pregnant persons.

24 (a) Any physician licensed to practice medicine in all its

1 branches or health care provider who sees or treats children 6
2 years of age or younger shall test those children for lead
3 poisoning when those children reside in an area defined as high
4 risk by the Department. Children residing in areas defined as
5 low risk by the Department shall be evaluated for risk by the
6 Childhood Lead Risk Questionnaire developed by the Department
7 and tested if indicated. Children shall be evaluated in
8 accordance with rules adopted by the Department.

9 (b) Each licensed, registered, or approved health care
10 facility serving children 6 years of age or younger, including,
11 but not limited to, health departments, hospitals, clinics, and
12 health maintenance organizations approved, registered, or
13 licensed by the Department, shall take the appropriate steps to
14 ensure that children 6 years of age or younger be evaluated for
15 risk or tested for lead poisoning or both.

16 (c) Children 7 years and older and pregnant persons may
17 also be tested by physicians or health care providers, in
18 accordance with rules adopted by the Department. Physicians and
19 health care providers shall also evaluate children for lead
20 poisoning in conjunction with the school health examination, as
21 required under the School Code, when, in the medical judgment
22 of the physician, advanced practice registered nurse, or
23 physician assistant, the child is potentially at high risk of
24 lead poisoning.

25 (d) (Blank).

26 (Source: P.A. 98-690, eff. 1-1-15; 99-78, eff. 7-20-15; 99-173,

1 eff. 7-29-15.)

2 Section 250. The Medical Patient Rights Act is amended by
3 changing Section 7 as follows:

4 (410 ILCS 50/7)

5 Sec. 7. Patient examination. Any physician, medical
6 student, resident, advanced practice registered nurse,
7 registered nurse, or physician assistant who provides
8 treatment or care to a patient shall inform the patient of his
9 or her profession upon providing the treatment or care, which
10 includes but is not limited to any physical examination, such
11 as a pelvic examination. In the case of an unconscious patient,
12 any care or treatment must be related to the patient's illness,
13 condition, or disease.

14 (Source: P.A. 93-771, eff. 7-21-04.)

15 Section 255. The Sexual Assault Survivors Emergency
16 Treatment Act is amended by changing Sections 1a, 2.2, 5, 5.5,
17 and 6.5 as follows:

18 (410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a)

19 Sec. 1a. Definitions. In this Act:

20 "Ambulance provider" means an individual or entity that
21 owns and operates a business or service using ambulances or
22 emergency medical services vehicles to transport emergency

1 patients.

2 "Areawide sexual assault treatment plan" means a plan,
3 developed by the hospitals in the community or area to be
4 served, which provides for hospital emergency services to
5 sexual assault survivors that shall be made available by each
6 of the participating hospitals.

7 "Department" means the Department of Public Health.

8 "Emergency contraception" means medication as approved by
9 the federal Food and Drug Administration (FDA) that can
10 significantly reduce the risk of pregnancy if taken within 72
11 hours after sexual assault.

12 "Follow-up healthcare" means healthcare services related
13 to a sexual assault, including laboratory services and pharmacy
14 services, rendered within 90 days of the initial visit for
15 hospital emergency services.

16 "Forensic services" means the collection of evidence
17 pursuant to a statewide sexual assault evidence collection
18 program administered by the Department of State Police, using
19 the Illinois State Police Sexual Assault Evidence Collection
20 Kit.

21 "Health care professional" means a physician, a physician
22 assistant, or an advanced practice registered nurse.

23 "Hospital" has the meaning given to that term in the
24 Hospital Licensing Act.

25 "Hospital emergency services" means healthcare delivered
26 to outpatients within or under the care and supervision of

1 personnel working in a designated emergency department of a
2 hospital, including, but not limited to, care ordered by such
3 personnel for a sexual assault survivor in the emergency
4 department.

5 "Illinois State Police Sexual Assault Evidence Collection
6 Kit" means a prepackaged set of materials and forms to be used
7 for the collection of evidence relating to sexual assault. The
8 standardized evidence collection kit for the State of Illinois
9 shall be the Illinois State Police Sexual Assault Evidence
10 Collection Kit.

11 "Law enforcement agency having jurisdiction" means the law
12 enforcement agency in the jurisdiction where an alleged sexual
13 assault or sexual abuse occurred.

14 "Nurse" means a nurse licensed under the Nurse Practice
15 Act.

16 "Physician" means a person licensed to practice medicine in
17 all its branches.

18 "Sexual assault" means an act of nonconsensual sexual
19 conduct or sexual penetration, as defined in Section 11-0.1 of
20 the Criminal Code of 2012, including, without limitation, acts
21 prohibited under Sections 11-1.20 through 11-1.60 of the
22 Criminal Code of 2012.

23 "Sexual assault survivor" means a person who presents for
24 hospital emergency services in relation to injuries or trauma
25 resulting from a sexual assault.

26 "Sexual assault transfer plan" means a written plan

1 developed by a hospital and approved by the Department, which
2 describes the hospital's procedures for transferring sexual
3 assault survivors to another hospital in order to receive
4 emergency treatment.

5 "Sexual assault treatment plan" means a written plan
6 developed by a hospital that describes the hospital's
7 procedures and protocols for providing hospital emergency
8 services and forensic services to sexual assault survivors who
9 present themselves for such services, either directly or
10 through transfer from another hospital.

11 "Transfer services" means the appropriate medical
12 screening examination and necessary stabilizing treatment
13 prior to the transfer of a sexual assault survivor to a
14 hospital that provides hospital emergency services and
15 forensic services to sexual assault survivors pursuant to a
16 sexual assault treatment plan or areawide sexual assault
17 treatment plan.

18 "Voucher" means a document generated by a hospital at the
19 time the sexual assault survivor receives hospital emergency
20 and forensic services that a sexual assault survivor may
21 present to providers for follow-up healthcare.

22 (Source: P.A. 99-454, eff. 1-1-16; 99-801, eff. 1-1-17.)

23 (410 ILCS 70/2.2)

24 Sec. 2.2. Emergency contraception.

25 (a) The General Assembly finds:

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

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

9 (3) As approved for use by the Federal Food and Drug
10 Administration (FDA), emergency contraception can
11 significantly reduce the risk of pregnancy if taken within
12 72 hours after the sexual assault.

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

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

1 all its branches, a licensed advanced practice registered
2 nurse, or a licensed physician assistant. The Department shall
3 approve the protocol if it finds that the implementation of the
4 protocol would provide sufficient protection for survivors of
5 sexual assault.

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

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

14 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

15 Sec. 5. Minimum requirements for hospitals providing
16 hospital emergency services and forensic services to sexual
17 assault survivors.

18 (a) Every hospital providing hospital emergency services
19 and forensic services to sexual assault survivors under this
20 Act shall, as minimum requirements for such services, provide,
21 with the consent of the sexual assault survivor, and as ordered
22 by the attending physician, an advanced practice registered
23 nurse, or a physician assistant, the following:

24 (1) appropriate medical examinations and laboratory
25 tests required to ensure the health, safety, and welfare of

1 a sexual assault survivor or which may be used as evidence
2 in a criminal proceeding against a person accused of the
3 sexual assault, or both; and records of the results of such
4 examinations and tests shall be maintained by the hospital
5 and made available to law enforcement officials upon the
6 request of the sexual assault survivor;

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

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

16 (4) an amount of medication for treatment at the
17 hospital and after discharge as is deemed appropriate by
18 the attending physician, an advanced practice registered
19 nurse, or a physician assistant and consistent with the
20 hospital's current approved protocol for sexual assault
21 survivors;

22 (5) an evaluation of the sexual assault survivor's risk
23 of contracting human immunodeficiency virus (HIV) from the
24 sexual assault;

25 (6) written and oral instructions indicating the need
26 for follow-up examinations and laboratory tests after the

1 sexual assault to determine the presence or absence of
2 sexually transmitted disease;

3 (7) referral by hospital personnel for appropriate
4 counseling; and

5 (8) when HIV prophylaxis is deemed appropriate, an
6 initial dose or doses of HIV prophylaxis, along with
7 written and oral instructions indicating the importance of
8 timely follow-up healthcare.

9 (b) Any person who is a sexual assault survivor who seeks
10 emergency hospital services and forensic services or follow-up
11 healthcare under this Act shall be provided such services
12 without the consent of any parent, guardian, custodian,
13 surrogate, or agent.

14 (b-5) Every treating hospital providing hospital emergency
15 and forensic services to sexual assault survivors shall issue a
16 voucher to any sexual assault survivor who is eligible to
17 receive one. The hospital shall make a copy of the voucher and
18 place it in the medical record of the sexual assault survivor.
19 The hospital shall provide a copy of the voucher to the sexual
20 assault survivor after discharge upon request.

21 (c) Nothing in this Section creates a physician-patient
22 relationship that extends beyond discharge from the hospital
23 emergency department.

24 (Source: P.A. 99-173, eff. 7-29-15; 99-454, eff. 1-1-16;
25 99-642, eff. 7-28-16.)

1 (410 ILCS 70/5.5)

2 Sec. 5.5. Minimum reimbursement requirements for follow-up
3 healthcare.

4 (a) Every hospital, health care professional, laboratory,
5 or pharmacy that provides follow-up healthcare to a sexual
6 assault survivor, with the consent of the sexual assault
7 survivor and as ordered by the attending physician, an advanced
8 practice registered nurse, or physician assistant shall be
9 reimbursed for the follow-up healthcare services provided.
10 Follow-up healthcare services include, but are not limited to,
11 the following:

12 (1) a physical examination;

13 (2) laboratory tests to determine the presence or
14 absence of sexually transmitted disease; and

15 (3) appropriate medications, including HIV
16 prophylaxis.

17 (b) Reimbursable follow-up healthcare is limited to office
18 visits with a physician, advanced practice registered nurse, or
19 physician assistant within 90 days after an initial visit for
20 hospital emergency services.

21 (c) Nothing in this Section requires a hospital, health
22 care professional, laboratory, or pharmacy to provide
23 follow-up healthcare to a sexual assault survivor.

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

25 (410 ILCS 70/6.5)

1 Sec. 6.5. Written consent to the release of sexual assault
2 evidence for testing.

3 (a) Upon the completion of hospital emergency services and
4 forensic services, the health care professional providing the
5 forensic services shall provide the patient the opportunity to
6 sign a written consent to allow law enforcement to submit the
7 sexual assault evidence for testing. The written consent shall
8 be on a form included in the sexual assault evidence collection
9 kit and shall include whether the survivor consents to the
10 release of information about the sexual assault to law
11 enforcement.

12 (1) A survivor 13 years of age or older may sign the
13 written consent to release the evidence for testing.

14 (2) If the survivor is a minor who is under 13 years of
15 age, the written consent to release the sexual assault
16 evidence for testing may be signed by the parent, guardian,
17 investigating law enforcement officer, or Department of
18 Children and Family Services.

19 (3) If the survivor is an adult who has a guardian of
20 the person, a health care surrogate, or an agent acting
21 under a health care power of attorney, the consent of the
22 guardian, surrogate, or agent is not required to release
23 evidence and information concerning the sexual assault or
24 sexual abuse. If the adult is unable to provide consent for
25 the release of evidence and information and a guardian,
26 surrogate, or agent under a health care power of attorney

1 is unavailable or unwilling to release the information,
2 then an investigating law enforcement officer may
3 authorize the release.

4 (4) Any health care professional, including any
5 physician, advanced practice registered nurse, physician
6 assistant, or nurse, sexual assault nurse examiner, and any
7 health care institution, including any hospital, who
8 provides evidence or information to a law enforcement
9 officer under a written consent as specified in this
10 Section is immune from any civil or professional liability
11 that might arise from those actions, with the exception of
12 willful or wanton misconduct. The immunity provision
13 applies only if all of the requirements of this Section are
14 met.

15 (b) The hospital shall keep a copy of a signed or unsigned
16 written consent form in the patient's medical record.

17 (c) If a written consent to allow law enforcement to test
18 the sexual assault evidence is not signed at the completion of
19 hospital emergency services and forensic services, the
20 hospital shall include the following information in its
21 discharge instructions:

22 (1) the sexual assault evidence will be stored for 5
23 years from the completion of an Illinois State Police
24 Sexual Assault Evidence Collection Kit, or 5 years from the
25 age of 18 years, whichever is longer;

26 (2) a person authorized to consent to the testing of

1 the sexual assault evidence may sign a written consent to
2 allow law enforcement to test the sexual assault evidence
3 at any time during that 5-year period for an adult victim,
4 or until a minor victim turns 23 years of age by (A)
5 contacting the law enforcement agency having jurisdiction,
6 or if unknown, the law enforcement agency contacted by the
7 hospital under Section 3.2 of the Criminal Identification
8 Act; or (B) by working with an advocate at a rape crisis
9 center;

10 (3) the name, address, and phone number of the law
11 enforcement agency having jurisdiction, or if unknown the
12 name, address, and phone number of the law enforcement
13 agency contacted by the hospital under Section 3.2 of the
14 Criminal Identification Act; and

15 (4) the name and phone number of a local rape crisis
16 center.

17 (Source: P.A. 99-801, eff. 1-1-17.)

18 Section 260. The Consent by Minors to Medical Procedures
19 Act is amended by changing Sections 1, 1.5, 2, 3, and 5 as
20 follows:

21 (410 ILCS 210/1) (from Ch. 111, par. 4501)

22 Sec. 1. Consent by minor. The consent to the performance of
23 a medical or surgical procedure by a physician licensed to
24 practice medicine and surgery, a licensed advanced practice

1 registered nurse, or a licensed physician assistant executed by
2 a married person who is a minor, by a parent who is a minor, by
3 a pregnant woman who is a minor, or by any person 18 years of
4 age or older, is not voidable because of such minority, and,
5 for such purpose, a married person who is a minor, a parent who
6 is a minor, a pregnant woman who is a minor, or any person 18
7 years of age or older, is deemed to have the same legal
8 capacity to act and has the same powers and obligations as has
9 a person of legal age.

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

11 (410 ILCS 210/1.5)

12 Sec. 1.5. Consent by minor seeking care for primary care
13 services.

14 (a) The consent to the performance of primary care services
15 by a physician licensed to practice medicine in all its
16 branches, a licensed advanced practice registered nurse, or a
17 licensed physician assistant executed by a minor seeking care
18 is not voidable because of such minority, and for such purpose,
19 a minor seeking care is deemed to have the same legal capacity
20 to act and has the same powers and obligations as has a person
21 of legal age under the following circumstances:

22 (1) the health care professional reasonably believes
23 that the minor seeking care understands the benefits and
24 risks of any proposed primary care or services; and

25 (2) the minor seeking care is identified in writing as

1 a minor seeking care by:

2 (A) an adult relative;

3 (B) a representative of a homeless service agency
4 that receives federal, State, county, or municipal
5 funding to provide those services or that is otherwise
6 sanctioned by a local continuum of care;

7 (C) an attorney licensed to practice law in this
8 State;

9 (D) a public school homeless liaison or school
10 social worker;

11 (E) a social service agency providing services to
12 at risk, homeless, or runaway youth; or

13 (F) a representative of a religious organization.

14 (b) A health care professional rendering primary care
15 services under this Section shall not incur civil or criminal
16 liability for failure to obtain valid consent or professional
17 discipline for failure to obtain valid consent if he or she
18 relied in good faith on the representations made by the minor
19 or the information provided under paragraph (2) of subsection
20 (a) of this Section. Under such circumstances, good faith shall
21 be presumed.

22 (c) The confidential nature of any communication between a
23 health care professional described in Section 1 of this Act and
24 a minor seeking care is not waived (1) by the presence, at the
25 time of communication, of any additional persons present at the
26 request of the minor seeking care, (2) by the health care

1 professional's disclosure of confidential information to the
2 additional person with the consent of the minor seeking care,
3 when reasonably necessary to accomplish the purpose for which
4 the additional person is consulted, or (3) by the health care
5 professional billing a health benefit insurance or plan under
6 which the minor seeking care is insured, is enrolled, or has
7 coverage for the services provided.

8 (d) Nothing in this Section shall be construed to limit or
9 expand a minor's existing powers and obligations under any
10 federal, State, or local law. Nothing in this Section shall be
11 construed to affect the Parental Notice of Abortion Act of
12 1995. Nothing in this Section affects the right or authority of
13 a parent or legal guardian to verbally, in writing, or
14 otherwise authorize health care services to be provided for a
15 minor in their absence.

16 (e) For the purposes of this Section:

17 "Minor seeking care" means a person at least 14 years
18 of age but less than 18 years of age who is living separate
19 and apart from his or her parents or legal guardian,
20 whether with or without the consent of a parent or legal
21 guardian who is unable or unwilling to return to the
22 residence of a parent, and managing his or her own personal
23 affairs. "Minor seeking care" does not include minors who
24 are under the protective custody, temporary custody, or
25 guardianship of the Department of Children and Family
26 Services.

1 "Primary care services" means health care services
2 that include screening, counseling, immunizations,
3 medication, and treatment of illness and conditions
4 customarily provided by licensed health care professionals
5 in an out-patient setting. "Primary care services" does not
6 include invasive care, beyond standard injections,
7 laceration care, or non-surgical fracture care.

8 (Source: P.A. 98-671, eff. 10-1-14; 99-173, eff. 7-29-15.)

9 (410 ILCS 210/2) (from Ch. 111, par. 4502)

10 Sec. 2. Any parent, including a parent who is a minor, may
11 consent to the performance upon his or her child of a medical
12 or surgical procedure by a physician licensed to practice
13 medicine and surgery, a licensed advanced practice registered
14 nurse, or a licensed physician assistant or a dental procedure
15 by a licensed dentist. The consent of a parent who is a minor
16 shall not be voidable because of such minority, but, for such
17 purpose, a parent who is a minor shall be deemed to have the
18 same legal capacity to act and shall have the same powers and
19 obligations as has a person of legal age.

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

21 (410 ILCS 210/3) (from Ch. 111, par. 4503)

22 Sec. 3. (a) Where a hospital, a physician licensed to
23 practice medicine or surgery, a licensed advanced practice
24 registered nurse, or a licensed physician assistant renders

1 emergency treatment or first aid or a licensed dentist renders
2 emergency dental treatment to a minor, consent of the minor's
3 parent or legal guardian need not be obtained if, in the sole
4 opinion of the physician, advanced practice registered nurse,
5 physician assistant, dentist, or hospital, the obtaining of
6 consent is not reasonably feasible under the circumstances
7 without adversely affecting the condition of such minor's
8 health.

9 (b) Where a minor is the victim of a predatory criminal
10 sexual assault of a child, aggravated criminal sexual assault,
11 criminal sexual assault, aggravated criminal sexual abuse or
12 criminal sexual abuse, as provided in Sections 11-1.20 through
13 11-1.60 of the Criminal Code of 2012, the consent of the
14 minor's parent or legal guardian need not be obtained to
15 authorize a hospital, physician, advanced practice registered
16 nurse, physician assistant, or other medical personnel to
17 furnish medical care or counseling related to the diagnosis or
18 treatment of any disease or injury arising from such offense.
19 The minor may consent to such counseling, diagnosis or
20 treatment as if the minor had reached his or her age of
21 majority. Such consent shall not be voidable, nor subject to
22 later disaffirmance, because of minority.

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

24 (410 ILCS 210/5) (from Ch. 111, par. 4505)

25 Sec. 5. Counseling; informing parent or guardian. Any

1 physician, advanced practice registered nurse, or physician
2 assistant, who provides diagnosis or treatment or any licensed
3 clinical psychologist or professionally trained social worker
4 with a master's degree or any qualified person employed (i) by
5 an organization licensed or funded by the Department of Human
6 Services, (ii) by units of local government, or (iii) by
7 agencies or organizations operating drug abuse programs funded
8 or licensed by the Federal Government or the State of Illinois
9 or any qualified person employed by or associated with any
10 public or private alcoholism or drug abuse program licensed by
11 the State of Illinois who provides counseling to a minor
12 patient who has come into contact with any sexually transmitted
13 disease referred to in Section 4 of this Act may, but shall not
14 be obligated to, inform the parent, parents, or guardian of the
15 minor as to the treatment given or needed. Any person described
16 in this Section who provides counseling to a minor who abuses
17 drugs or alcohol or has a family member who abuses drugs or
18 alcohol shall not inform the parent, parents, guardian, or
19 other responsible adult of the minor's condition or treatment
20 without the minor's consent unless that action is, in the
21 person's judgment, necessary to protect the safety of the
22 minor, a family member, or another individual.

23 Any such person shall, upon the minor's consent, make
24 reasonable efforts to involve the family of the minor in his or
25 her treatment, if the person furnishing the treatment believes
26 that the involvement of the family will not be detrimental to

1 the progress and care of the minor. Reasonable effort shall be
2 extended to assist the minor in accepting the involvement of
3 his or her family in the care and treatment being given.

4 (Source: P.A. 93-962, eff. 8-20-04.)

5 Section 265. The Early Hearing Detection and Intervention
6 Act is amended by changing Section 10 as follows:

7 (410 ILCS 213/10)

8 Sec. 10. Reports to Department of Public Health.
9 Physicians, advanced practice registered nurses, physician
10 assistants, otolaryngologists, audiologists, ancillary health
11 care providers, early intervention programs and providers,
12 parent-to-parent support programs, the Department of Human
13 Services, and the University of Illinois at Chicago Division of
14 Specialized Care for Children shall report all hearing testing,
15 medical treatment, and intervention outcomes related to
16 newborn hearing screening or newly identified hearing loss for
17 children birth through 6 years of age to the Department.
18 Reporting shall be done within 7 days after the date of service
19 or after an inquiry from the Department. Reports shall be in a
20 format determined by the Department.

21 (Source: P.A. 99-834, eff. 8-19-16.)

22 Section 270. The Prenatal and Newborn Care Act is amended
23 by changing Sections 2 and 6 as follows:

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

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

4 "Advanced practice registered nurse" or "APRN" ~~"APN"~~ means
5 an advanced practice registered nurse licensed under the Nurse
6 Practice Act.

7 "Department" means the Illinois Department of Human
8 Services.

9 "Early and Periodic Screening, Diagnosis and Treatment
10 (EPSDT)" means the provision of preventative health care under
11 42 C.F.R. 441.50 et seq., including medical and dental
12 services, needed to assess growth and development and detect
13 and treat health problems.

14 "Hospital" means a hospital as defined under the Hospital
15 Licensing Act.

16 "Local health authority" means the full-time official
17 health department or board of health, as recognized by the
18 Illinois Department of Public Health, having jurisdiction over
19 a particular area.

20 "Nurse" means a nurse licensed under the Nurse Practice
21 Act.

22 "Physician" means a physician licensed to practice
23 medicine in all of its branches.

24 "Physician assistant" means a physician assistant licensed
25 under the Physician Assistant Practice Act of 1987.

1 "Postnatal visit" means a visit occurring after birth, with
2 reference to the newborn.

3 "Prenatal visit" means a visit occurring before birth.

4 "Program" means the Prenatal and Newborn Care Program
5 established pursuant to this Act.

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

7 (410 ILCS 225/6) (from Ch. 111 1/2, par. 7026)

8 Sec. 6. Covered services.

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

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

14 (2) Screening and treatment for sexually transmitted
15 disease.

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

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

1 (5) Pharmacy services related to the pregnancy.

2 (6) Other medical consultations related to the
3 pregnancy.

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

7 (8) One postnatal office visit within 60 days after
8 delivery.

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

11 (10) Social and support services.

12 (11) Nutrition services.

13 (12) Case management services.

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

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

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

20 (3) Hospital inpatient services.

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

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

25 (6) Services considered investigational or
26 experimental.

1 (Source: P.A. 93-962, eff. 8-20-04.)

2 Section 275. The AIDS Confidentiality Act is amended by
3 changing Section 3 as follows:

4 (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

5 Sec. 3. Definitions. When used in this Act:

6 (a) "AIDS" means acquired immunodeficiency syndrome.

7 (b) "Authority" means the Illinois Health Information
8 Exchange Authority established pursuant to the Illinois Health
9 Information Exchange and Technology Act.

10 (c) "Business associate" has the meaning ascribed to it
11 under HIPAA, as specified in 45 CFR 160.103.

12 (d) "Covered entity" has the meaning ascribed to it under
13 HIPAA, as specified in 45 CFR 160.103.

14 (e) "De-identified information" means health information
15 that is not individually identifiable as described under HIPAA,
16 as specified in 45 CFR 164.514(b).

17 (f) "Department" means the Illinois Department of Public
18 Health or its designated agents.

19 (g) "Disclosure" has the meaning ascribed to it under
20 HIPAA, as specified in 45 CFR 160.103.

21 (h) "Health care operations" has the meaning ascribed to it
22 under HIPAA, as specified in 45 CFR 164.501.

23 (i) "Health care professional" means (i) a licensed
24 physician, (ii) a licensed physician assistant, (iii) a

1 licensed advanced practice registered nurse, (iv) an advanced
2 practice registered nurse or physician assistant who practices
3 in a hospital or ambulatory surgical treatment center and
4 possesses appropriate clinical privileges, (v) a licensed
5 dentist, (vi) a licensed podiatric physician, or (vii) an
6 individual certified to provide HIV testing and counseling by a
7 state or local public health department.

8 (j) "Health care provider" has the meaning ascribed to it
9 under HIPAA, as specified in 45 CFR 160.103.

10 (k) "Health facility" means a hospital, nursing home, blood
11 bank, blood center, sperm bank, or other health care
12 institution, including any "health facility" as that term is
13 defined in the Illinois Finance Authority Act.

14 (l) "Health information exchange" or "HIE" means a health
15 information exchange or health information organization that
16 oversees and governs the electronic exchange of health
17 information that (i) is established pursuant to the Illinois
18 Health Information Exchange and Technology Act, or any
19 subsequent amendments thereto, and any administrative rules
20 adopted thereunder; (ii) has established a data sharing
21 arrangement with the Authority; or (iii) as of August 16, 2013,
22 was designated by the Authority Board as a member of, or was
23 represented on, the Authority Board's Regional Health
24 Information Exchange Workgroup; provided that such designation
25 shall not require the establishment of a data sharing
26 arrangement or other participation with the Illinois Health

1 Information Exchange or the payment of any fee. In certain
2 circumstances, in accordance with HIPAA, an HIE will be a
3 business associate.

4 (m) "Health oversight agency" has the meaning ascribed to
5 it under HIPAA, as specified in 45 CFR 164.501.

6 (n) "HIPAA" means the Health Insurance Portability and
7 Accountability Act of 1996, Public Law 104-191, as amended by
8 the Health Information Technology for Economic and Clinical
9 Health Act of 2009, Public Law 111-05, and any subsequent
10 amendments thereto and any regulations promulgated thereunder.

11 (o) "HIV" means the human immunodeficiency virus.

12 (p) "HIV-related information" means the identity of a
13 person upon whom an HIV test is performed, the results of an
14 HIV test, as well as diagnosis, treatment, and prescription
15 information that reveals a patient is HIV-positive, including
16 such information contained in a limited data set. "HIV-related
17 information" does not include information that has been
18 de-identified in accordance with HIPAA.

19 (q) "Informed consent" means:

20 (1) where a health care provider, health care
21 professional, or health facility has implemented opt-in
22 testing, a process by which an individual or their legal
23 representative receives pre-test information, has an
24 opportunity to ask questions, and consents verbally or in
25 writing to the test without undue inducement or any element
26 of force, fraud, deceit, duress, or other form of

1 constraint or coercion; or

2 (2) where a health care provider, health care
3 professional, or health facility has implemented opt-out
4 testing, the individual or their legal representative has
5 been notified verbally or in writing that the test is
6 planned, has received pre-test information, has been given
7 the opportunity to ask questions and the opportunity to
8 decline testing, and has not declined testing; where such
9 notice is provided, consent for opt-out HIV testing may be
10 incorporated into the patient's general consent for
11 medical care on the same basis as are other screening or
12 diagnostic tests; a separate consent for opt-out HIV
13 testing is not required.

14 In addition, where the person providing informed consent is
15 a participant in an HIE, informed consent requires a fair
16 explanation that the results of the patient's HIV test will be
17 accessible through an HIE and meaningful disclosure of the
18 patient's opt-out right under Section 9.6 of this Act.

19 A health care provider, health care professional, or health
20 facility undertaking an informed consent process for HIV
21 testing under this subsection may combine a form used to obtain
22 informed consent for HIV testing with forms used to obtain
23 written consent for general medical care or any other medical
24 test or procedure, provided that the forms make it clear that
25 the subject may consent to general medical care, tests, or
26 procedures without being required to consent to HIV testing,

1 and clearly explain how the subject may decline HIV testing.
2 Health facility clerical staff or other staff responsible for
3 the consent form for general medical care may obtain consent
4 for HIV testing through a general consent form.

5 (r) "Limited data set" has the meaning ascribed to it under
6 HIPAA, as described in 45 CFR 164.514(e)(2).

7 (s) "Minimum necessary" means the HIPAA standard for using,
8 disclosing, and requesting protected health information found
9 in 45 CFR 164.502(b) and 164.514(d).

10 (s-1) "Opt-in testing" means an approach where an HIV test
11 is presented by offering the test and the patient accepts or
12 declines testing.

13 (s-3) "Opt-out testing" means an approach where an HIV test
14 is presented such that a patient is notified that HIV testing
15 may occur unless the patient declines.

16 (t) "Organized health care arrangement" has the meaning
17 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

18 (u) "Patient safety activities" has the meaning ascribed to
19 it under 42 CFR 3.20.

20 (v) "Payment" has the meaning ascribed to it under HIPAA,
21 as specified in 45 CFR 164.501.

22 (w) "Person" includes any natural person, partnership,
23 association, joint venture, trust, governmental entity, public
24 or private corporation, health facility, or other legal entity.

25 (w-5) "Pre-test information" means:

26 (1) a reasonable explanation of the test, including its

1 purpose, potential uses, limitations, and the meaning of
2 its results; and

3 (2) a reasonable explanation of the procedures to be
4 followed, including the voluntary nature of the test, the
5 availability of a qualified person to answer questions, the
6 right to withdraw consent to the testing process at any
7 time, the right to anonymity to the extent provided by law
8 with respect to participation in the test and disclosure of
9 test results, and the right to confidential treatment of
10 information identifying the subject of the test and the
11 results of the test, to the extent provided by law.

12 Pre-test information may be provided in writing, verbally,
13 or by video, electronic, or other means and may be provided as
14 designated by the supervising health care professional or the
15 health facility.

16 For the purposes of this definition, a qualified person to
17 answer questions is a health care professional or, when acting
18 under the supervision of a health care professional, a
19 registered nurse, medical assistant, or other person
20 determined to be sufficiently knowledgeable about HIV testing,
21 its purpose, potential uses, limitations, the meaning of the
22 test results, and the testing procedures in the professional
23 judgment of a supervising health care professional or as
24 designated by a health care facility.

25 (x) "Protected health information" has the meaning
26 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

1 (y) "Research" has the meaning ascribed to it under HIPAA,
2 as specified in 45 CFR 164.501.

3 (z) "State agency" means an instrumentality of the State of
4 Illinois and any instrumentality of another state that,
5 pursuant to applicable law or a written undertaking with an
6 instrumentality of the State of Illinois, is bound to protect
7 the privacy of HIV-related information of Illinois persons.

8 (aa) "Test" or "HIV test" means a test to determine the
9 presence of the antibody or antigen to HIV, or of HIV
10 infection.

11 (bb) "Treatment" has the meaning ascribed to it under
12 HIPAA, as specified in 45 CFR 164.501.

13 (cc) "Use" has the meaning ascribed to it under HIPAA, as
14 specified in 45 CFR 160.103, where context dictates.

15 (Source: P.A. 98-214, eff. 8-9-13; 98-1046, eff. 1-1-15; 99-54,
16 eff. 1-1-16; 99-173, eff. 7-29-15; 99-642, eff. 7-28-16.)

17 Section 280. The Illinois Sexually Transmissible Disease
18 Control Act is amended by changing Sections 3, 4, and 5.5 as
19 follows:

20 (410 ILCS 325/3) (from Ch. 111 1/2, par. 7403)

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

23 (1) "Department" means the Department of Public Health.

24 (2) "Local health authority" means the full-time official

1 health department of board of health, as recognized by the
2 Department, having jurisdiction over a particular area.

3 (3) "Sexually transmissible disease" means a bacterial,
4 viral, fungal or parasitic disease, determined by rule of the
5 Department to be sexually transmissible, to be a threat to the
6 public health and welfare, and to be a disease for which a
7 legitimate public interest will be served by providing for
8 regulation and treatment. In considering which diseases are to
9 be designated sexually transmissible diseases, the Department
10 shall consider such diseases as chancroid, gonorrhea,
11 granuloma inguinale, lymphogranuloma venereum, genital herpes
12 simplex, chlamydia, nongonococcal urethritis (NGU), pelvic
13 inflammatory disease (PID)/Acute Salpingitis, syphilis,
14 Acquired Immunodeficiency Syndrome (AIDS), and Human
15 Immunodeficiency Virus (HIV) for designation, and shall
16 consider the recommendations and classifications of the
17 Centers for Disease Control and other nationally recognized
18 medical authorities. Not all diseases that are sexually
19 transmissible need be designated for purposes of this Act.

20 (4) "Health care professional" means a physician licensed
21 to practice medicine in all its branches, a licensed physician
22 assistant, or a licensed advanced practice registered nurse.

23 (5) "Expedited partner therapy" means to prescribe,
24 dispense, furnish, or otherwise provide prescription
25 antibiotic drugs to the partner or partners of persons
26 clinically diagnosed as infected with a sexually transmissible

1 disease, without physical examination of the partner or
2 partners.

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

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

5 Sec. 4. Reporting required.

6 (a) A physician licensed under the provisions of the
7 Medical Practice Act of 1987, an advanced practice registered
8 nurse licensed under the provisions of the Nurse Practice Act,
9 or a physician assistant licensed under the provisions of the
10 Physician Assistant Practice Act of 1987 who makes a diagnosis
11 of or treats a person with a sexually transmissible disease and
12 each laboratory that performs a test for a sexually
13 transmissible disease which concludes with a positive result
14 shall report such facts as may be required by the Department by
15 rule, within such time period as the Department may require by
16 rule, but in no case to exceed 2 weeks.

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

25 (c) Any person who knowingly or maliciously disseminates

1 any false information or report concerning the existence of any
2 sexually transmissible disease under this Section is guilty of
3 a Class A misdemeanor.

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

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

11 (410 ILCS 325/5.5) (from Ch. 111 1/2, par. 7405.5)
12 Sec. 5.5. Risk assessment.

13 (a) Whenever the Department receives a report of HIV
14 infection or AIDS pursuant to this Act and the Department
15 determines that the subject of the report may present or may
16 have presented a possible risk of HIV transmission, the
17 Department shall, when medically appropriate, investigate the
18 subject of the report and that person's contacts as defined in
19 subsection (c), to assess the potential risks of transmission.
20 Any investigation and action shall be conducted in a timely
21 fashion. All contacts other than those defined in subsection
22 (c) shall be investigated in accordance with Section 5 of this
23 Act.

24 (b) If the Department determines that there is or may have
25 been potential risks of HIV transmission from the subject of

1 the report to other persons, the Department shall afford the
2 subject the opportunity to submit any information and comment
3 on proposed actions the Department intends to take with respect
4 to the subject's contacts who are at potential risk of
5 transmission of HIV prior to notification of the subject's
6 contacts. The Department shall also afford the subject of the
7 report the opportunity to notify the subject's contacts in a
8 timely fashion who are at potential risk of transmission of HIV
9 prior to the Department taking any steps to notify such
10 contacts. If the subject declines to notify such contacts or if
11 the Department determines the notices to be inadequate or
12 incomplete, the Department shall endeavor to notify such other
13 persons of the potential risk, and offer testing and counseling
14 services to these individuals. When the contacts are notified,
15 they shall be informed of the disclosure provisions of the AIDS
16 Confidentiality Act and the penalties therein and this Section.

17 (c) Contacts investigated under this Section shall in the
18 case of HIV infection include (i) individuals who have
19 undergone invasive procedures performed by an HIV infected
20 health care provider and (ii) health care providers who have
21 performed invasive procedures for persons infected with HIV,
22 provided the Department has determined that there is or may
23 have been potential risk of HIV transmission from the health
24 care provider to those individuals or from infected persons to
25 health care providers. The Department shall have access to the
26 subject's records to review for the identity of contacts. The

1 subject's records shall not be copied or seized by the
2 Department.

3 For purposes of this subsection, the term "invasive
4 procedures" means those procedures termed invasive by the
5 Centers for Disease Control in current guidelines or
6 recommendations for the prevention of HIV transmission in
7 health care settings, and the term "health care provider" means
8 any physician, dentist, podiatric physician, advanced practice
9 registered nurse, physician assistant, nurse, or other person
10 providing health care services of any kind.

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

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

25 (2) When authorized under Section 8 to be released
26 under court order or subpoena pursuant to Section 12-5.01

1 or 12-16.2 of the Criminal Code of 1961 or the Criminal
2 Code of 2012; or

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

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

10 (Source: P.A. 98-214, eff. 8-9-13; 98-756, eff. 7-16-14;
11 99-642, eff. 7-28-16.)

12 Section 285. The Perinatal HIV Prevention Act is amended by
13 changing Section 5 as follows:

14 (410 ILCS 335/5)

15 Sec. 5. Definitions. In this Act:

16 "Department" means the Department of Public Health.

17 "Health care professional" means a physician licensed to
18 practice medicine in all its branches, a licensed physician
19 assistant, or a licensed advanced practice registered nurse.

20 "Health care facility" or "facility" means any hospital or
21 other institution that is licensed or otherwise authorized to
22 deliver health care services.

23 "Health care services" means any prenatal medical care or
24 labor or delivery services to a pregnant woman and her newborn

1 infant, including hospitalization.
2 (Source: P.A. 99-173, eff. 7-29-15.)

3 Section 290. The Genetic Information Privacy Act is amended
4 by changing Section 10 as follows:

5 (410 ILCS 513/10)

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

7 "Authority" means the Illinois Health Information Exchange
8 Authority established pursuant to the Illinois Health
9 Information Exchange and Technology Act.

10 "Business associate" has the meaning ascribed to it under
11 HIPAA, as specified in 45 CFR 160.103.

12 "Covered entity" has the meaning ascribed to it under
13 HIPAA, as specified in 45 CFR 160.103.

14 "De-identified information" means health information that
15 is not individually identifiable as described under HIPAA, as
16 specified in 45 CFR 164.514(b).

17 "Disclosure" has the meaning ascribed to it under HIPAA, as
18 specified in 45 CFR 160.103.

19 "Employer" means the State of Illinois, any unit of local
20 government, and any board, commission, department,
21 institution, or school district, any party to a public
22 contract, any joint apprenticeship or training committee
23 within the State, and every other person employing employees
24 within the State.

1 "Employment agency" means both public and private
2 employment agencies and any person, labor organization, or
3 labor union having a hiring hall or hiring office regularly
4 undertaking, with or without compensation, to procure
5 opportunities to work, or to procure, recruit, refer, or place
6 employees.

7 "Family member" means, with respect to an individual, (i)
8 the spouse of the individual; (ii) a dependent child of the
9 individual, including a child who is born to or placed for
10 adoption with the individual; (iii) any other person qualifying
11 as a covered dependent under a managed care plan; and (iv) all
12 other individuals related by blood or law to the individual or
13 the spouse or child described in subsections (i) through (iii)
14 of this definition.

15 "Genetic information" has the meaning ascribed to it under
16 HIPAA, as specified in 45 CFR 160.103.

17 "Genetic monitoring" means the periodic examination of
18 employees to evaluate acquired modifications to their genetic
19 material, such as chromosomal damage or evidence of increased
20 occurrence of mutations that may have developed in the course
21 of employment due to exposure to toxic substances in the
22 workplace in order to identify, evaluate, and respond to
23 effects of or control adverse environmental exposures in the
24 workplace.

25 "Genetic services" has the meaning ascribed to it under
26 HIPAA, as specified in 45 CFR 160.103.

1 "Genetic testing" and "genetic test" have the meaning
2 ascribed to "genetic test" under HIPAA, as specified in 45 CFR
3 160.103.

4 "Health care operations" has the meaning ascribed to it
5 under HIPAA, as specified in 45 CFR 164.501.

6 "Health care professional" means (i) a licensed physician,
7 (ii) a licensed physician assistant, (iii) a licensed advanced
8 practice registered nurse, (iv) a licensed dentist, (v) a
9 licensed podiatrist, (vi) a licensed genetic counselor, or
10 (vii) an individual certified to provide genetic testing by a
11 state or local public health department.

12 "Health care provider" has the meaning ascribed to it under
13 HIPAA, as specified in 45 CFR 160.103.

14 "Health facility" means a hospital, blood bank, blood
15 center, sperm bank, or other health care institution, including
16 any "health facility" as that term is defined in the Illinois
17 Finance Authority Act.

18 "Health information exchange" or "HIE" means a health
19 information exchange or health information organization that
20 exchanges health information electronically that (i) is
21 established pursuant to the Illinois Health Information
22 Exchange and Technology Act, or any subsequent amendments
23 thereto, and any administrative rules promulgated thereunder;
24 (ii) has established a data sharing arrangement with the
25 Authority; or (iii) as of August 16, 2013, was designated by
26 the Authority Board as a member of, or was represented on, the

1 Authority Board's Regional Health Information Exchange
2 Workgroup; provided that such designation shall not require the
3 establishment of a data sharing arrangement or other
4 participation with the Illinois Health Information Exchange or
5 the payment of any fee. In certain circumstances, in accordance
6 with HIPAA, an HIE will be a business associate.

7 "Health oversight agency" has the meaning ascribed to it
8 under HIPAA, as specified in 45 CFR 164.501.

9 "HIPAA" means the Health Insurance Portability and
10 Accountability Act of 1996, Public Law 104-191, as amended by
11 the Health Information Technology for Economic and Clinical
12 Health Act of 2009, Public Law 111-05, and any subsequent
13 amendments thereto and any regulations promulgated thereunder.

14 "Insurer" means (i) an entity that is subject to the
15 jurisdiction of the Director of Insurance and (ii) a managed
16 care plan.

17 "Labor organization" includes any organization, labor
18 union, craft union, or any voluntary unincorporated
19 association designed to further the cause of the rights of
20 union labor that is constituted for the purpose, in whole or in
21 part, of collective bargaining or of dealing with employers
22 concerning grievances, terms or conditions of employment, or
23 apprenticeships or applications for apprenticeships, or of
24 other mutual aid or protection in connection with employment,
25 including apprenticeships or applications for apprenticeships.

26 "Licensing agency" means a board, commission, committee,

1 council, department, or officers, except a judicial officer, in
2 this State or any political subdivision authorized to grant,
3 deny, renew, revoke, suspend, annul, withdraw, or amend a
4 license or certificate of registration.

5 "Limited data set" has the meaning ascribed to it under
6 HIPAA, as described in 45 CFR 164.514(e)(2).

7 "Managed care plan" means a plan that establishes,
8 operates, or maintains a network of health care providers that
9 have entered into agreements with the plan to provide health
10 care services to enrollees where the plan has the ultimate and
11 direct contractual obligation to the enrollee to arrange for
12 the provision of or pay for services through:

13 (1) organizational arrangements for ongoing quality
14 assurance, utilization review programs, or dispute
15 resolution; or

16 (2) financial incentives for persons enrolled in the
17 plan to use the participating providers and procedures
18 covered by the plan.

19 A managed care plan may be established or operated by any
20 entity including a licensed insurance company, hospital or
21 medical service plan, health maintenance organization, limited
22 health service organization, preferred provider organization,
23 third party administrator, or an employer or employee
24 organization.

25 "Minimum necessary" means HIPAA's standard for using,
26 disclosing, and requesting protected health information found

1 in 45 CFR 164.502(b) and 164.514(d).

2 "Nontherapeutic purpose" means a purpose that is not
3 intended to improve or preserve the life or health of the
4 individual whom the information concerns.

5 "Organized health care arrangement" has the meaning
6 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

7 "Patient safety activities" has the meaning ascribed to it
8 under 42 CFR 3.20.

9 "Payment" has the meaning ascribed to it under HIPAA, as
10 specified in 45 CFR 164.501.

11 "Person" includes any natural person, partnership,
12 association, joint venture, trust, governmental entity, public
13 or private corporation, health facility, or other legal entity.

14 "Protected health information" has the meaning ascribed to
15 it under HIPAA, as specified in 45 CFR 164.103.

16 "Research" has the meaning ascribed to it under HIPAA, as
17 specified in 45 CFR 164.501.

18 "State agency" means an instrumentality of the State of
19 Illinois and any instrumentality of another state which
20 pursuant to applicable law or a written undertaking with an
21 instrumentality of the State of Illinois is bound to protect
22 the privacy of genetic information of Illinois persons.

23 "Treatment" has the meaning ascribed to it under HIPAA, as
24 specified in 45 CFR 164.501.

25 "Use" has the meaning ascribed to it under HIPAA, as
26 specified in 45 CFR 160.103, where context dictates.

1 (Source: P.A. 98-1046, eff. 1-1-15; 99-173, eff. 7-29-15.)

2 Section 295. The Home Health and Hospice Drug Dispensation
3 and Administration Act is amended by changing Section 10 as
4 follows:

5 (410 ILCS 642/10)

6 Sec. 10. Definitions. In this Act:

7 "Authorized nursing employee" means a registered nurse or
8 advanced practice registered nurse, as defined in the Nurse
9 Practice Act, who is employed by a home health agency or
10 hospice licensed in this State.

11 "Health care professional" means a physician licensed to
12 practice medicine in all its branches, a licensed advanced
13 practice registered nurse, or a licensed physician assistant.

14 "Home health agency" has the meaning ascribed to it in
15 Section 2.04 of the Home Health, Home Services, and Home
16 Nursing Agency Licensing Act.

17 "Hospice" means a full hospice, as defined in Section 3 of
18 the Hospice Program Licensing Act.

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

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

22 Section 300. The Radiation Protection Act of 1990 is
23 amended by changing Sections 5 and 6 as follows:

1 (420 ILCS 40/5) (from Ch. 111 1/2, par. 210-5)

2 (Section scheduled to be repealed on January 1, 2021)

3 Sec. 5. Limitations on application of radiation to human
4 beings and requirements for radiation installation operators
5 providing mammography services.

6 (a) No person shall intentionally administer radiation to a
7 human being unless such person is licensed to practice a
8 treatment of human ailments by virtue of the Illinois Medical,
9 Dental or Podiatric Medical Practice Acts, or, as physician
10 assistant, advanced practice registered nurse, technician,
11 nurse, or other assistant, is acting under the supervision,
12 prescription or direction of such licensed person. However, no
13 such physician assistant, advanced practice registered nurse,
14 technician, nurse, or other assistant acting under the
15 supervision of a person licensed under the Medical Practice Act
16 of 1987, shall administer radiation to human beings unless
17 accredited by the Agency, except that persons enrolled in a
18 course of education approved by the Agency may apply ionizing
19 radiation to human beings as required by their course of study
20 when under the direct supervision of a person licensed under
21 the Medical Practice Act of 1987. No person authorized by this
22 Section to apply ionizing radiation shall apply such radiation
23 except to those parts of the human body specified in the Act
24 under which such person or his supervisor is licensed. No
25 person may operate a radiation installation where ionizing

1 radiation is administered to human beings unless all persons
2 who administer ionizing radiation in that radiation
3 installation are licensed, accredited, or exempted in
4 accordance with this Section. Nothing in this Section shall be
5 deemed to relieve a person from complying with the provisions
6 of Section 10.

7 (b) In addition, no person shall provide mammography
8 services unless all of the following requirements are met:

9 (1) the mammography procedures are performed using a
10 radiation machine that is specifically designed for
11 mammography;

12 (2) the mammography procedures are performed using a
13 radiation machine that is used solely for performing
14 mammography procedures;

15 (3) the mammography procedures are performed using
16 equipment that has been subjected to a quality assurance
17 program that satisfies quality assurance requirements
18 which the Agency shall establish by rule;

19 (4) beginning one year after the effective date of this
20 amendatory Act of 1991, if the mammography procedure is
21 performed by a radiologic technologist, that technologist,
22 in addition to being accredited by the Agency to perform
23 radiography, has satisfied training requirements specific
24 to mammography, which the Agency shall establish by rule.

25 (c) Every operator of a radiation installation at which
26 mammography services are provided shall ensure and have

1 confirmed by each mammography patient that the patient is
2 provided with a pamphlet which is orally reviewed with the
3 patient and which contains the following:

4 (1) how to perform breast self-examination;

5 (2) that early detection of breast cancer is maximized
6 through a combined approach, using monthly breast
7 self-examination, a thorough physical examination
8 performed by a physician, and mammography performed at
9 recommended intervals;

10 (3) that mammography is the most accurate method for
11 making an early detection of breast cancer, however, no
12 diagnostic tool is 100% effective;

13 (4) that if the patient is self-referred and does not
14 have a primary care physician, or if the patient is
15 unfamiliar with the breast examination procedures, that
16 the patient has received information regarding public
17 health services where she can obtain a breast examination
18 and instructions.

19 (Source: P.A. 93-149, eff. 7-10-03; 94-104, eff. 7-1-05.)

20 (420 ILCS 40/6) (from Ch. 111 1/2, par. 210-6)

21 (Section scheduled to be repealed on January 1, 2021)

22 Sec. 6. Accreditation of administrators of radiation;
23 Limited scope accreditation; Rules and regulations; Education.

24 (a) The Agency shall promulgate such rules and regulations
25 as are necessary to establish accreditation standards and

1 procedures, including a minimum course of education and
2 continuing education requirements in the administration of
3 radiation to human beings, which are appropriate to the
4 classification of accreditation and which are to be met by all
5 physician assistants, advanced practice registered nurses,
6 nurses, technicians, or other assistants who administer
7 radiation to human beings under the supervision of a person
8 licensed under the Medical Practice Act of 1987. Such rules and
9 regulations may provide for different classes of accreditation
10 based on evidence of national certification, clinical
11 experience or community hardship as conditions of initial and
12 continuing accreditation. The rules and regulations of the
13 Agency shall be consistent with national standards in regard to
14 the protection of the health and safety of the general public.

15 (b) The rules and regulations shall also provide that
16 persons who have been accredited by the Agency, in accordance
17 with the Radiation Protection Act, without passing an
18 examination, will remain accredited as provided in Section 43
19 of this Act and that those persons may be accredited, without
20 passing an examination, to use other equipment, procedures, or
21 supervision within the original category of accreditation if
22 the Agency receives written assurances from a person licensed
23 under the Medical Practice Act of 1987, that the person
24 accredited has the necessary skill and qualifications for such
25 additional equipment procedures or supervision. The Agency
26 shall, in accordance with subsection (c) of this Section,

1 provide for the accreditation of nurses, technicians, or other
2 assistants, unless exempted elsewhere in this Act, to perform a
3 limited scope of diagnostic radiography procedures of the
4 chest, the extremities, skull and sinuses, or the spine, while
5 under the supervision of a person licensed under the Medical
6 Practice Act of 1987.

7 (c) The rules or regulations promulgated by the Agency
8 pursuant to subsection (a) shall establish standards and
9 procedures for accrediting persons to perform a limited scope
10 of diagnostic radiography procedures. The rules or regulations
11 shall require persons seeking limited scope accreditation to
12 register with the Agency as a "student-in-training," and
13 declare those procedures in which the student will be receiving
14 training. The student-in-training registration shall be valid
15 for a period of 16 months, during which the time the student
16 may, under the supervision of a person licensed under the
17 Medical Practice Act of 1987, perform the diagnostic
18 radiography procedures listed on the student's registration.
19 The student-in-training registration shall be nonrenewable.

20 Upon expiration of the 16 month training period, the
21 student shall be prohibited from performing diagnostic
22 radiography procedures unless accredited by the Agency to
23 perform such procedures. In order to be accredited to perform a
24 limited scope of diagnostic radiography procedures, an
25 individual must pass an examination offered by the Agency. The
26 examination shall be consistent with national standards in

1 regard to protection of public health and safety. The
2 examination shall consist of a standardized component covering
3 general principles applicable to diagnostic radiography
4 procedures and a clinical component specific to the types of
5 procedures for which accreditation is being sought. The Agency
6 may assess a reasonable fee for such examinations to cover the
7 costs incurred by the Agency in conjunction with offering the
8 examinations.

9 (d) The Agency shall by rule or regulation exempt from
10 accreditation physician assistants, advanced practice
11 registered nurses, nurses, technicians, or other assistants
12 who administer radiation to human beings under supervision of a
13 person licensed to practice under the Medical Practice Act of
14 1987 when the services are performed on employees of a business
15 at a medical facility owned and operated by the business. Such
16 exemption shall only apply to the equipment, procedures and
17 supervision specific to the medical facility owned and operated
18 by the business.

19 (Source: P.A. 94-104, eff. 7-1-05; 95-777, eff. 8-4-08.)

20 Section 305. The Illinois Vehicle Code is amended by
21 changing Sections 1-159.1, 3-609, 3-616, 6-103, 6-106.1,
22 6-106.1a, 6-901, 11-501.01, 11-501.2, 11-501.6, 11-501.8,
23 11-1301.2, and 11-1301.5 as follows:

24 (625 ILCS 5/1-159.1) (from Ch. 95 1/2, par. 1-159.1)

1 Sec. 1-159.1. Person with disabilities. A natural person
2 who, as determined by a licensed physician, by a licensed
3 physician assistant, or by a licensed advanced practice
4 registered nurse: (1) cannot walk without the use of, or
5 assistance from, a brace, cane, crutch, another person,
6 prosthetic device, wheelchair, or other assistive device; (2)
7 is restricted by lung disease to such an extent that his or her
8 forced (respiratory) expiratory volume for one second, when
9 measured by spirometry, is less than one liter, or the arterial
10 oxygen tension is less than 60 mm/hg on room air at rest; (3)
11 uses portable oxygen; (4) has a cardiac condition to the extent
12 that the person's functional limitations are classified in
13 severity as Class III or Class IV, according to standards set
14 by the American Heart Association; (5) is severely limited in
15 the person's ability to walk due to an arthritic, neurological,
16 oncological, or orthopedic condition; (6) cannot walk 200 feet
17 without stopping to rest because of one of the above 5
18 conditions; or (7) is missing a hand or arm or has permanently
19 lost the use of a hand or arm.

20 (Source: P.A. 98-405, eff. 1-1-14; 99-173, eff. 7-29-15.)

21 (625 ILCS 5/3-609) (from Ch. 95 1/2, par. 3-609)

22 Sec. 3-609. Plates for Veterans with Disabilities.

23 (a) Any veteran who holds proof of a service-connected
24 disability from the United States Department of Veterans
25 Affairs, and who has obtained certification from a licensed

1 physician, physician assistant, or advanced practice
2 registered nurse that the service-connected disability
3 qualifies the veteran for issuance of registration plates or
4 decals to a person with disabilities in accordance with Section
5 3-616, may, without the payment of any registration fee, make
6 application to the Secretary of State for license plates for
7 veterans with disabilities displaying the international symbol
8 of access, for the registration of one motor vehicle of the
9 first division or one motor vehicle of the second division
10 weighing not more than 8,000 pounds.

11 (b) Any veteran who holds proof of a service-connected
12 disability from the United States Department of Veterans
13 Affairs, and whose degree of disability has been declared to be
14 50% or more, but whose disability does not qualify the veteran
15 for a plate or decal for persons with disabilities under
16 Section 3-616, may, without the payment of any registration
17 fee, make application to the Secretary for a special
18 registration plate without the international symbol of access
19 for the registration of one motor vehicle of the first division
20 or one motor vehicle of the second division weighing not more
21 than 8,000 pounds.

22 (c) Renewal of such registration must be accompanied with
23 documentation for eligibility of registration without fee
24 unless the applicant has a permanent qualifying disability, and
25 such registration plates may not be issued to any person not
26 eligible therefor. The Illinois Department of Veterans'

1 Affairs may assist in providing the documentation of
2 disability.

3 (d) The design and color of the plates shall be within the
4 discretion of the Secretary, except that the plates issued
5 under subsection (b) of this Section shall not contain the
6 international symbol of access. The Secretary may, in his or
7 her discretion, allow the plates to be issued as vanity or
8 personalized plates in accordance with Section 3-405.1 of this
9 Code. Registration shall be for a multi-year period and may be
10 issued staggered registration.

11 (e) Any person eligible to receive license plates under
12 this Section who has been approved for benefits under the
13 Senior Citizens and Persons with Disabilities Property Tax
14 Relief Act, or who has claimed and received a grant under that
15 Act, shall pay a fee of \$24 instead of the fee otherwise
16 provided in this Code for passenger cars displaying standard
17 multi-year registration plates issued under Section 3-414.1,
18 for motor vehicles registered at 8,000 pounds or less under
19 Section 3-815(a), or for recreational vehicles registered at
20 8,000 pounds or less under Section 3-815(b), for a second set
21 of plates under this Section.

22 (Source: P.A. 98-463, eff. 8-16-13; 99-143, eff. 7-27-15.)

23 (625 ILCS 5/3-616) (from Ch. 95 1/2, par. 3-616)

24 Sec. 3-616. Disability license plates.

25 (a) Upon receiving an application for a certificate of

1 registration for a motor vehicle of the first division or for a
2 motor vehicle of the second division weighing no more than
3 8,000 pounds, accompanied with payment of the registration fees
4 required under this Code from a person with disabilities or a
5 person who is deaf or hard of hearing, the Secretary of State,
6 if so requested, shall issue to such person registration plates
7 as provided for in Section 3-611, provided that the person with
8 disabilities or person who is deaf or hard of hearing must not
9 be disqualified from obtaining a driver's license under
10 subsection 8 of Section 6-103 of this Code, and further
11 provided that any person making such a request must submit a
12 statement, certified by a licensed physician, by a licensed
13 physician assistant, or by a licensed advanced practice
14 registered nurse, to the effect that such person is a person
15 with disabilities as defined by Section 1-159.1 of this Code,
16 or alternatively provide adequate documentation that such
17 person has a Class 1A, Class 2A or Type Four disability under
18 the provisions of Section 4A of the Illinois Identification
19 Card Act. For purposes of this Section, an Illinois Person with
20 a Disability Identification Card issued pursuant to the
21 Illinois Identification Card Act indicating that the person
22 thereon named has a disability shall be adequate documentation
23 of such a disability.

24 (b) The Secretary shall issue plates under this Section to
25 a parent or legal guardian of a person with disabilities if the
26 person with disabilities has a Class 1A or Class 2A disability

1 as defined in Section 4A of the Illinois Identification Card
2 Act or is a person with disabilities as defined by Section
3 1-159.1 of this Code, and does not possess a vehicle registered
4 in his or her name, provided that the person with disabilities
5 relies frequently on the parent or legal guardian for
6 transportation. Only one vehicle per family may be registered
7 under this subsection, unless the applicant can justify in
8 writing the need for one additional set of plates. Any person
9 requesting special plates under this subsection shall submit
10 such documentation or such physician's, physician assistant's,
11 or advanced practice registered nurse's statement as is
12 required in subsection (a) and a statement describing the
13 circumstances qualifying for issuance of special plates under
14 this subsection. An optometrist may certify a Class 2A Visual
15 Disability, as defined in Section 4A of the Illinois
16 Identification Card Act, for the purpose of qualifying a person
17 with disabilities for special plates under this subsection.

18 (c) The Secretary may issue a parking decal or device to a
19 person with disabilities as defined by Section 1-159.1 without
20 regard to qualification of such person with disabilities for a
21 driver's license or registration of a vehicle by such person
22 with disabilities or such person's immediate family, provided
23 such person with disabilities making such a request has been
24 issued an Illinois Person with a Disability Identification Card
25 indicating that the person named thereon has a Class 1A or
26 Class 2A disability, or alternatively, submits a statement

1 certified by a licensed physician, or by a licensed physician
2 assistant or a licensed advanced practice registered nurse as
3 provided in subsection (a), to the effect that such person is a
4 person with disabilities as defined by Section 1-159.1. An
5 optometrist may certify a Class 2A Visual Disability as defined
6 in Section 4A of the Illinois Identification Card Act for the
7 purpose of qualifying a person with disabilities for a parking
8 decal or device under this subsection.

9 (d) The Secretary shall prescribe by rules and regulations
10 procedures to certify or re-certify as necessary the
11 eligibility of persons whose disabilities are other than
12 permanent for special plates or parking decals or devices
13 issued under subsections (a), (b) and (c). Except as provided
14 under subsection (f) of this Section, no such special plates,
15 decals or devices shall be issued by the Secretary of State to
16 or on behalf of any person with disabilities unless such person
17 is certified as meeting the definition of a person with
18 disabilities pursuant to Section 1-159.1 or meeting the
19 requirement of a Type Four disability as provided under Section
20 4A of the Illinois Identification Card Act for the period of
21 time that the physician, or the physician assistant or advanced
22 practice registered nurse as provided in subsection (a),
23 determines the applicant will have the disability, but not to
24 exceed 6 months from the date of certification or
25 recertification.

26 (e) Any person requesting special plates under this Section

1 may also apply to have the special plates personalized, as
2 provided under Section 3-405.1.

3 (f) The Secretary of State, upon application, shall issue
4 disability registration plates or a parking decal to
5 corporations, school districts, State or municipal agencies,
6 limited liability companies, nursing homes, convalescent
7 homes, or special education cooperatives which will transport
8 persons with disabilities. The Secretary shall prescribe by
9 rule a means to certify or re-certify the eligibility of
10 organizations to receive disability plates or decals and to
11 designate which of the 2 person with disabilities emblems shall
12 be placed on qualifying vehicles.

13 (g) The Secretary of State, or his designee, may enter into
14 agreements with other jurisdictions, including foreign
15 jurisdictions, on behalf of this State relating to the
16 extension of parking privileges by such jurisdictions to
17 residents of this State with disabilities who display a special
18 license plate or parking device that contains the International
19 symbol of access on his or her motor vehicle, and to recognize
20 such plates or devices issued by such other jurisdictions. This
21 State shall grant the same parking privileges which are granted
22 to residents of this State with disabilities to any
23 non-resident whose motor vehicle is licensed in another state,
24 district, territory or foreign country if such vehicle displays
25 the international symbol of access or a distinguishing insignia
26 on license plates or parking device issued in accordance with

1 the laws of the non-resident's state, district, territory or
2 foreign country.

3 (Source: P.A. 99-143, eff. 7-27-15; 99-173, eff. 7-29-15;
4 99-642, eff. 7-28-16.)

5 (625 ILCS 5/6-103) (from Ch. 95 1/2, par. 6-103)

6 Sec. 6-103. What persons shall not be licensed as drivers
7 or granted permits. The Secretary of State shall not issue,
8 renew, or allow the retention of any driver's license nor issue
9 any permit under this Code:

10 1. To any person, as a driver, who is under the age of
11 18 years except as provided in Section 6-107, and except
12 that an instruction permit may be issued under Section
13 6-107.1 to a child who is not less than 15 years of age if
14 the child is enrolled in an approved driver education
15 course as defined in Section 1-103 of this Code and
16 requires an instruction permit to participate therein,
17 except that an instruction permit may be issued under the
18 provisions of Section 6-107.1 to a child who is 17 years
19 and 3 months of age without the child having enrolled in an
20 approved driver education course and except that an
21 instruction permit may be issued to a child who is at least
22 15 years and 3 months of age, is enrolled in school, meets
23 the educational requirements of the Driver Education Act,
24 and has passed examinations the Secretary of State in his
25 or her discretion may prescribe;

1 1.5. To any person at least 18 years of age but less
2 than 21 years of age unless the person has, in addition to
3 any other requirements of this Code, successfully
4 completed an adult driver education course as provided in
5 Section 6-107.5 of this Code;

6 2. To any person who is under the age of 18 as an
7 operator of a motorcycle other than a motor driven cycle
8 unless the person has, in addition to meeting the
9 provisions of Section 6-107 of this Code, successfully
10 completed a motorcycle training course approved by the
11 Illinois Department of Transportation and successfully
12 completes the required Secretary of State's motorcycle
13 driver's examination;

14 3. To any person, as a driver, whose driver's license
15 or permit has been suspended, during the suspension, nor to
16 any person whose driver's license or permit has been
17 revoked, except as provided in Sections 6-205, 6-206, and
18 6-208;

19 4. To any person, as a driver, who is a user of alcohol
20 or any other drug to a degree that renders the person
21 incapable of safely driving a motor vehicle;

22 5. To any person, as a driver, who has previously been
23 adjudged to be afflicted with or suffering from any mental
24 or physical disability or disease and who has not at the
25 time of application been restored to competency by the
26 methods provided by law;

1 6. To any person, as a driver, who is required by the
2 Secretary of State to submit an alcohol and drug evaluation
3 or take an examination provided for in this Code unless the
4 person has successfully passed the examination and
5 submitted any required evaluation;

6 7. To any person who is required under the provisions
7 of the laws of this State to deposit security or proof of
8 financial responsibility and who has not deposited the
9 security or proof;

10 8. To any person when the Secretary of State has good
11 cause to believe that the person by reason of physical or
12 mental disability would not be able to safely operate a
13 motor vehicle upon the highways, unless the person shall
14 furnish to the Secretary of State a verified written
15 statement, acceptable to the Secretary of State, from a
16 competent medical specialist, a licensed physician
17 assistant, or a licensed advanced practice registered
18 nurse, to the effect that the operation of a motor vehicle
19 by the person would not be inimical to the public safety;

20 9. To any person, as a driver, who is 69 years of age
21 or older, unless the person has successfully complied with
22 the provisions of Section 6-109;

23 10. To any person convicted, within 12 months of
24 application for a license, of any of the sexual offenses
25 enumerated in paragraph 2 of subsection (b) of Section
26 6-205;

1 11. To any person who is under the age of 21 years with
2 a classification prohibited in paragraph (b) of Section
3 6-104 and to any person who is under the age of 18 years
4 with a classification prohibited in paragraph (c) of
5 Section 6-104;

6 12. To any person who has been either convicted of or
7 adjudicated under the Juvenile Court Act of 1987 based upon
8 a violation of the Cannabis Control Act, the Illinois
9 Controlled Substances Act, or the Methamphetamine Control
10 and Community Protection Act while that person was in
11 actual physical control of a motor vehicle. For purposes of
12 this Section, any person placed on probation under Section
13 10 of the Cannabis Control Act, Section 410 of the Illinois
14 Controlled Substances Act, or Section 70 of the
15 Methamphetamine Control and Community Protection Act shall
16 not be considered convicted. Any person found guilty of
17 this offense, while in actual physical control of a motor
18 vehicle, shall have an entry made in the court record by
19 the judge that this offense did occur while the person was
20 in actual physical control of a motor vehicle and order the
21 clerk of the court to report the violation to the Secretary
22 of State as such. The Secretary of State shall not issue a
23 new license or permit for a period of one year;

24 13. To any person who is under the age of 18 years and
25 who has committed the offense of operating a motor vehicle
26 without a valid license or permit in violation of Section

1 6-101 or a similar out of state offense;

2 14. To any person who is 90 days or more delinquent in
3 court ordered child support payments or has been
4 adjudicated in arrears in an amount equal to 90 days'
5 obligation or more and who has been found in contempt of
6 court for failure to pay the support, subject to the
7 requirements and procedures of Article VII of Chapter 7 of
8 the Illinois Vehicle Code;

9 14.5. To any person certified by the Illinois
10 Department of Healthcare and Family Services as being 90
11 days or more delinquent in payment of support under an
12 order of support entered by a court or administrative body
13 of this or any other State, subject to the requirements and
14 procedures of Article VII of Chapter 7 of this Code
15 regarding those certifications;

16 15. To any person released from a term of imprisonment
17 for violating Section 9-3 of the Criminal Code of 1961 or
18 the Criminal Code of 2012, or a similar provision of a law
19 of another state relating to reckless homicide or for
20 violating subparagraph (F) of paragraph (1) of subsection
21 (d) of Section 11-501 of this Code relating to aggravated
22 driving under the influence of alcohol, other drug or
23 drugs, intoxicating compound or compounds, or any
24 combination thereof, if the violation was the proximate
25 cause of a death, within 24 months of release from a term
26 of imprisonment;

1 16. To any person who, with intent to influence any act
2 related to the issuance of any driver's license or permit,
3 by an employee of the Secretary of State's Office, or the
4 owner or employee of any commercial driver training school
5 licensed by the Secretary of State, or any other individual
6 authorized by the laws of this State to give driving
7 instructions or administer all or part of a driver's
8 license examination, promises or tenders to that person any
9 property or personal advantage which that person is not
10 authorized by law to accept. Any persons promising or
11 tendering such property or personal advantage shall be
12 disqualified from holding any class of driver's license or
13 permit for 120 consecutive days. The Secretary of State
14 shall establish by rule the procedures for implementing
15 this period of disqualification and the procedures by which
16 persons so disqualified may obtain administrative review
17 of the decision to disqualify;

18 17. To any person for whom the Secretary of State
19 cannot verify the accuracy of any information or
20 documentation submitted in application for a driver's
21 license;

22 18. To any person who has been adjudicated under the
23 Juvenile Court Act of 1987 based upon an offense that is
24 determined by the court to have been committed in
25 furtherance of the criminal activities of an organized
26 gang, as provided in Section 5-710 of that Act, and that

1 involved the operation or use of a motor vehicle or the use
2 of a driver's license or permit. The person shall be denied
3 a license or permit for the period determined by the court;
4 or

5 19. Beginning July 1, 2017, to any person who has been
6 issued an identification card under the Illinois
7 Identification Card Act. Any such person may, at his or her
8 discretion, surrender the identification card in order to
9 become eligible to obtain a driver's license.

10 The Secretary of State shall retain all conviction
11 information, if the information is required to be held
12 confidential under the Juvenile Court Act of 1987.

13 (Source: P.A. 98-167, eff. 7-1-14; 98-756, eff. 7-16-14;
14 99-173, eff. 7-29-15; 99-511, eff. 1-1-17.)

15 (625 ILCS 5/6-106.1) (from Ch. 95 1/2, par. 6-106.1)

16 Sec. 6-106.1. School bus driver permit.

17 (a) The Secretary of State shall issue a school bus driver
18 permit to those applicants who have met all the requirements of
19 the application and screening process under this Section to
20 insure the welfare and safety of children who are transported
21 on school buses throughout the State of Illinois. Applicants
22 shall obtain the proper application required by the Secretary
23 of State from their prospective or current employer and submit
24 the completed application to the prospective or current
25 employer along with the necessary fingerprint submission as

1 required by the Department of State Police to conduct
2 fingerprint based criminal background checks on current and
3 future information available in the state system and current
4 information available through the Federal Bureau of
5 Investigation's system. Applicants who have completed the
6 fingerprinting requirements shall not be subjected to the
7 fingerprinting process when applying for subsequent permits or
8 submitting proof of successful completion of the annual
9 refresher course. Individuals who on July 1, 1995 (the
10 effective date of Public Act 88-612) possess a valid school bus
11 driver permit that has been previously issued by the
12 appropriate Regional School Superintendent are not subject to
13 the fingerprinting provisions of this Section as long as the
14 permit remains valid and does not lapse. The applicant shall be
15 required to pay all related application and fingerprinting fees
16 as established by rule including, but not limited to, the
17 amounts established by the Department of State Police and the
18 Federal Bureau of Investigation to process fingerprint based
19 criminal background investigations. All fees paid for
20 fingerprint processing services under this Section shall be
21 deposited into the State Police Services Fund for the cost
22 incurred in processing the fingerprint based criminal
23 background investigations. All other fees paid under this
24 Section shall be deposited into the Road Fund for the purpose
25 of defraying the costs of the Secretary of State in
26 administering this Section. All applicants must:

- 1 1. be 21 years of age or older;
- 2 2. possess a valid and properly classified driver's
3 license issued by the Secretary of State;
- 4 3. possess a valid driver's license, which has not been
5 revoked, suspended, or canceled for 3 years immediately
6 prior to the date of application, or have not had his or
7 her commercial motor vehicle driving privileges
8 disqualified within the 3 years immediately prior to the
9 date of application;
- 10 4. successfully pass a written test, administered by
11 the Secretary of State, on school bus operation, school bus
12 safety, and special traffic laws relating to school buses
13 and submit to a review of the applicant's driving habits by
14 the Secretary of State at the time the written test is
15 given;
- 16 5. demonstrate ability to exercise reasonable care in
17 the operation of school buses in accordance with rules
18 promulgated by the Secretary of State;
- 19 6. demonstrate physical fitness to operate school
20 buses by submitting the results of a medical examination,
21 including tests for drug use for each applicant not subject
22 to such testing pursuant to federal law, conducted by a
23 licensed physician, a licensed advanced practice
24 registered nurse, or a licensed physician assistant within
25 90 days of the date of application according to standards
26 promulgated by the Secretary of State;

1 7. affirm under penalties of perjury that he or she has
2 not made a false statement or knowingly concealed a
3 material fact in any application for permit;

4 8. have completed an initial classroom course,
5 including first aid procedures, in school bus driver safety
6 as promulgated by the Secretary of State; and after
7 satisfactory completion of said initial course an annual
8 refresher course; such courses and the agency or
9 organization conducting such courses shall be approved by
10 the Secretary of State; failure to complete the annual
11 refresher course, shall result in cancellation of the
12 permit until such course is completed;

13 9. not have been under an order of court supervision
14 for or convicted of 2 or more serious traffic offenses, as
15 defined by rule, within one year prior to the date of
16 application that may endanger the life or safety of any of
17 the driver's passengers within the duration of the permit
18 period;

19 10. not have been under an order of court supervision
20 for or convicted of reckless driving, aggravated reckless
21 driving, driving while under the influence of alcohol,
22 other drug or drugs, intoxicating compound or compounds or
23 any combination thereof, or reckless homicide resulting
24 from the operation of a motor vehicle within 3 years of the
25 date of application;

26 11. not have been convicted of committing or attempting

1 to commit any one or more of the following offenses: (i)
2 those offenses defined in Sections 8-1.2, 9-1, 9-1.2, 9-2,
3 9-2.1, 9-3, 9-3.2, 9-3.3, 10-1, 10-2, 10-3.1, 10-4, 10-5,
4 10-5.1, 10-6, 10-7, 10-9, 11-1.20, 11-1.30, 11-1.40,
5 11-1.50, 11-1.60, 11-6, 11-6.5, 11-6.6, 11-9, 11-9.1,
6 11-9.3, 11-9.4, 11-14, 11-14.1, 11-14.3, 11-14.4, 11-15,
7 11-15.1, 11-16, 11-17, 11-17.1, 11-18, 11-18.1, 11-19,
8 11-19.1, 11-19.2, 11-20, 11-20.1, 11-20.1B, 11-20.3,
9 11-21, 11-22, 11-23, 11-24, 11-25, 11-26, 11-30, 12-2.6,
10 12-3.1, 12-4, 12-4.1, 12-4.2, 12-4.2-5, 12-4.3, 12-4.4,
11 12-4.5, 12-4.6, 12-4.7, 12-4.9, 12-5.01, 12-6, 12-6.2,
12 12-7.1, 12-7.3, 12-7.4, 12-7.5, 12-11, 12-13, 12-14,
13 12-14.1, 12-15, 12-16, 12-16.2, 12-21.5, 12-21.6, 12-33,
14 12C-5, 12C-10, 12C-20, 12C-30, 12C-45, 16-16, 16-16.1,
15 18-1, 18-2, 18-3, 18-4, 18-5, 19-6, 20-1, 20-1.1, 20-1.2,
16 20-1.3, 20-2, 24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.6,
17 24-1.7, 24-2.1, 24-3.3, 24-3.5, 24-3.8, 24-3.9, 31A-1,
18 31A-1.1, 33A-2, and 33D-1, and in subsection (b) of Section
19 8-1, and in subdivisions (a)(1), (a)(2), (b)(1), (e)(1),
20 (e)(2), (e)(3), (e)(4), and (f)(1) of Section 12-3.05, and
21 in subsection (a) and subsection (b), clause (1), of
22 Section 12-4, and in subsection (A), clauses (a) and (b),
23 of Section 24-3, and those offenses contained in Article
24 29D of the Criminal Code of 1961 or the Criminal Code of
25 2012; (ii) those offenses defined in the Cannabis Control
26 Act except those offenses defined in subsections (a) and

1 (b) of Section 4, and subsection (a) of Section 5 of the
2 Cannabis Control Act; (iii) those offenses defined in the
3 Illinois Controlled Substances Act; (iv) those offenses
4 defined in the Methamphetamine Control and Community
5 Protection Act; (v) any offense committed or attempted in
6 any other state or against the laws of the United States,
7 which if committed or attempted in this State would be
8 punishable as one or more of the foregoing offenses; (vi)
9 the offenses defined in Section 4.1 and 5.1 of the Wrongs
10 to Children Act or Section 11-9.1A of the Criminal Code of
11 1961 or the Criminal Code of 2012; (vii) those offenses
12 defined in Section 6-16 of the Liquor Control Act of 1934;
13 and (viii) those offenses defined in the Methamphetamine
14 Precursor Control Act;

15 12. not have been repeatedly involved as a driver in
16 motor vehicle collisions or been repeatedly convicted of
17 offenses against laws and ordinances regulating the
18 movement of traffic, to a degree which indicates lack of
19 ability to exercise ordinary and reasonable care in the
20 safe operation of a motor vehicle or disrespect for the
21 traffic laws and the safety of other persons upon the
22 highway;

23 13. not have, through the unlawful operation of a motor
24 vehicle, caused an accident resulting in the death of any
25 person;

26 14. not have, within the last 5 years, been adjudged to

1 be afflicted with or suffering from any mental disability
2 or disease; and

3 15. consent, in writing, to the release of results of
4 reasonable suspicion drug and alcohol testing under
5 Section 6-106.1c of this Code by the employer of the
6 applicant to the Secretary of State.

7 (b) A school bus driver permit shall be valid for a period
8 specified by the Secretary of State as set forth by rule. It
9 shall be renewable upon compliance with subsection (a) of this
10 Section.

11 (c) A school bus driver permit shall contain the holder's
12 driver's license number, legal name, residence address, zip
13 code, and date of birth, a brief description of the holder and
14 a space for signature. The Secretary of State may require a
15 suitable photograph of the holder.

16 (d) The employer shall be responsible for conducting a
17 pre-employment interview with prospective school bus driver
18 candidates, distributing school bus driver applications and
19 medical forms to be completed by the applicant, and submitting
20 the applicant's fingerprint cards to the Department of State
21 Police that are required for the criminal background
22 investigations. The employer shall certify in writing to the
23 Secretary of State that all pre-employment conditions have been
24 successfully completed including the successful completion of
25 an Illinois specific criminal background investigation through
26 the Department of State Police and the submission of necessary

1 fingerprints to the Federal Bureau of Investigation for
2 criminal history information available through the Federal
3 Bureau of Investigation system. The applicant shall present the
4 certification to the Secretary of State at the time of
5 submitting the school bus driver permit application.

6 (e) Permits shall initially be provisional upon receiving
7 certification from the employer that all pre-employment
8 conditions have been successfully completed, and upon
9 successful completion of all training and examination
10 requirements for the classification of the vehicle to be
11 operated, the Secretary of State shall provisionally issue a
12 School Bus Driver Permit. The permit shall remain in a
13 provisional status pending the completion of the Federal Bureau
14 of Investigation's criminal background investigation based
15 upon fingerprinting specimens submitted to the Federal Bureau
16 of Investigation by the Department of State Police. The Federal
17 Bureau of Investigation shall report the findings directly to
18 the Secretary of State. The Secretary of State shall remove the
19 bus driver permit from provisional status upon the applicant's
20 successful completion of the Federal Bureau of Investigation's
21 criminal background investigation.

22 (f) A school bus driver permit holder shall notify the
23 employer and the Secretary of State if he or she is issued an
24 order of court supervision for or convicted in another state of
25 an offense that would make him or her ineligible for a permit
26 under subsection (a) of this Section. The written notification

1 shall be made within 5 days of the entry of the order of court
2 supervision or conviction. Failure of the permit holder to
3 provide the notification is punishable as a petty offense for a
4 first violation and a Class B misdemeanor for a second or
5 subsequent violation.

6 (g) Cancellation; suspension; notice and procedure.

7 (1) The Secretary of State shall cancel a school bus
8 driver permit of an applicant whose criminal background
9 investigation discloses that he or she is not in compliance
10 with the provisions of subsection (a) of this Section.

11 (2) The Secretary of State shall cancel a school bus
12 driver permit when he or she receives notice that the
13 permit holder fails to comply with any provision of this
14 Section or any rule promulgated for the administration of
15 this Section.

16 (3) The Secretary of State shall cancel a school bus
17 driver permit if the permit holder's restricted commercial
18 or commercial driving privileges are withdrawn or
19 otherwise invalidated.

20 (4) The Secretary of State may not issue a school bus
21 driver permit for a period of 3 years to an applicant who
22 fails to obtain a negative result on a drug test as
23 required in item 6 of subsection (a) of this Section or
24 under federal law.

25 (5) The Secretary of State shall forthwith suspend a
26 school bus driver permit for a period of 3 years upon

1 receiving notice that the holder has failed to obtain a
2 negative result on a drug test as required in item 6 of
3 subsection (a) of this Section or under federal law.

4 (6) The Secretary of State shall suspend a school bus
5 driver permit for a period of 3 years upon receiving notice
6 from the employer that the holder failed to perform the
7 inspection procedure set forth in subsection (a) or (b) of
8 Section 12-816 of this Code.

9 (7) The Secretary of State shall suspend a school bus
10 driver permit for a period of 3 years upon receiving notice
11 from the employer that the holder refused to submit to an
12 alcohol or drug test as required by Section 6-106.1c or has
13 submitted to a test required by that Section which
14 disclosed an alcohol concentration of more than 0.00 or
15 disclosed a positive result on a National Institute on Drug
16 Abuse five-drug panel, utilizing federal standards set
17 forth in 49 CFR 40.87.

18 The Secretary of State shall notify the State
19 Superintendent of Education and the permit holder's
20 prospective or current employer that the applicant has (1) has
21 failed a criminal background investigation or (2) is no longer
22 eligible for a school bus driver permit; and of the related
23 cancellation of the applicant's provisional school bus driver
24 permit. The cancellation shall remain in effect pending the
25 outcome of a hearing pursuant to Section 2-118 of this Code.
26 The scope of the hearing shall be limited to the issuance

1 criteria contained in subsection (a) of this Section. A
2 petition requesting a hearing shall be submitted to the
3 Secretary of State and shall contain the reason the individual
4 feels he or she is entitled to a school bus driver permit. The
5 permit holder's employer shall notify in writing to the
6 Secretary of State that the employer has certified the removal
7 of the offending school bus driver from service prior to the
8 start of that school bus driver's next workshift. An employing
9 school board that fails to remove the offending school bus
10 driver from service is subject to the penalties defined in
11 Section 3-14.23 of the School Code. A school bus contractor who
12 violates a provision of this Section is subject to the
13 penalties defined in Section 6-106.11.

14 All valid school bus driver permits issued under this
15 Section prior to January 1, 1995, shall remain effective until
16 their expiration date unless otherwise invalidated.

17 (h) When a school bus driver permit holder who is a service
18 member is called to active duty, the employer of the permit
19 holder shall notify the Secretary of State, within 30 days of
20 notification from the permit holder, that the permit holder has
21 been called to active duty. Upon notification pursuant to this
22 subsection, (i) the Secretary of State shall characterize the
23 permit as inactive until a permit holder renews the permit as
24 provided in subsection (i) of this Section, and (ii) if a
25 permit holder fails to comply with the requirements of this
26 Section while called to active duty, the Secretary of State

1 shall not characterize the permit as invalid.

2 (i) A school bus driver permit holder who is a service
3 member returning from active duty must, within 90 days, renew a
4 permit characterized as inactive pursuant to subsection (h) of
5 this Section by complying with the renewal requirements of
6 subsection (b) of this Section.

7 (j) For purposes of subsections (h) and (i) of this
8 Section:

9 "Active duty" means active duty pursuant to an executive
10 order of the President of the United States, an act of the
11 Congress of the United States, or an order of the Governor.

12 "Service member" means a member of the Armed Services or
13 reserve forces of the United States or a member of the Illinois
14 National Guard.

15 (k) A private carrier employer of a school bus driver
16 permit holder, having satisfied the employer requirements of
17 this Section, shall be held to a standard of ordinary care for
18 intentional acts committed in the course of employment by the
19 bus driver permit holder. This subsection (k) shall in no way
20 limit the liability of the private carrier employer for
21 violation of any provision of this Section or for the negligent
22 hiring or retention of a school bus driver permit holder.

23 (Source: P.A. 99-148, eff. 1-1-16; 99-173, eff. 7-29-15;
24 99-642, eff. 7-28-16.)

25 (625 ILCS 5/6-106.1a)

1 Sec. 6-106.1a. Cancellation of school bus driver permit;
2 trace of alcohol.

3 (a) A person who has been issued a school bus driver permit
4 by the Secretary of State in accordance with Section 6-106.1 of
5 this Code and who drives or is in actual physical control of a
6 school bus or any other vehicle owned or operated by or for a
7 public or private school, or a school operated by a religious
8 institution, when the vehicle is being used over a regularly
9 scheduled route for the transportation of persons enrolled as
10 students in grade 12 or below, in connection with any activity
11 of the entities listed, upon the public highways of this State
12 shall be deemed to have given consent to a chemical test or
13 tests of blood, breath, other bodily substance, or urine for
14 the purpose of determining the alcohol content of the person's
15 blood if arrested, as evidenced by the issuance of a Uniform
16 Traffic Ticket for any violation of this Code or a similar
17 provision of a local ordinance, if a police officer has
18 probable cause to believe that the driver has consumed any
19 amount of an alcoholic beverage based upon evidence of the
20 driver's physical condition or other first hand knowledge of
21 the police officer. The test or tests shall be administered at
22 the direction of the arresting officer. The law enforcement
23 agency employing the officer shall designate which of the
24 aforesaid tests shall be administered. A urine or other bodily
25 substance test may be administered even after a blood or breath
26 test or both has been administered.

1 (b) A person who is dead, unconscious, or who is otherwise
2 in a condition rendering that person incapable of refusal,
3 shall be deemed not to have withdrawn the consent provided by
4 paragraph (a) of this Section and the test or tests may be
5 administered subject to the following provisions:

6 (1) Chemical analysis of the person's blood, urine,
7 breath, or other bodily substance, to be considered valid
8 under the provisions of this Section, shall have been
9 performed according to standards promulgated by the
10 Department of State Police by an individual possessing a
11 valid permit issued by the Department of State Police for
12 this purpose. The Director of State Police is authorized to
13 approve satisfactory techniques or methods, to ascertain
14 the qualifications and competence of individuals to
15 conduct analyses, to issue permits that shall be subject to
16 termination or revocation at the direction of the
17 Department of State Police, and to certify the accuracy of
18 breath testing equipment. The Department of State Police
19 shall prescribe rules as necessary.

20 (2) When a person submits to a blood test at the
21 request of a law enforcement officer under the provisions
22 of this Section, only a physician authorized to practice
23 medicine, a licensed physician assistant, a licensed
24 advanced practice registered nurse, a registered nurse, or
25 other qualified person trained in venipuncture and acting
26 under the direction of a licensed physician may withdraw

1 blood for the purpose of determining the alcohol content.
2 This limitation does not apply to the taking of breath,
3 other bodily substance, or urine specimens.

4 (3) The person tested may have a physician, qualified
5 technician, chemist, registered nurse, or other qualified
6 person of his or her own choosing administer a chemical
7 test or tests in addition to any test or tests administered
8 at the direction of a law enforcement officer. The test
9 administered at the request of the person may be admissible
10 into evidence at a hearing conducted in accordance with
11 Section 2-118 of this Code. The failure or inability to
12 obtain an additional test by a person shall not preclude
13 the consideration of the previously performed chemical
14 test.

15 (4) Upon a request of the person who submits to a
16 chemical test or tests at the request of a law enforcement
17 officer, full information concerning the test or tests
18 shall be made available to the person or that person's
19 attorney by the requesting law enforcement agency within 72
20 hours of receipt of the test result.

21 (5) Alcohol concentration means either grams of
22 alcohol per 100 milliliters of blood or grams of alcohol
23 per 210 liters of breath.

24 (6) If a driver is receiving medical treatment as a
25 result of a motor vehicle accident, a physician licensed to
26 practice medicine, licensed physician assistant, licensed

1 advanced practice registered nurse, registered nurse, or
2 other qualified person trained in venipuncture and acting
3 under the direction of a licensed physician shall withdraw
4 blood for testing purposes to ascertain the presence of
5 alcohol upon the specific request of a law enforcement
6 officer. However, that testing shall not be performed
7 until, in the opinion of the medical personnel on scene,
8 the withdrawal can be made without interfering with or
9 endangering the well-being of the patient.

10 (c) A person requested to submit to a test as provided in
11 this Section shall be warned by the law enforcement officer
12 requesting the test that a refusal to submit to the test, or
13 submission to the test resulting in an alcohol concentration of
14 more than 0.00, may result in the loss of that person's
15 privilege to possess a school bus driver permit. The loss of
16 the individual's privilege to possess a school bus driver
17 permit shall be imposed in accordance with Section 6-106.1b of
18 this Code. A person requested to submit to a test under this
19 Section shall also acknowledge, in writing, receipt of the
20 warning required under this subsection (c). If the person
21 refuses to acknowledge receipt of the warning, the law
22 enforcement officer shall make a written notation on the
23 warning that the person refused to sign the warning. A person's
24 refusal to sign the warning shall not be evidence that the
25 person was not read the warning.

26 (d) If the person refuses testing or submits to a test that

1 discloses an alcohol concentration of more than 0.00, 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) and the person refused to submit to a test or
6 tests or submitted to testing which disclosed an alcohol
7 concentration of more than 0.00. The law enforcement officer
8 shall submit the same sworn report when a person who has been
9 issued a school bus driver permit and who was operating a
10 school bus or any other vehicle owned or operated by or for a
11 public or private school, or a school operated by a religious
12 institution, when the vehicle is being used over a regularly
13 scheduled route for the transportation of persons enrolled as
14 students in grade 12 or below, in connection with any activity
15 of the entities listed, submits to testing under Section
16 11-501.1 of this Code and the testing discloses an alcohol
17 concentration of more than 0.00 and less than the alcohol
18 concentration at which driving or being in actual physical
19 control of a motor vehicle is prohibited under paragraph (1) of
20 subsection (a) of Section 11-501.

21 Upon receipt of the sworn report of a law enforcement
22 officer, the Secretary of State shall enter the school bus
23 driver permit sanction on the individual's driving record and
24 the sanction shall be effective on the 46th day following the
25 date notice of the sanction was given to the person.

26 The law enforcement officer submitting the sworn report

1 shall serve immediate notice of this school bus driver permit
2 sanction on the person and the sanction shall be effective on
3 the 46th day following the date notice was given.

4 In cases where the blood alcohol concentration of more than
5 0.00 is established by a subsequent analysis of blood, other
6 bodily substance, or urine, the police officer or arresting
7 agency shall give notice as provided in this Section or by
8 deposit in the United States mail of that notice in an envelope
9 with postage prepaid and addressed to that person at his or her
10 last known address and the loss of the school bus driver permit
11 shall be effective on the 46th day following the date notice
12 was given.

13 Upon receipt of the sworn report of a law enforcement
14 officer, the Secretary of State shall also give notice of the
15 school bus driver permit sanction to the driver and the
16 driver's current employer by mailing a notice of the effective
17 date of the sanction to the individual. However, shall the
18 sworn report be defective by not containing sufficient
19 information or be completed in error, the notice of the school
20 bus driver permit sanction may not be mailed to the person or
21 his current employer 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 school bus driver permit
25 sanction by requesting an administrative hearing with the
26 Secretary of State in accordance with Section 2-118 of this

1 Code. An individual whose blood alcohol concentration is shown
2 to be more than 0.00 is not subject to this Section if he or she
3 consumed alcohol in the performance of a religious service or
4 ceremony. An individual whose blood alcohol concentration is
5 shown to be more than 0.00 shall not be subject to this Section
6 if the individual's blood alcohol concentration resulted only
7 from ingestion of the prescribed or recommended dosage of
8 medicine that contained alcohol. The petition for that hearing
9 shall not stay or delay the effective date of the impending
10 suspension. The scope of this hearing shall be limited to the
11 issues of:

12 (1) whether the police officer had probable cause to
13 believe that the person was driving or in actual physical
14 control of a school bus or any other vehicle owned or
15 operated by or for a public or private school, or a school
16 operated by a religious institution, when the vehicle is
17 being used over a regularly scheduled route for the
18 transportation of persons enrolled as students in grade 12
19 or below, in connection with any activity of the entities
20 listed, upon the public highways of the State and the
21 police officer had reason to believe that the person was in
22 violation of any provision of this Code or a similar
23 provision of a local ordinance; and

24 (2) whether the person was issued a Uniform Traffic
25 Ticket for any violation of this Code or a similar
26 provision of a local ordinance; and

1 (3) whether the police officer had probable cause to
2 believe that the driver had consumed any amount of an
3 alcoholic beverage based upon the driver's physical
4 actions or other first-hand knowledge of the police
5 officer; and

6 (4) whether the person, after being advised by the
7 officer that the privilege to possess a school bus driver
8 permit would be canceled if the person refused to submit to
9 and complete the test or tests, did refuse to submit to or
10 complete the test or tests to determine the person's
11 alcohol concentration; and

12 (5) whether the person, after being advised by the
13 officer that the privileges to possess a school bus driver
14 permit would be canceled if the person submits to a
15 chemical test or tests and the test or tests disclose an
16 alcohol concentration of more than 0.00 and the person did
17 submit to and complete the test or tests that determined an
18 alcohol concentration of more than 0.00; and

19 (6) whether the test result of an alcohol concentration
20 of more than 0.00 was based upon the person's consumption
21 of alcohol in the performance of a religious service or
22 ceremony; and

23 (7) whether the test result of an alcohol concentration
24 of more than 0.00 was based upon the person's consumption
25 of alcohol through ingestion of the prescribed or
26 recommended dosage of medicine.

1 The Secretary of State may adopt administrative rules
2 setting forth circumstances under which the holder of a school
3 bus driver permit is not required to appear in person at the
4 hearing.

5 Provided that the petitioner may subpoena the officer, the
6 hearing may be conducted upon a review of the law enforcement
7 officer's own official reports. Failure of the officer to
8 answer the subpoena shall be grounds for a continuance if, in
9 the hearing officer's discretion, the continuance is
10 appropriate. At the conclusion of the hearing held under
11 Section 2-118 of this Code, the Secretary of State may rescind,
12 continue, or modify the school bus driver permit sanction.

13 (f) The results of any chemical testing performed in
14 accordance with subsection (a) of this Section are not
15 admissible in any civil or criminal proceeding, except that the
16 results of the testing may be considered at a hearing held
17 under Section 2-118 of this Code. However, the results of the
18 testing may not be used to impose driver's license sanctions
19 under Section 11-501.1 of this Code. A law enforcement officer
20 may, however, pursue a statutory summary suspension or
21 revocation of driving privileges under Section 11-501.1 of this
22 Code if other physical evidence or first hand knowledge forms
23 the basis of that suspension or revocation.

24 (g) This Section applies only to drivers who have been
25 issued a school bus driver permit in accordance with Section
26 6-106.1 of this Code at the time of the issuance of the Uniform

1 Traffic Ticket for a violation of this Code or a similar
2 provision of a local ordinance, and a chemical test request is
3 made under this Section.

4 (h) The action of the Secretary of State in suspending,
5 revoking, canceling, or denying any license, permit,
6 registration, or certificate of title shall be subject to
7 judicial review in the Circuit Court of Sangamon County or in
8 the Circuit Court of Cook County, and the provisions of the
9 Administrative Review Law and its rules are hereby adopted and
10 shall apply to and govern every action for the judicial review
11 of final acts or decisions of the Secretary of State under this
12 Section.

13 (Source: P.A. 99-467, eff. 1-1-16; 99-697, eff. 7-29-16.)

14 (625 ILCS 5/6-901) (from Ch. 95 1/2, par. 6-901)

15 Sec. 6-901. Definitions. For the purposes of this Article:

16 "Board" means the Driver's License Medical Advisory Board.

17 "Medical examiner" or "medical practitioner" means:

18 (i) any person licensed to practice medicine in all its
19 branches in the State of Illinois or any other state;

20 (ii) a licensed physician assistant; or

21 (iii) a licensed advanced practice registered nurse.

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

23 (625 ILCS 5/11-501.01)

24 Sec. 11-501.01. Additional administrative sanctions.

1 (a) After a finding of guilt and prior to any final
2 sentencing or an order for supervision, for an offense based
3 upon an arrest for a violation of Section 11-501 or a similar
4 provision of a local ordinance, individuals shall be required
5 to undergo a professional evaluation to determine if an
6 alcohol, drug, or intoxicating compound abuse problem exists
7 and the extent of the problem, and undergo the imposition of
8 treatment as appropriate. Programs conducting these
9 evaluations shall be licensed by the Department of Human
10 Services. The cost of any professional evaluation shall be paid
11 for by the individual required to undergo the professional
12 evaluation.

13 (b) Any person who is found guilty of or pleads guilty to
14 violating Section 11-501, including any person receiving a
15 disposition of court supervision for violating that Section,
16 may be required by the Court to attend a victim impact panel
17 offered by, or under contract with, a county State's Attorney's
18 office, a probation and court services department, Mothers
19 Against Drunk Driving, or the Alliance Against Intoxicated
20 Motorists. All costs generated by the victim impact panel shall
21 be paid from fees collected from the offender or as may be
22 determined by the court.

23 (c) Every person found guilty of violating Section 11-501,
24 whose operation of a motor vehicle while in violation of that
25 Section proximately caused any incident resulting in an
26 appropriate emergency response, shall be liable for the expense

1 of an emergency response as provided in subsection (i) of this
2 Section.

3 (d) The Secretary of State shall revoke the driving
4 privileges of any person convicted under Section 11-501 or a
5 similar provision of a local ordinance.

6 (e) The Secretary of State shall require the use of
7 ignition interlock devices for a period not less than 5 years
8 on all vehicles owned by a person who has been convicted of a
9 second or subsequent offense of Section 11-501 or a similar
10 provision of a local ordinance. The person must pay to the
11 Secretary of State DUI Administration Fund an amount not to
12 exceed \$30 for each month that he or she uses the device. The
13 Secretary shall establish by rule and regulation the procedures
14 for certification and use of the interlock system, the amount
15 of the fee, and the procedures, terms, and conditions relating
16 to these fees. During the time period in which a person is
17 required to install an ignition interlock device under this
18 subsection (e), that person shall only operate vehicles in
19 which ignition interlock devices have been installed, except as
20 allowed by subdivision (c)(5) or (d)(5) of Section 6-205 of
21 this Code.

22 (f) In addition to any other penalties and liabilities, a
23 person who is found guilty of or pleads guilty to violating
24 Section 11-501, including any person placed on court
25 supervision for violating Section 11-501, shall be assessed
26 \$750, payable to the circuit clerk, who shall distribute the

1 money as follows: \$350 to the law enforcement agency that made
2 the arrest, and \$400 shall be forwarded to the State Treasurer
3 for deposit into the General Revenue Fund. If the person has
4 been previously convicted of violating Section 11-501 or a
5 similar provision of a local ordinance, the fine shall be
6 \$1,000, and the circuit clerk shall distribute \$200 to the law
7 enforcement agency that made the arrest and \$800 to the State
8 Treasurer for deposit into the General Revenue Fund. In the
9 event that more than one agency is responsible for the arrest,
10 the amount payable to law enforcement agencies shall be shared
11 equally. Any moneys received by a law enforcement agency under
12 this subsection (f) shall be used for enforcement and
13 prevention of driving while under the influence of alcohol,
14 other drug or drugs, intoxicating compound or compounds or any
15 combination thereof, as defined by Section 11-501 of this Code,
16 including but not limited to the purchase of law enforcement
17 equipment and commodities that will assist in the prevention of
18 alcohol related criminal violence throughout the State; police
19 officer training and education in areas related to alcohol
20 related crime, including but not limited to DUI training; and
21 police officer salaries, including but not limited to salaries
22 for hire back funding for safety checkpoints, saturation
23 patrols, and liquor store sting operations. Any moneys received
24 by the Department of State Police under this subsection (f)
25 shall be deposited into the State Police DUI Fund and shall be
26 used to purchase law enforcement equipment that will assist in

1 the prevention of alcohol related criminal violence throughout
2 the State.

3 (g) The Secretary of State Police DUI Fund is created as a
4 special fund in the State treasury. All moneys received by the
5 Secretary of State Police under subsection (f) of this Section
6 shall be deposited into the Secretary of State Police DUI Fund
7 and, subject to appropriation, shall be used for enforcement
8 and prevention of driving while under the influence of alcohol,
9 other drug or drugs, intoxicating compound or compounds or any
10 combination thereof, as defined by Section 11-501 of this Code,
11 including but not limited to the purchase of law enforcement
12 equipment and commodities to assist in the prevention of
13 alcohol related criminal violence throughout the State; police
14 officer training and education in areas related to alcohol
15 related crime, including but not limited to DUI training; and
16 police officer salaries, including but not limited to salaries
17 for hire back funding for safety checkpoints, saturation
18 patrols, and liquor store sting operations.

19 (h) Whenever an individual is sentenced for an offense
20 based upon an arrest for a violation of Section 11-501 or a
21 similar provision of a local ordinance, and the professional
22 evaluation recommends remedial or rehabilitative treatment or
23 education, neither the treatment nor the education shall be the
24 sole disposition and either or both may be imposed only in
25 conjunction with another disposition. The court shall monitor
26 compliance with any remedial education or treatment

1 recommendations contained in the professional evaluation.
2 Programs conducting alcohol or other drug evaluation or
3 remedial education must be licensed by the Department of Human
4 Services. If the individual is not a resident of Illinois,
5 however, the court may accept an alcohol or other drug
6 evaluation or remedial education program in the individual's
7 state of residence. Programs providing treatment must be
8 licensed under existing applicable alcoholism and drug
9 treatment licensure standards.

10 (i) In addition to any other fine or penalty required by
11 law, an individual convicted of a violation of Section 11-501,
12 Section 5-7 of the Snowmobile Registration and Safety Act,
13 Section 5-16 of the Boat Registration and Safety Act, or a
14 similar provision, whose operation of a motor vehicle,
15 snowmobile, or watercraft while in violation of Section 11-501,
16 Section 5-7 of the Snowmobile Registration and Safety Act,
17 Section 5-16 of the Boat Registration and Safety Act, or a
18 similar provision proximately caused an incident resulting in
19 an appropriate emergency response, shall be required to make
20 restitution to a public agency for the costs of that emergency
21 response. The restitution may not exceed \$1,000 per public
22 agency for each emergency response. As used in this subsection
23 (i), "emergency response" means any incident requiring a
24 response by a police officer, a firefighter carried on the
25 rolls of a regularly constituted fire department, or an
26 ambulance. With respect to funds designated for the Department

1 of State Police, the moneys shall be remitted by the circuit
2 court clerk to the State Police within one month after receipt
3 for deposit into the State Police DUI Fund. With respect to
4 funds designated for the Department of Natural Resources, the
5 Department of Natural Resources shall deposit the moneys into
6 the Conservation Police Operations Assistance Fund.

7 (j) A person that is subject to a chemical test or tests of
8 blood under subsection (a) of Section 11-501.1 or subdivision
9 (c) (2) of Section 11-501.2 of this Code, whether or not that
10 person consents to testing, shall be liable for the expense up
11 to \$500 for blood withdrawal by a physician authorized to
12 practice medicine, a licensed physician assistant, a licensed
13 advanced practice registered nurse, a registered nurse, a
14 trained phlebotomist, a licensed paramedic, or a qualified
15 person other than a police officer approved by the Department
16 of State Police to withdraw blood, who responds, whether at a
17 law enforcement facility or a health care facility, to a police
18 department request for the drawing of blood based upon refusal
19 of the person to submit to a lawfully requested breath test or
20 probable cause exists to believe the test would disclose the
21 ingestion, consumption, or use of drugs or intoxicating
22 compounds if:

23 (1) the person is found guilty of violating Section
24 11-501 of this Code or a similar provision of a local
25 ordinance; or

26 (2) the person pleads guilty to or stipulates to facts

1 supporting a violation of Section 11-503 of this Code or a
2 similar provision of a local ordinance when the plea or
3 stipulation was the result of a plea agreement in which the
4 person was originally charged with violating Section
5 11-501 of this Code or a similar local ordinance.

6 (Source: P.A. 98-292, eff. 1-1-14; 98-463, eff. 8-16-13;
7 98-973, eff. 8-15-14; 99-289, eff. 8-6-15; 99-296, eff. 1-1-16;
8 99-642, eff. 7-28-16.)

9 (625 ILCS 5/11-501.2) (from Ch. 95 1/2, par. 11-501.2)

10 Sec. 11-501.2. Chemical and other tests.

11 (a) Upon the trial of any civil or criminal action or
12 proceeding arising out of an arrest for an offense as defined
13 in Section 11-501 or a similar local ordinance or proceedings
14 pursuant to Section 2-118.1, evidence of the concentration of
15 alcohol, other drug or drugs, or intoxicating compound or
16 compounds, or any combination thereof in a person's blood or
17 breath at the time alleged, as determined by analysis of the
18 person's blood, urine, breath, or other bodily substance, shall
19 be admissible. Where such test is made the following provisions
20 shall apply:

21 1. Chemical analyses of the person's blood, urine,
22 breath, or other bodily substance to be considered valid
23 under the provisions of this Section shall have been
24 performed according to standards promulgated by the
25 Department of State Police by a licensed physician,

1 registered nurse, trained phlebotomist, licensed
2 paramedic, or other individual possessing a valid permit
3 issued by that Department for this purpose. The Director of
4 State Police is authorized to approve satisfactory
5 techniques or methods, to ascertain the qualifications and
6 competence of individuals to conduct such analyses, to
7 issue permits which shall be subject to termination or
8 revocation at the discretion of that Department and to
9 certify the accuracy of breath testing equipment. The
10 Department of State Police shall prescribe regulations as
11 necessary to implement this Section.

12 2. When a person in this State shall submit to a blood
13 test at the request of a law enforcement officer under the
14 provisions of Section 11-501.1, only a physician
15 authorized to practice medicine, a licensed physician
16 assistant, a licensed advanced practice registered nurse,
17 a registered nurse, trained phlebotomist, or licensed
18 paramedic, or other qualified person approved by the
19 Department of State Police may withdraw blood for the
20 purpose of determining the alcohol, drug, or alcohol and
21 drug content therein. This limitation shall not apply to
22 the taking of breath, other bodily substance, or urine
23 specimens.

24 When a blood test of a person who has been taken to an
25 adjoining state for medical treatment is requested by an
26 Illinois law enforcement officer, the blood may be

1 withdrawn only by a physician authorized to practice
2 medicine in the adjoining state, a licensed physician
3 assistant, a licensed advanced practice registered nurse,
4 a registered nurse, a trained phlebotomist acting under the
5 direction of the physician, or licensed paramedic. The law
6 enforcement officer requesting the test shall take custody
7 of the blood sample, and the blood sample shall be analyzed
8 by a laboratory certified by the Department of State Police
9 for that purpose.

10 3. The person tested may have a physician, or a
11 qualified technician, chemist, registered nurse, or other
12 qualified person of their own choosing administer a
13 chemical test or tests in addition to any administered at
14 the direction of a law enforcement officer. The failure or
15 inability to obtain an additional test by a person shall
16 not preclude the admission of evidence relating to the test
17 or tests taken at the direction of a law enforcement
18 officer.

19 4. Upon the request of the person who shall submit to a
20 chemical test or tests at the request of a law enforcement
21 officer, full information concerning the test or tests
22 shall be made available to the person or such person's
23 attorney.

24 5. Alcohol concentration shall mean either grams of
25 alcohol per 100 milliliters of blood or grams of alcohol
26 per 210 liters of breath.

1 6. Tetrahydrocannabinol concentration means either 5
2 nanograms or more of delta-9-tetrahydrocannabinol per
3 milliliter of whole blood or 10 nanograms or more of
4 delta-9-tetrahydrocannabinol per milliliter of other
5 bodily substance.

6 (a-5) Law enforcement officials may use standardized field
7 sobriety tests approved by the National Highway Traffic Safety
8 Administration when conducting investigations of a violation
9 of Section 11-501 or similar local ordinance by drivers
10 suspected of driving under the influence of cannabis. The
11 General Assembly finds that standardized field sobriety tests
12 approved by the National Highway Traffic Safety Administration
13 are divided attention tasks that are intended to determine if a
14 person is under the influence of cannabis. The purpose of these
15 tests is to determine the effect of the use of cannabis on a
16 person's capacity to think and act with ordinary care and
17 therefore operate a motor vehicle safely. Therefore, the
18 results of these standardized field sobriety tests,
19 appropriately administered, shall be admissible in the trial of
20 any civil or criminal action or proceeding arising out of an
21 arrest for a cannabis-related offense as defined in Section
22 11-501 or a similar local ordinance or proceedings under
23 Section 2-118.1 or 2-118.2. Where a test is made the following
24 provisions shall apply:

25 1. The person tested may have a physician, or a
26 qualified technician, chemist, registered nurse, or other

1 qualified person of their own choosing administer a
2 chemical test or tests in addition to the standardized
3 field sobriety test or tests administered at the direction
4 of a law enforcement officer. The failure or inability to
5 obtain an additional test by a person does not preclude the
6 admission of evidence relating to the test or tests taken
7 at the direction of a law enforcement officer.

8 2. Upon the request of the person who shall submit to a
9 standardized field sobriety test or tests at the request of
10 a law enforcement officer, full information concerning the
11 test or tests shall be made available to the person or the
12 person's attorney.

13 3. At the trial of any civil or criminal action or
14 proceeding arising out of an arrest for an offense as
15 defined in Section 11-501 or a similar local ordinance or
16 proceedings under Section 2-118.1 or 2-118.2 in which the
17 results of these standardized field sobriety tests are
18 admitted, the cardholder may present and the trier of fact
19 may consider evidence that the card holder lacked the
20 physical capacity to perform the standardized field
21 sobriety tests.

22 (b) Upon the trial of any civil or criminal action or
23 proceeding arising out of acts alleged to have been committed
24 by any person while driving or in actual physical control of a
25 vehicle while under the influence of alcohol, the concentration
26 of alcohol in the person's blood or breath at the time alleged

1 as shown by analysis of the person's blood, urine, breath, or
2 other bodily substance shall give rise to the following
3 presumptions:

4 1. If there was at that time an alcohol concentration
5 of 0.05 or less, it shall be presumed that the person was
6 not under the influence of alcohol.

7 2. If there was at that time an alcohol concentration
8 in excess of 0.05 but less than 0.08, such facts shall not
9 give rise to any presumption that the person was or was not
10 under the influence of alcohol, but such fact may be
11 considered with other competent evidence in determining
12 whether the person was under the influence of alcohol.

13 3. If there was at that time an alcohol concentration
14 of 0.08 or more, it shall be presumed that the person was
15 under the influence of alcohol.

16 4. The foregoing provisions of this Section shall not
17 be construed as limiting the introduction of any other
18 relevant evidence bearing upon the question whether the
19 person was under the influence of alcohol.

20 (b-5) Upon the trial of any civil or criminal action or
21 proceeding arising out of acts alleged to have been committed
22 by any person while driving or in actual physical control of a
23 vehicle while under the influence of alcohol, other drug or
24 drugs, intoxicating compound or compounds or any combination
25 thereof, the concentration of cannabis in the person's whole
26 blood or other bodily substance at the time alleged as shown by

1 analysis of the person's blood or other bodily substance shall
2 give rise to the following presumptions:

3 1. If there was a tetrahydrocannabinol concentration
4 of 5 nanograms or more in whole blood or 10 nanograms or
5 more in an other bodily substance as defined in this
6 Section, it shall be presumed that the person was under the
7 influence of cannabis.

8 2. If there was at that time a tetrahydrocannabinol
9 concentration of less than 5 nanograms in whole blood or
10 less than 10 nanograms in an other bodily substance, such
11 facts shall not give rise to any presumption that the
12 person was or was not under the influence of cannabis, but
13 such fact may be considered with other competent evidence
14 in determining whether the person was under the influence
15 of cannabis.

16 (c) 1. If a person under arrest refuses to submit to a
17 chemical test under the provisions of Section 11-501.1,
18 evidence of refusal shall be admissible in any civil or
19 criminal action or proceeding arising out of acts alleged to
20 have been committed while the person under the influence of
21 alcohol, other drug or drugs, or intoxicating compound or
22 compounds, or any combination thereof was driving or in actual
23 physical control of a motor vehicle.

24 2. Notwithstanding any ability to refuse under this Code to
25 submit to these tests or any ability to revoke the implied
26 consent to these tests, if a law enforcement officer has

1 probable cause to believe that a motor vehicle driven by or in
2 actual physical control of a person under the influence of
3 alcohol, other drug or drugs, or intoxicating compound or
4 compounds, or any combination thereof has caused the death or
5 personal injury to another, the law enforcement officer shall
6 request, and that person shall submit, upon the request of a
7 law enforcement officer, to a chemical test or tests of his or
8 her blood, breath, other bodily substance, or urine for the
9 purpose of determining the alcohol content thereof or the
10 presence of any other drug or combination of both.

11 This provision does not affect the applicability of or
12 imposition of driver's license sanctions under Section
13 11-501.1 of this Code.

14 3. For purposes of this Section, a personal injury includes
15 any Type A injury as indicated on the traffic accident report
16 completed by a law enforcement officer that requires immediate
17 professional attention in either a doctor's office or a medical
18 facility. A Type A injury includes severe bleeding wounds,
19 distorted extremities, and injuries that require the injured
20 party to be carried from the scene.

21 (d) If a person refuses standardized field sobriety tests
22 under Section 11-501.9 of this Code, evidence of refusal shall
23 be admissible in any civil or criminal action or proceeding
24 arising out of acts committed while the person was driving or
25 in actual physical control of a vehicle and alleged to have
26 been impaired by the use of cannabis.

1 (e) Department of State Police compliance with the changes
2 in this amendatory Act of the 99th General Assembly concerning
3 testing of other bodily substances and tetrahydrocannabinol
4 concentration by Department of State Police laboratories is
5 subject to appropriation and until the Department of State
6 Police adopt standards and completion validation. Any
7 laboratories that test for the presence of cannabis or other
8 drugs under this Article, the Snowmobile Registration and
9 Safety Act, or the Boat Registration and Safety Act must comply
10 with ISO/IEC 17025:2005.

11 (Source: P.A. 98-122, eff. 1-1-14; 98-973, eff. 8-15-14;
12 98-1172, eff. 1-12-15; 99-697, eff. 7-29-16.)

13 (625 ILCS 5/11-501.6) (from Ch. 95 1/2, par. 11-501.6)

14 Sec. 11-501.6. Driver involvement in personal injury or
15 fatal motor vehicle accident; chemical test.

16 (a) Any person who drives or is in actual control of a
17 motor vehicle upon the public highways of this State and who
18 has been involved in a personal injury or fatal motor vehicle
19 accident, shall be deemed to have given consent to a breath
20 test using a portable device as approved by the Department of
21 State Police or to a chemical test or tests of blood, breath,
22 other bodily substance, or urine for the purpose of determining
23 the content of alcohol, other drug or drugs, or intoxicating
24 compound or compounds of such person's blood if arrested as
25 evidenced by the issuance of a Uniform Traffic Ticket for any

1 violation of the Illinois Vehicle Code or a similar provision
2 of a local ordinance, with the exception of equipment
3 violations contained in Chapter 12 of this Code, or similar
4 provisions of local ordinances. The test or tests shall be
5 administered at the direction of the arresting officer. The law
6 enforcement agency employing the officer shall designate which
7 of the aforesaid tests shall be administered. Up to 2
8 additional tests of urine or other bodily substance may be
9 administered even after a blood or breath test or both has been
10 administered. Compliance with this Section does not relieve
11 such person from the requirements of Section 11-501.1 of this
12 Code.

13 (b) Any person who is dead, unconscious or who is otherwise
14 in a condition rendering such person incapable of refusal shall
15 be deemed not to have withdrawn the consent provided by
16 subsection (a) of this Section. In addition, if a driver of a
17 vehicle is receiving medical treatment as a result of a motor
18 vehicle accident, any physician licensed to practice medicine,
19 licensed physician assistant, licensed advanced practice
20 registered nurse, registered nurse or a phlebotomist acting
21 under the direction of a licensed physician shall withdraw
22 blood for testing purposes to ascertain the presence of
23 alcohol, other drug or drugs, or intoxicating compound or
24 compounds, upon the specific request of a law enforcement
25 officer. However, no such testing shall be performed until, in
26 the opinion of the medical personnel on scene, the withdrawal

1 can be made without interfering with or endangering the
2 well-being of the patient.

3 (c) A person requested to submit to a test as provided
4 above shall be warned by the law enforcement officer requesting
5 the test that a refusal to submit to the test, or submission to
6 the test resulting in an alcohol concentration of 0.08 or more,
7 or testing discloses the presence of cannabis as listed in the
8 Cannabis Control Act with a tetrahydrocannabinol concentration
9 as defined in paragraph 6 of subsection (a) of Section 11-501.2
10 of this Code, or any amount of a drug, substance, or
11 intoxicating compound resulting from the unlawful use or
12 consumption of a controlled substance listed in the Illinois
13 Controlled Substances Act, an intoxicating compound listed in
14 the Use of Intoxicating Compounds Act, or methamphetamine as
15 listed in the Methamphetamine Control and Community Protection
16 Act as detected in such person's blood, other bodily substance,
17 or urine, may result in the suspension of such person's
18 privilege to operate a motor vehicle. If the person is also a
19 CDL holder, he or she shall be warned by the law enforcement
20 officer requesting the test that a refusal to submit to the
21 test, or submission to the test resulting in an alcohol
22 concentration of 0.08 or more, or any amount of a drug,
23 substance, or intoxicating compound resulting from the
24 unlawful use or consumption of cannabis, as covered by the
25 Cannabis Control Act, a controlled substance listed in the
26 Illinois Controlled Substances Act, an intoxicating compound

1 listed in the Use of Intoxicating Compounds Act, or
2 methamphetamine as listed in the Methamphetamine Control and
3 Community Protection Act as detected in the person's blood,
4 other bodily substance, or urine, may result in the
5 disqualification of the person's privilege to operate a
6 commercial motor vehicle, as provided in Section 6-514 of this
7 Code. The length of the suspension shall be the same as
8 outlined in Section 6-208.1 of this Code regarding statutory
9 summary suspensions.

10 A person requested to submit to a test shall also
11 acknowledge, in writing, receipt of the warning required under
12 this Section. If the person refuses to acknowledge receipt of
13 the warning, the law enforcement officer shall make a written
14 notation on the warning that the person refused to sign the
15 warning. A person's refusal to sign the warning shall not be
16 evidence that the person was not read the warning.

17 (d) If the person refuses testing or submits to a test
18 which discloses an alcohol concentration of 0.08 or more, the
19 presence of cannabis as listed in the Cannabis Control Act with
20 a tetrahydrocannabinol concentration as defined in paragraph 6
21 of subsection (a) of Section 11-501.2 of this Code, or any
22 amount of a drug, substance, or intoxicating compound in such
23 person's blood or urine resulting from the unlawful use or
24 consumption of a controlled substance listed in the Illinois
25 Controlled Substances Act, an intoxicating compound listed in
26 the Use of Intoxicating Compounds Act, or methamphetamine as

1 listed in the Methamphetamine Control and Community Protection
2 Act, the law enforcement officer shall immediately submit a
3 sworn report to the Secretary of State on a form prescribed by
4 the Secretary, certifying that the test or tests were requested
5 under subsection (a) and the person refused to submit to a test
6 or tests or submitted to testing which disclosed an alcohol
7 concentration of 0.08 or more, the presence of cannabis as
8 listed in the Cannabis Control Act with a tetrahydrocannabinol
9 concentration as defined in paragraph 6 of subsection (a) of
10 Section 11-501.2 of this Code, or any amount of a drug,
11 substance, or intoxicating compound in such person's blood,
12 other bodily substance, or urine, resulting from the unlawful
13 use or consumption of a controlled substance listed in the
14 Illinois Controlled Substances Act, an intoxicating compound
15 listed in the Use of Intoxicating Compounds Act, or
16 methamphetamine as listed in the Methamphetamine Control and
17 Community Protection Act. If the person is also a CDL holder
18 and refuses testing or submits to a test which discloses an
19 alcohol concentration of 0.08 or more, or any amount of a drug,
20 substance, or intoxicating compound in the person's blood,
21 other bodily substance, or urine resulting from the unlawful
22 use or consumption of cannabis listed in the Cannabis Control
23 Act, a 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,
3 certifying that the test or tests were requested under
4 subsection (a) and the person refused to submit to a test or
5 tests or submitted to testing which disclosed an alcohol
6 concentration of 0.08 or more, or any amount of a drug,
7 substance, or intoxicating compound in such person's blood,
8 other bodily substance, or urine, resulting from the unlawful
9 use or consumption of cannabis listed in the Cannabis Control
10 Act, a controlled substance listed in the Illinois Controlled
11 Substances Act, an intoxicating compound listed in the Use of
12 Intoxicating Compounds Act, or methamphetamine as listed in the
13 Methamphetamine Control and Community Protection Act.

14 Upon receipt of the sworn report of a law enforcement
15 officer, the Secretary shall enter the suspension and
16 disqualification to the individual's driving record and the
17 suspension and disqualification shall be effective on the 46th
18 day following the date notice of the suspension was given to
19 the person.

20 The law enforcement officer submitting the sworn report
21 shall serve immediate notice of this suspension on the person
22 and such suspension and disqualification shall be effective on
23 the 46th day following the date notice was given.

24 In cases involving a person who is not a CDL holder where
25 the blood alcohol concentration of 0.08 or more, or blood
26 testing discloses the presence of cannabis as listed in the

1 Cannabis Control Act with a tetrahydrocannabinol concentration
2 as defined in paragraph 6 of subsection (a) of Section 11-501.2
3 of this Code, or any amount of a drug, substance, or
4 intoxicating compound resulting from the unlawful use or
5 consumption of a controlled substance listed in the Illinois
6 Controlled Substances Act, an intoxicating compound listed in
7 the Use of Intoxicating Compounds Act, or methamphetamine as
8 listed in the Methamphetamine Control and Community Protection
9 Act, is established by a subsequent analysis of blood, other
10 bodily substance, or urine collected at the time of arrest, the
11 arresting officer shall give notice as provided in this Section
12 or by deposit in the United States mail of such notice in an
13 envelope with postage prepaid and addressed to such person at
14 his or her address as shown on the Uniform Traffic Ticket and
15 the suspension shall be effective on the 46th day following the
16 date notice was given.

17 In cases involving a person who is a CDL holder where the
18 blood alcohol concentration of 0.08 or more, or any amount of a
19 drug, substance, or intoxicating compound resulting from the
20 unlawful use or consumption of cannabis as listed in the
21 Cannabis Control Act, a controlled substance listed in the
22 Illinois Controlled Substances Act, an intoxicating compound
23 listed in the Use of Intoxicating Compounds Act, or
24 methamphetamine as listed in the Methamphetamine Control and
25 Community Protection Act, is established by a subsequent
26 analysis of blood, other bodily substance, or urine collected

1 at the time of arrest, the arresting officer shall give notice
2 as provided in this Section or by deposit in the United States
3 mail of such notice in an envelope with postage prepaid and
4 addressed to the person at his or her address as shown on the
5 Uniform Traffic Ticket and the suspension and disqualification
6 shall be effective on the 46th day following the date notice
7 was given.

8 Upon receipt of the sworn report of a law enforcement
9 officer, the Secretary shall also give notice of the suspension
10 and disqualification to the driver by mailing a notice of the
11 effective date of the suspension and disqualification to the
12 individual. However, should the sworn report be defective by
13 not containing sufficient information or be completed in error,
14 the notice of the suspension and disqualification shall not be
15 mailed to the person or entered to the driving record, but
16 rather the sworn report shall be returned to the issuing law
17 enforcement agency.

18 (e) A driver 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 in accordance with Section 2-118 of this Code. At the
22 conclusion of a hearing held under Section 2-118 of this Code,
23 the Secretary may rescind, continue, or modify the orders of
24 suspension and disqualification. If the Secretary does not
25 rescind the orders of suspension and disqualification, a
26 restricted driving permit may be granted by the Secretary upon

1 application being made and good cause shown. A restricted
2 driving permit may be granted to relieve undue hardship to
3 allow driving for employment, educational, and medical
4 purposes as outlined in Section 6-206 of this Code. The
5 provisions of Section 6-206 of this Code shall apply. In
6 accordance with 49 C.F.R. 384, the Secretary of State may not
7 issue a restricted driving permit for the operation of a
8 commercial motor vehicle to a person holding a CDL whose
9 driving privileges have been suspended, revoked, cancelled, or
10 disqualified.

11 (f) (Blank).

12 (g) For the purposes of this Section, a personal injury
13 shall include any type A injury as indicated on the traffic
14 accident report completed by a law enforcement officer that
15 requires immediate professional attention in either a doctor's
16 office or a medical facility. A type A injury shall include
17 severely bleeding wounds, distorted extremities, and injuries
18 that require the injured party to be carried from the scene.

19 (Source: P.A. 99-467, eff. 1-1-16; 99-697, eff. 7-29-16.)

20 (625 ILCS 5/11-501.8)

21 Sec. 11-501.8. Suspension of driver's license; persons
22 under age 21.

23 (a) A person who is less than 21 years of age and who
24 drives or is in actual physical control of a motor vehicle upon
25 the public highways of this State shall be deemed to have given

1 consent to a chemical test or tests of blood, breath, other
2 bodily substance, or urine for the purpose of determining the
3 alcohol content of the person's blood if arrested, as evidenced
4 by the issuance of a Uniform Traffic Ticket for any violation
5 of the Illinois Vehicle Code or a similar provision of a local
6 ordinance, if a police officer has probable cause to believe
7 that the driver has consumed any amount of an alcoholic
8 beverage based upon evidence of the driver's physical condition
9 or other first hand knowledge of the police officer. The test
10 or tests shall be administered at the direction of the
11 arresting officer. The law enforcement agency employing the
12 officer shall designate which of the aforesaid tests shall be
13 administered. Up to 2 additional tests of urine or other bodily
14 substance may be administered even after a blood or breath test
15 or both has been administered.

16 (b) A person who is dead, unconscious, or who is otherwise
17 in a condition rendering that person incapable of refusal,
18 shall be deemed not to have withdrawn the consent provided by
19 paragraph (a) of this Section and the test or tests may be
20 administered subject to the following provisions:

21 (i) Chemical analysis of the person's blood, urine,
22 breath, or other bodily substance, to be considered valid
23 under the provisions of this Section, shall have been
24 performed according to standards promulgated by the
25 Department of State Police by an individual possessing a
26 valid permit issued by that Department for this purpose.

1 The Director of State Police is authorized to approve
2 satisfactory techniques or methods, to ascertain the
3 qualifications and competence of individuals to conduct
4 analyses, to issue permits that shall be subject to
5 termination or revocation at the direction of that
6 Department, and to certify the accuracy of breath testing
7 equipment. The Department of State Police shall prescribe
8 regulations as necessary.

9 (ii) When a person submits to a blood test at the
10 request of a law enforcement officer under the provisions
11 of this Section, only a physician authorized to practice
12 medicine, a licensed physician assistant, a licensed
13 advanced practice registered nurse, a registered nurse, or
14 other qualified person trained in venipuncture and acting
15 under the direction of a licensed physician may withdraw
16 blood for the purpose of determining the alcohol content
17 therein. This limitation does not apply to the taking of
18 breath, other bodily substance, or urine specimens.

19 (iii) The person tested may have a physician, qualified
20 technician, chemist, registered nurse, or other qualified
21 person of his or her own choosing administer a chemical
22 test or tests in addition to any test or tests administered
23 at the direction of a law enforcement officer. The failure
24 or inability to obtain an additional test by a person shall
25 not preclude the consideration of the previously performed
26 chemical test.

1 (iv) Upon a request of the person who submits to a
2 chemical test or tests at the request of a law enforcement
3 officer, full information concerning the test or tests
4 shall be made available to the person or that person's
5 attorney.

6 (v) Alcohol concentration means either grams of
7 alcohol per 100 milliliters of blood or grams of alcohol
8 per 210 liters of breath.

9 (vi) If a driver is receiving medical treatment as a
10 result of a motor vehicle accident, a physician licensed to
11 practice medicine, licensed physician assistant, licensed
12 advanced practice registered nurse, registered nurse, or
13 other qualified person trained in venipuncture and acting
14 under the direction of a licensed physician shall withdraw
15 blood for testing purposes to ascertain the presence of
16 alcohol upon the specific request of a law enforcement
17 officer. However, that testing shall not be performed
18 until, in the opinion of the medical personnel on scene,
19 the withdrawal can be made without interfering with or
20 endangering the well-being of the patient.

21 (c) A person requested to submit to a test as provided
22 above shall be warned by the law enforcement officer requesting
23 the test that a refusal to submit to the test, or submission to
24 the test resulting in an alcohol concentration of more than
25 0.00, may result in the loss of that person's privilege to
26 operate a motor vehicle and may result in the disqualification

1 of the person's privilege to operate a commercial motor
2 vehicle, as provided in Section 6-514 of this Code, if the
3 person is a CDL holder. The loss of driving privileges shall be
4 imposed in accordance with Section 6-208.2 of this Code.

5 A person requested to submit to a test shall also
6 acknowledge, in writing, receipt of the warning required under
7 this Section. If the person refuses to acknowledge receipt of
8 the warning, the law enforcement officer shall make a written
9 notation on the warning that the person refused to sign the
10 warning. A person's refusal to sign the warning shall not be
11 evidence that the person was not read the warning.

12 (d) If the person refuses testing or submits to a test that
13 discloses an alcohol concentration of more than 0.00, the law
14 enforcement officer shall immediately submit a sworn report to
15 the Secretary of State on a form prescribed by the Secretary of
16 State, certifying that the test or tests were requested under
17 subsection (a) and the person refused to submit to a test or
18 tests or submitted to testing which disclosed an alcohol
19 concentration of more than 0.00. The law enforcement officer
20 shall submit the same sworn report when a person under the age
21 of 21 submits to testing under Section 11-501.1 of this Code
22 and the testing discloses an alcohol concentration of more than
23 0.00 and less than 0.08.

24 Upon receipt of the sworn report of a law enforcement
25 officer, the Secretary of State shall enter the suspension and
26 disqualification on the individual's driving record and the

1 suspension and disqualification shall be effective on the 46th
2 day following the date notice of the suspension was given to
3 the person. If this suspension is the individual's first
4 driver's license suspension under this Section, reports
5 received by the Secretary of State under this Section shall,
6 except during the time the suspension is in effect, be
7 privileged information and for use only by the courts, police
8 officers, prosecuting authorities, the Secretary of State, or
9 the individual personally, unless the person is a CDL holder,
10 is operating a commercial motor vehicle or vehicle required to
11 be placarded for hazardous materials, in which case the
12 suspension shall not be privileged. Reports received by the
13 Secretary of State under this Section shall also be made
14 available to the parent or guardian of a person under the age
15 of 18 years that holds an instruction permit or a graduated
16 driver's license, regardless of whether the suspension is in
17 effect.

18 The law enforcement officer submitting the sworn report
19 shall serve immediate notice of this suspension on the person
20 and the suspension and disqualification shall be effective on
21 the 46th day following the date notice was given.

22 In cases where the blood alcohol concentration of more than
23 0.00 is established by a subsequent analysis of blood, other
24 bodily substance, or urine, the police officer or arresting
25 agency shall give notice as provided in this Section or by
26 deposit in the United States mail of that notice in an envelope

1 with postage prepaid and addressed to that person at his last
2 known address and the loss of driving privileges shall be
3 effective on the 46th day following the date notice was given.

4 Upon receipt of the sworn report of a law enforcement
5 officer, the Secretary of State shall also give notice of the
6 suspension and disqualification to the driver by mailing a
7 notice of the effective date of the suspension and
8 disqualification to the individual. However, should the sworn
9 report be defective by not containing sufficient information or
10 be completed in error, the notice of the suspension and
11 disqualification shall not be mailed to the person or entered
12 to the driving record, but rather the sworn report shall be
13 returned to the issuing law enforcement agency.

14 (e) A driver may contest this suspension and
15 disqualification by requesting an administrative hearing with
16 the Secretary of State in accordance with Section 2-118 of this
17 Code. An individual whose blood alcohol concentration is shown
18 to be more than 0.00 is not subject to this Section if he or she
19 consumed alcohol in the performance of a religious service or
20 ceremony. An individual whose blood alcohol concentration is
21 shown to be more than 0.00 shall not be subject to this Section
22 if the individual's blood alcohol concentration resulted only
23 from ingestion of the prescribed or recommended dosage of
24 medicine that contained alcohol. The petition for that hearing
25 shall not stay or delay the effective date of the impending
26 suspension. The scope of this hearing shall be limited to the

1 issues of:

2 (1) whether the police officer had probable cause to
3 believe that the person was driving or in actual physical
4 control of a motor vehicle upon the public highways of the
5 State and the police officer had reason to believe that the
6 person was in violation of any provision of the Illinois
7 Vehicle Code or a similar provision of a local ordinance;
8 and

9 (2) whether the person was issued a Uniform Traffic
10 Ticket for any violation of the Illinois Vehicle Code or a
11 similar provision of a local ordinance; and

12 (3) whether the police officer had probable cause to
13 believe that the driver had consumed any amount of an
14 alcoholic beverage based upon the driver's physical
15 actions or other first-hand knowledge of the police
16 officer; and

17 (4) whether the person, after being advised by the
18 officer that the privilege to operate a motor vehicle would
19 be suspended if the person refused to submit to and
20 complete the test or tests, did refuse to submit to or
21 complete the test or tests to determine the person's
22 alcohol concentration; and

23 (5) whether the person, after being advised by the
24 officer that the privileges to operate a motor vehicle
25 would be suspended if the person submits to a chemical test
26 or tests and the test or tests disclose an alcohol

1 concentration of more than 0.00, did submit to and complete
2 the test or tests that determined an alcohol concentration
3 of more than 0.00; and

4 (6) whether the test result of an alcohol concentration
5 of more than 0.00 was based upon the person's consumption
6 of alcohol in the performance of a religious service or
7 ceremony; and

8 (7) whether the test result of an alcohol concentration
9 of more than 0.00 was based upon the person's consumption
10 of alcohol through ingestion of the prescribed or
11 recommended dosage of medicine.

12 At the conclusion of the hearing held under Section 2-118
13 of this Code, the Secretary of State may rescind, continue, or
14 modify the suspension and disqualification. If the Secretary of
15 State does not rescind the suspension and disqualification, a
16 restricted driving permit may be granted by the Secretary of
17 State upon application being made and good cause shown. A
18 restricted driving permit may be granted to relieve undue
19 hardship by allowing driving for employment, educational, and
20 medical purposes as outlined in item (3) of part (c) of Section
21 6-206 of this Code. The provisions of item (3) of part (c) of
22 Section 6-206 of this Code and of subsection (f) of that
23 Section shall apply. The Secretary of State shall promulgate
24 rules providing for participation in an alcohol education and
25 awareness program or activity, a drug education and awareness
26 program or activity, or both as a condition to the issuance of

1 a restricted driving permit for suspensions imposed under this
2 Section.

3 (f) The results of any chemical testing performed in
4 accordance with subsection (a) of this Section are not
5 admissible in any civil or criminal proceeding, except that the
6 results of the testing may be considered at a hearing held
7 under Section 2-118 of this Code. However, the results of the
8 testing may not be used to impose driver's license sanctions
9 under Section 11-501.1 of this Code. A law enforcement officer
10 may, however, pursue a statutory summary suspension or
11 revocation of driving privileges under Section 11-501.1 of this
12 Code if other physical evidence or first hand knowledge forms
13 the basis of that suspension or revocation.

14 (g) This Section applies only to drivers who are under age
15 21 at the time of the issuance of a Uniform Traffic Ticket for
16 a violation of the Illinois Vehicle Code or a similar provision
17 of a local ordinance, and a chemical test request is made under
18 this Section.

19 (h) The action of the Secretary of State in suspending,
20 revoking, cancelling, or disqualifying any license or permit
21 shall be subject to judicial review in the Circuit Court of
22 Sangamon County or in the Circuit Court of Cook County, and the
23 provisions of the Administrative Review Law and its rules are
24 hereby adopted and shall apply to and govern every action for
25 the judicial review of final acts or decisions of the Secretary
26 of State under this Section.

1 (Source: P.A. 99-467, eff. 1-1-16; 99-697, eff. 7-29-16.)

2 (625 ILCS 5/11-1301.2) (from Ch. 95 1/2, par. 11-1301.2)

3 Sec. 11-1301.2. Special decals for parking; persons with
4 disabilities.

5 (a) The Secretary of State shall provide for, by
6 administrative rules, the design, size, color, and placement of
7 a person with disabilities motorist decal or device and shall
8 provide for, by administrative rules, the content and form of
9 an application for a person with disabilities motorist decal or
10 device, which shall be used by local authorities in the
11 issuance thereof to a person with temporary disabilities,
12 provided that the decal or device is valid for no more than 90
13 days, subject to renewal for like periods based upon continued
14 disability, and further provided that the decal or device
15 clearly sets forth the date that the decal or device expires.
16 The application shall include the requirement of an Illinois
17 Identification Card number or a State of Illinois driver's
18 license number. This decal or device may be used by the
19 authorized holder to designate and identify a vehicle not owned
20 or displaying a registration plate as provided in Sections
21 3-609 and 3-616 of this Act to designate when the vehicle is
22 being used to transport said person or persons with
23 disabilities, and thus is entitled to enjoy all the privileges
24 that would be afforded a person with disabilities licensed
25 vehicle. Person with disabilities decals or devices issued and

1 displayed pursuant to this Section shall be recognized and
2 honored by all local authorities regardless of which local
3 authority issued such decal or device.

4 The decal or device shall be issued only upon a showing by
5 adequate documentation that the person for whose benefit the
6 decal or device is to be used has a disability as defined in
7 Section 1-159.1 of this Code and the disability is temporary.

8 (b) The local governing authorities shall be responsible
9 for the provision of such decal or device, its issuance and
10 designated placement within the vehicle. The cost of such decal
11 or device shall be at the discretion of such local governing
12 authority.

13 (c) The Secretary of State may, pursuant to Section
14 3-616(c), issue a person with disabilities parking decal or
15 device to a person with disabilities as defined by Section
16 1-159.1. Any person with disabilities parking decal or device
17 issued by the Secretary of State shall be registered to that
18 person with disabilities in the form to be prescribed by the
19 Secretary of State. The person with disabilities parking decal
20 or device shall not display that person's address. One
21 additional decal or device may be issued to an applicant upon
22 his or her written request and with the approval of the
23 Secretary of State. The written request must include a
24 justification of the need for the additional decal or device.

25 (c-5) Beginning January 1, 2014, the Secretary shall
26 provide by administrative rule for the issuance of a separate

1 and distinct parking decal or device for persons with
2 disabilities as defined by Section 1-159.1 of this Code and who
3 meet the qualifications under this subsection. The authorized
4 holder of a decal or device issued under this subsection (c-5)
5 shall be exempt from the payment of fees generated by parking
6 in a metered space, a parking area subject to paragraph (10) of
7 subsection (a) of Section 11-209 of this Code, or a publicly
8 owned parking area.

9 The Secretary shall issue a meter-exempt decal or device to
10 a person with disabilities who: (i) has been issued
11 registration plates under subsection (a) of Section 3-609 or
12 Section 3-616 of this Code or a special decal or device under
13 this Section, (ii) holds a valid Illinois driver's license, and
14 (iii) is unable to do one or more of the following:

15 (1) manage, manipulate, or insert coins, or obtain
16 tickets or tokens in parking meters or ticket machines in
17 parking lots, due to the lack of fine motor control of both
18 hands;

19 (2) reach above his or her head to a height of 42
20 inches from the ground, due to a lack of finger, hand, or
21 upper extremity strength or mobility;

22 (3) approach a parking meter due to his or her use of a
23 wheelchair or other device for mobility; or

24 (4) walk more than 20 feet due to an orthopedic,
25 neurological, cardiovascular, or lung condition in which
26 the degree of debilitation is so severe that it almost

1 completely impedes the ability to walk.

2 The application for a meter-exempt parking decal or device
3 shall contain a statement certified by a licensed physician,
4 physician assistant, or advanced practice registered nurse
5 attesting to the permanent nature of the applicant's condition
6 and verifying that the applicant meets the physical
7 qualifications specified in this subsection (c-5).

8 Notwithstanding the requirements of this subsection (c-5),
9 the Secretary shall issue a meter-exempt decal or device to a
10 person who has been issued registration plates under Section
11 3-616 of this Code or a special decal or device under this
12 Section, if the applicant is the parent or guardian of a person
13 with disabilities who is under 18 years of age and incapable of
14 driving.

15 (d) Replacement decals or devices may be issued for lost,
16 stolen, or destroyed decals upon application and payment of a
17 \$10 fee. The replacement fee may be waived for individuals that
18 have claimed and received a grant under the Senior Citizens and
19 Persons with Disabilities Property Tax Relief Act.

20 (e) A person classified as a veteran under subsection (e)
21 of Section 6-106 of this Code that has been issued a decal or
22 device under this Section shall not be required to submit
23 evidence of disability in order to renew that decal or device
24 if, at the time of initial application, he or she submitted
25 evidence from his or her physician or the Department of
26 Veterans' Affairs that the disability is of a permanent nature.

1 However, the Secretary shall take reasonable steps to ensure
2 the veteran still resides in this State at the time of the
3 renewal. These steps may include requiring the veteran to
4 provide additional documentation or to appear at a Secretary of
5 State facility. To identify veterans who are eligible for this
6 exemption, the Secretary shall compare the list of the persons
7 who have been issued a decal or device to the list of persons
8 who have been issued a vehicle registration plate for veterans
9 with disabilities under Section 3-609 of this Code, or who are
10 identified as a veteran on their driver's license under Section
11 6-110 of this Code or on their identification card under
12 Section 4 of the Illinois Identification Card Act.

13 (Source: P.A. 98-463, eff. 8-16-13; 98-577, eff. 1-1-14;
14 98-879, eff. 1-1-15; 99-143, eff. 7-27-15.)

15 (625 ILCS 5/11-1301.5)

16 Sec. 11-1301.5. Fictitious or unlawfully altered
17 disability license plate or parking decal or device.

18 (a) As used in this Section:

19 "Fictitious disability license plate or parking decal or
20 device" means any issued disability license plate or parking
21 decal or device, or any license plate issued to a veteran with
22 a disability under Section 3-609 of this Code, that has been
23 issued by the Secretary of State or an authorized unit of local
24 government that was issued based upon false information
25 contained on the required application.

1 "False information" means any incorrect or inaccurate
2 information concerning the name, date of birth, social security
3 number, driver's license number, physician certification, or
4 any other information required on the Persons with Disabilities
5 Certification for Plate or Parking Placard, on the Application
6 for Replacement Disability Parking Placard, or on the
7 application for license plates issued to veterans with
8 disabilities under Section 3-609 of this Code, that falsifies
9 the content of the application.

10 "Unlawfully altered disability license plate or parking
11 permit or device" means any disability license plate or parking
12 permit or device, or any license plate issued to a veteran with
13 a disability under Section 3-609 of this Code, issued by the
14 Secretary of State or an authorized unit of local government
15 that has been physically altered or changed in such manner that
16 false information appears on the license plate or parking decal
17 or device.

18 "Authorized holder" means an individual issued a
19 disability license plate under Section 3-616 of this Code or an
20 individual issued a parking decal or device under Section
21 11-1301.2 of this Code, or an individual issued a license plate
22 for veterans with disabilities under Section 3-609 of this
23 Code.

24 (b) It is a violation of this Section for any person:

25 (1) to knowingly possess any fictitious or unlawfully
26 altered disability license plate or parking decal or

1 device;

2 (2) to knowingly issue or assist in the issuance of, by
3 the Secretary of State or unit of local government, any
4 fictitious disability license plate or parking decal or
5 device;

6 (3) to knowingly alter any disability license plate or
7 parking decal or device;

8 (4) to knowingly manufacture, possess, transfer, or
9 provide any documentation used in the application process
10 whether real or fictitious, for the purpose of obtaining a
11 fictitious disability license plate or parking decal or
12 device;

13 (5) to knowingly provide any false information to the
14 Secretary of State or a unit of local government in order
15 to obtain a disability license plate or parking decal or
16 device;

17 (6) to knowingly transfer a disability license plate or
18 parking decal or device for the purpose of exercising the
19 privileges granted to an authorized holder of a disability
20 license plate or parking decal or device under this Code in
21 the absence of the authorized holder; or

22 (7) who is a physician, physician assistant, or
23 advanced practice registered nurse to knowingly falsify a
24 certification that a person is a person with disabilities
25 as defined by Section 1-159.1 of this Code.

26 (c) Sentence.

1 (1) Any person convicted of a violation of paragraph
2 (1), (2), (3), (4), (5), or (7) of subsection (b) of this
3 Section shall be guilty of a Class A misdemeanor and fined
4 not less than \$1,000 for a first offense and shall be
5 guilty of a Class 4 felony and fined not less than \$2,000
6 for a second or subsequent offense. Any person convicted of
7 a violation of subdivision (b) (6) of this Section is guilty
8 of a Class A misdemeanor and shall be fined not less than
9 \$1,000 for a first offense and not less than \$2,000 for a
10 second or subsequent offense. The circuit clerk shall
11 distribute one-half of any fine imposed on any person who
12 is found guilty of or pleads guilty to violating this
13 Section, including any person placed on court supervision
14 for violating this Section, to the law enforcement agency
15 that issued the citation or made the arrest. If more than
16 one law enforcement agency is responsible for issuing the
17 citation or making the arrest, one-half of the fine imposed
18 shall be shared equally.

19 (2) Any person who commits a violation of this Section
20 or a similar provision of a local ordinance may have his or
21 her driving privileges suspended or revoked by the
22 Secretary of State for a period of time determined by the
23 Secretary of State. The Secretary of State may suspend or
24 revoke the parking decal or device or the disability
25 license plate of any person who commits a violation of this
26 Section.

1 (3) Any police officer may seize the parking decal or
2 device from any person who commits a violation of this
3 Section. Any police officer may seize the disability
4 license plate upon authorization from the Secretary of
5 State. Any police officer may request that the Secretary of
6 State revoke the parking decal or device or the disability
7 license plate of any person who commits a violation of this
8 Section.

9 (Source: P.A. 98-463, eff. 8-16-13; 99-143, eff. 7-27-15.)

10 Section 310. The Boat Registration and Safety Act is
11 amended by changing Section 5-16c as follows:

12 (625 ILCS 45/5-16c)

13 Sec. 5-16c. Operator involvement in personal injury or
14 fatal boating accident; chemical tests.

15 (a) Any person who operates or is in actual physical
16 control of a motorboat within this State and who has been
17 involved in a personal injury or fatal boating accident shall
18 be deemed to have given consent to a breath test using a
19 portable device as approved by the Department of State Police
20 or to a chemical test or tests of blood, breath, other bodily
21 substance, or urine for the purpose of determining the content
22 of alcohol, other drug or drugs, or intoxicating compound or
23 compounds of the person's blood if arrested as evidenced by the
24 issuance of a uniform citation for a violation of the Boat

1 Registration and Safety Act or a similar provision of a local
2 ordinance, with the exception of equipment violations
3 contained in Article IV of this Act or similar provisions of
4 local ordinances. The test or tests shall be administered at
5 the direction of the arresting officer. The law enforcement
6 agency employing the officer shall designate which of the
7 aforesaid tests shall be administered. Up to 2 additional tests
8 of urine or other bodily substance may be administered even
9 after a blood or breath test or both has been administered.
10 Compliance with this Section does not relieve the person from
11 the requirements of any other Section of this Act.

12 (b) Any person who is dead, unconscious, or who is
13 otherwise in a condition rendering that person incapable of
14 refusal shall be deemed not to have withdrawn the consent
15 provided by subsection (a) of this Section. In addition, if an
16 operator of a motorboat is receiving medical treatment as a
17 result of a boating accident, any physician licensed to
18 practice medicine, licensed physician assistant, licensed
19 advanced practice registered nurse, registered nurse, or a
20 phlebotomist acting under the direction of a licensed physician
21 shall withdraw blood for testing purposes to ascertain the
22 presence of alcohol, other drug or drugs, or intoxicating
23 compound or compounds, upon the specific request of a law
24 enforcement officer. However, this testing shall not be
25 performed until, in the opinion of the medical personnel on
26 scene, the withdrawal can be made without interfering with or

1 endangering the well-being of the patient.

2 (c) A person who is a CDL holder requested to submit to a
3 test under subsection (a) of this Section shall be warned by
4 the law enforcement officer requesting the test that a refusal
5 to submit to the test, or submission to the test resulting in
6 an alcohol concentration of 0.08 or more, or any amount of a
7 drug, substance, or intoxicating compound resulting from the
8 unlawful use or consumption of cannabis listed in the Cannabis
9 Control Act, a controlled substance listed in the Illinois
10 Controlled Substances Act, an intoxicating compound listed in
11 the Use of Intoxicating Compounds Act, or methamphetamine as
12 listed in the Methamphetamine Control and Community Protection
13 Act as detected in the person's blood, other bodily substance,
14 or urine, may result in the suspension of the person's
15 privilege to operate a motor vehicle and may result in the
16 disqualification of the person's privilege to operate a
17 commercial motor vehicle, as provided in Section 6-514 of the
18 Illinois Vehicle Code. A person who is not a CDL holder
19 requested to submit to a test under subsection (a) of this
20 Section shall be warned by the law enforcement officer
21 requesting the test that a refusal to submit to the test, or
22 submission to the test resulting in an alcohol concentration of
23 0.08 or more, a tetrahydrocannabinol concentration in the
24 person's whole blood or other bodily substance as defined in
25 paragraph 6 of subsection (a) of Section 11-501.2 of the
26 Illinois Vehicle Code, or any amount of a drug, substance, or

1 intoxicating compound resulting from the unlawful use or
2 consumption of a controlled substance listed in the Illinois
3 Controlled Substances Act, an intoxicating compound listed in
4 the Use of Intoxicating Compounds Act, or methamphetamine as
5 listed in the Methamphetamine Control and Community Protection
6 Act as detected in the person's blood, other bodily substance,
7 or urine, may result in the suspension of the person's
8 privilege to operate a motor vehicle. The length of the
9 suspension shall be the same as outlined in Section 6-208.1 of
10 the Illinois Vehicle Code regarding statutory summary
11 suspensions.

12 (d) If the person is a CDL holder and refuses testing or
13 submits to a test which discloses an alcohol concentration of
14 0.08 or more, or any amount of a drug, substance, or
15 intoxicating compound in the person's blood, other bodily
16 substance, or urine resulting from the unlawful use or
17 consumption of cannabis listed in the Cannabis Control Act, a
18 controlled substance listed in the Illinois Controlled
19 Substances Act, an intoxicating compound listed in the Use of
20 Intoxicating Compounds Act, or methamphetamine as listed in the
21 Methamphetamine Control and Community Protection Act, the law
22 enforcement officer shall immediately submit a sworn report to
23 the Secretary of State on a form prescribed by the Secretary of
24 State, certifying that the test or tests were requested under
25 subsection (a) of this Section and the person refused to submit
26 to a test or tests or submitted to testing which disclosed an

1 alcohol concentration of 0.08 or more, or any amount of a drug,
2 substance, or intoxicating compound in the person's blood,
3 other bodily substance, or urine, resulting from the unlawful
4 use or consumption of cannabis listed in the Cannabis Control
5 Act, a controlled substance listed in the Illinois Controlled
6 Substances Act, an intoxicating compound listed in the Use of
7 Intoxicating Compounds Act, or methamphetamine as listed in the
8 Methamphetamine Control and Community Protection Act. If the
9 person is not a CDL holder and refuses testing or submits to a
10 test which discloses an alcohol concentration of 0.08 or more,
11 a tetrahydrocannabinol concentration in the person's whole
12 blood or other bodily substance as defined in paragraph 6 of
13 subsection (a) of Section 11-501.2 of the Illinois Vehicle
14 Code, or any amount of a drug, substance, or intoxicating
15 compound in the person's blood, other bodily substance, or
16 urine resulting from the unlawful use or consumption of a
17 controlled substance listed in the Illinois Controlled
18 Substances Act, an intoxicating compound listed in the Use of
19 Intoxicating Compounds Act, or methamphetamine as listed in the
20 Methamphetamine Control and Community Protection Act, the law
21 enforcement officer shall immediately submit a sworn report to
22 the Secretary of State on a form prescribed by the Secretary of
23 State, certifying that the test or tests were requested under
24 subsection (a) of this Section and the person refused to submit
25 to a test or tests or submitted to testing which disclosed an
26 alcohol concentration of 0.08 or more, a tetrahydrocannabinol

1 concentration in the person's whole blood or other bodily
2 substance as defined in paragraph 6 of subsection (a) of
3 Section 11-501.2 of the Illinois Vehicle Code, or any amount of
4 a drug, substance, or intoxicating compound in the person's
5 blood or urine, resulting from the unlawful use or consumption
6 of a controlled substance listed in the Illinois Controlled
7 Substances Act, an intoxicating compound listed in the Use of
8 Intoxicating Compounds Act, or methamphetamine as listed in the
9 Methamphetamine Control and Community Protection Act.

10 Upon receipt of the sworn report of a law enforcement
11 officer, the Secretary of State shall enter the suspension and
12 disqualification to the person's driving record and the
13 suspension and disqualification shall be effective on the 46th
14 day following the date notice of the suspension was given to
15 the person.

16 The law enforcement officer submitting the sworn report
17 shall serve immediate notice of this suspension on the person
18 and this suspension and disqualification shall be effective on
19 the 46th day following the date notice was given.

20 In cases involving a person who is a CDL holder where the
21 blood alcohol concentration of 0.08 or more, or any amount of a
22 drug, substance, or intoxicating compound resulting from the
23 unlawful use or consumption of cannabis listed in the Cannabis
24 Control Act, a controlled substance listed in the Illinois
25 Controlled Substances Act, an intoxicating compound listed in
26 the Use of Intoxicating Compounds Act, or methamphetamine as

1 listed in the Methamphetamine Control and Community Protection
2 Act, is established by a subsequent analysis of blood, other
3 bodily substance, or urine collected at the time of arrest, the
4 arresting officer shall give notice as provided in this Section
5 or by deposit in the United States mail of this notice in an
6 envelope with postage prepaid and addressed to the person at
7 his or her address as shown on the uniform citation and the
8 suspension and disqualification shall be effective on the 46th
9 day following the date notice was given. In cases involving a
10 person who is not a CDL holder where the blood alcohol
11 concentration of 0.08 or more, a tetrahydrocannabinol
12 concentration in the person's whole blood or other bodily
13 substance as defined in paragraph 6 of subsection (a) of
14 Section 11-501.2 of the Illinois Vehicle Code, or any amount of
15 a drug, substance, or intoxicating compound resulting from the
16 unlawful use or consumption of a controlled substance listed in
17 the Illinois Controlled Substances Act, an intoxicating
18 compound listed in the Use of Intoxicating Compounds Act, or
19 methamphetamine as listed in the Methamphetamine Control and
20 Community Protection Act, is established by a subsequent
21 analysis of blood, other bodily substance, or urine collected
22 at the time of arrest, the arresting officer shall give notice
23 as provided in this Section or by deposit in the United States
24 mail of this notice in an envelope with postage prepaid and
25 addressed to the person at his or her address as shown on the
26 uniform citation and the suspension shall be effective on the

1 46th day following the date notice was given.

2 Upon receipt of the sworn report of a law enforcement
3 officer, the Secretary of State shall also give notice of the
4 suspension and disqualification to the person by mailing a
5 notice of the effective date of the suspension and
6 disqualification to the person. However, should the sworn
7 report be defective by not containing sufficient information or
8 be completed in error, the notice of the suspension and
9 disqualification shall not be mailed to the person or entered
10 to the driving record, but rather the sworn report shall be
11 returned to the issuing law enforcement agency.

12 (e) A person may contest this suspension of his or her
13 driving privileges and disqualification of his or her CDL
14 privileges by requesting an administrative hearing with the
15 Secretary of State in accordance with Section 2-118 of the
16 Illinois Vehicle Code. At the conclusion of a hearing held
17 under Section 2-118 of the Illinois Vehicle Code, the Secretary
18 of State may rescind, continue, or modify the orders of
19 suspension and disqualification. If the Secretary of State does
20 not rescind the orders of suspension and disqualification, a
21 restricted driving permit may be granted by the Secretary of
22 State upon application being made and good cause shown. A
23 restricted driving permit may be granted to relieve undue
24 hardship to allow driving for employment, educational, and
25 medical purposes as outlined in Section 6-206 of the Illinois
26 Vehicle Code. The provisions of Section 6-206 of the Illinois

1 Vehicle Code shall apply. In accordance with 49 C.F.R. 384, the
2 Secretary of State may not issue a restricted driving permit
3 for the operation of a commercial motor vehicle to a person
4 holding a CDL whose driving privileges have been suspended,
5 revoked, cancelled, or disqualified.

6 (f) For the purposes of this Section, a personal injury
7 shall include any type A injury as indicated on the accident
8 report completed by a law enforcement officer that requires
9 immediate professional attention in a doctor's office or a
10 medical facility. A type A injury shall include severely
11 bleeding wounds, distorted extremities, and injuries that
12 require the injured party to be carried from the scene.

13 (Source: P.A. 98-103, eff. 1-1-14; 99-697, eff. 7-29-16.)

14 Section 315. The Criminal Code of 2012 is amended by
15 changing Section 9-1 as follows:

16 (720 ILCS 5/9-1) (from Ch. 38, par. 9-1)

17 Sec. 9-1. First degree Murder - Death penalties -
18 Exceptions - Separate Hearings - Proof - Findings - Appellate
19 procedures - Reversals.

20 (a) A person who kills an individual without lawful
21 justification commits first degree murder if, in performing the
22 acts which cause the death:

23 (1) he either intends to kill or do great bodily harm
24 to that individual or another, or knows that such acts will

1 cause death to that individual or another; or

2 (2) he knows that such acts create a strong probability
3 of death or great bodily harm to that individual or
4 another; or

5 (3) he is attempting or committing a forcible felony
6 other than second degree murder.

7 (b) Aggravating Factors. A defendant who at the time of the
8 commission of the offense has attained the age of 18 or more
9 and who has been found guilty of first degree murder may be
10 sentenced to death if:

11 (1) the murdered individual was a peace officer or
12 fireman killed in the course of performing his official
13 duties, to prevent the performance of his official duties,
14 or in retaliation for performing his official duties, and
15 the defendant knew or should have known that the murdered
16 individual was a peace officer or fireman; or

17 (2) the murdered individual was an employee of an
18 institution or facility of the Department of Corrections,
19 or any similar local correctional agency, killed in the
20 course of performing his official duties, to prevent the
21 performance of his official duties, or in retaliation for
22 performing his official duties, or the murdered individual
23 was an inmate at such institution or facility and was
24 killed on the grounds thereof, or the murdered individual
25 was otherwise present in such institution or facility with
26 the knowledge and approval of the chief administrative

1 officer thereof; or

2 (3) the defendant has been convicted of murdering two
3 or more individuals under subsection (a) of this Section or
4 under any law of the United States or of any state which is
5 substantially similar to subsection (a) of this Section
6 regardless of whether the deaths occurred as the result of
7 the same act or of several related or unrelated acts so
8 long as the deaths were the result of either an intent to
9 kill more than one person or of separate acts which the
10 defendant knew would cause death or create a strong
11 probability of death or great bodily harm to the murdered
12 individual or another; or

13 (4) the murdered individual was killed as a result of
14 the hijacking of an airplane, train, ship, bus or other
15 public conveyance; or

16 (5) the defendant committed the murder pursuant to a
17 contract, agreement or understanding by which he was to
18 receive money or anything of value in return for committing
19 the murder or procured another to commit the murder for
20 money or anything of value; or

21 (6) the murdered individual was killed in the course of
22 another felony if:

23 (a) the murdered individual:

24 (i) was actually killed by the defendant, or

25 (ii) received physical injuries personally
26 inflicted by the defendant substantially

1 contemporaneously with physical injuries caused by
2 one or more persons for whose conduct the defendant
3 is legally accountable under Section 5-2 of this
4 Code, and the physical injuries inflicted by
5 either the defendant or the other person or persons
6 for whose conduct he is legally accountable caused
7 the death of the murdered individual; and

8 (b) in performing the acts which caused the death
9 of the murdered individual or which resulted in
10 physical injuries personally inflicted by the
11 defendant on the murdered individual under the
12 circumstances of subdivision (ii) of subparagraph (a)
13 of paragraph (6) of subsection (b) of this Section, the
14 defendant acted with the intent to kill the murdered
15 individual or with the knowledge that his acts created
16 a strong probability of death or great bodily harm to
17 the murdered individual or another; and

18 (c) the other felony was an inherently violent
19 crime or the attempt to commit an inherently violent
20 crime. In this subparagraph (c), "inherently violent
21 crime" includes, but is not limited to, armed robbery,
22 robbery, predatory criminal sexual assault of a child,
23 aggravated criminal sexual assault, aggravated
24 kidnapping, aggravated vehicular hijacking, aggravated
25 arson, aggravated stalking, residential burglary, and
26 home invasion; or

1 (7) the murdered individual was under 12 years of age
2 and the death resulted from exceptionally brutal or heinous
3 behavior indicative of wanton cruelty; or

4 (8) the defendant committed the murder with intent to
5 prevent the murdered individual from testifying or
6 participating in any criminal investigation or prosecution
7 or giving material assistance to the State in any
8 investigation or prosecution, either against the defendant
9 or another; or the defendant committed the murder because
10 the murdered individual was a witness in any prosecution or
11 gave material assistance to the State in any investigation
12 or prosecution, either against the defendant or another;
13 for purposes of this paragraph (8), "participating in any
14 criminal investigation or prosecution" is intended to
15 include those appearing in the proceedings in any capacity
16 such as trial judges, prosecutors, defense attorneys,
17 investigators, witnesses, or jurors; or

18 (9) the defendant, while committing an offense
19 punishable under Sections 401, 401.1, 401.2, 405, 405.2,
20 407 or 407.1 or subsection (b) of Section 404 of the
21 Illinois Controlled Substances Act, or while engaged in a
22 conspiracy or solicitation to commit such offense,
23 intentionally killed an individual or counseled,
24 commanded, induced, procured or caused the intentional
25 killing of the murdered individual; or

26 (10) the defendant was incarcerated in an institution

1 or facility of the Department of Corrections at the time of
2 the murder, and while committing an offense punishable as a
3 felony under Illinois law, or while engaged in a conspiracy
4 or solicitation to commit such offense, intentionally
5 killed an individual or counseled, commanded, induced,
6 procured or caused the intentional killing of the murdered
7 individual; or

8 (11) the murder was committed in a cold, calculated and
9 premeditated manner pursuant to a preconceived plan,
10 scheme or design to take a human life by unlawful means,
11 and the conduct of the defendant created a reasonable
12 expectation that the death of a human being would result
13 therefrom; or

14 (12) the murdered individual was an emergency medical
15 technician - ambulance, emergency medical technician -
16 intermediate, emergency medical technician - paramedic,
17 ambulance driver, or other medical assistance or first aid
18 personnel, employed by a municipality or other
19 governmental unit, killed in the course of performing his
20 official duties, to prevent the performance of his official
21 duties, or in retaliation for performing his official
22 duties, and the defendant knew or should have known that
23 the murdered individual was an emergency medical
24 technician - ambulance, emergency medical technician -
25 intermediate, emergency medical technician - paramedic,
26 ambulance driver, or other medical assistance or first aid

1 personnel; or

2 (13) the defendant was a principal administrator,
3 organizer, or leader of a calculated criminal drug
4 conspiracy consisting of a hierarchical position of
5 authority superior to that of all other members of the
6 conspiracy, and the defendant counseled, commanded,
7 induced, procured, or caused the intentional killing of the
8 murdered person; or

9 (14) the murder was intentional and involved the
10 infliction of torture. For the purpose of this Section
11 torture means the infliction of or subjection to extreme
12 physical pain, motivated by an intent to increase or
13 prolong the pain, suffering or agony of the victim; or

14 (15) the murder was committed as a result of the
15 intentional discharge of a firearm by the defendant from a
16 motor vehicle and the victim was not present within the
17 motor vehicle; or

18 (16) the murdered individual was 60 years of age or
19 older and the death resulted from exceptionally brutal or
20 heinous behavior indicative of wanton cruelty; or

21 (17) the murdered individual was a person with a
22 disability and the defendant knew or should have known that
23 the murdered individual was a person with a disability. For
24 purposes of this paragraph (17), "person with a disability"
25 means a person who suffers from a permanent physical or
26 mental impairment resulting from disease, an injury, a

1 functional disorder, or a congenital condition that
2 renders the person incapable of adequately providing for
3 his or her own health or personal care; or

4 (18) the murder was committed by reason of any person's
5 activity as a community policing volunteer or to prevent
6 any person from engaging in activity as a community
7 policing volunteer; or

8 (19) the murdered individual was subject to an order of
9 protection and the murder was committed by a person against
10 whom the same order of protection was issued under the
11 Illinois Domestic Violence Act of 1986; or

12 (20) the murdered individual was known by the defendant
13 to be a teacher or other person employed in any school and
14 the teacher or other employee is upon the grounds of a
15 school or grounds adjacent to a school, or is in any part
16 of a building used for school purposes; or

17 (21) the murder was committed by the defendant in
18 connection with or as a result of the offense of terrorism
19 as defined in Section 29D-14.9 of this Code.

20 (b-5) Aggravating Factor; Natural Life Imprisonment. A
21 defendant who has been found guilty of first degree murder and
22 who at the time of the commission of the offense had attained
23 the age of 18 years or more may be sentenced to natural life
24 imprisonment if (i) the murdered individual was a physician,
25 physician assistant, psychologist, nurse, or advanced practice
26 registered nurse, (ii) the defendant knew or should have known

1 that the murdered individual was a physician, physician
2 assistant, psychologist, nurse, or advanced practice
3 registered nurse, and (iii) the murdered individual was killed
4 in the course of acting in his or her capacity as a physician,
5 physician assistant, psychologist, nurse, or advanced practice
6 registered nurse, or to prevent him or her from acting in that
7 capacity, or in retaliation for his or her acting in that
8 capacity.

9 (c) Consideration of factors in Aggravation and
10 Mitigation.

11 The court shall consider, or shall instruct the jury to
12 consider any aggravating and any mitigating factors which are
13 relevant to the imposition of the death penalty. Aggravating
14 factors may include but need not be limited to those factors
15 set forth in subsection (b). Mitigating factors may include but
16 need not be limited to the following:

17 (1) the defendant has no significant history of prior
18 criminal activity;

19 (2) the murder was committed while the defendant was
20 under the influence of extreme mental or emotional
21 disturbance, although not such as to constitute a defense
22 to prosecution;

23 (3) the murdered individual was a participant in the
24 defendant's homicidal conduct or consented to the
25 homicidal act;

26 (4) the defendant acted under the compulsion of threat

1 or menace of the imminent infliction of death or great
2 bodily harm;

3 (5) the defendant was not personally present during
4 commission of the act or acts causing death;

5 (6) the defendant's background includes a history of
6 extreme emotional or physical abuse;

7 (7) the defendant suffers from a reduced mental
8 capacity.

9 (d) Separate sentencing hearing.

10 Where requested by the State, the court shall conduct a
11 separate sentencing proceeding to determine the existence of
12 factors set forth in subsection (b) and to consider any
13 aggravating or mitigating factors as indicated in subsection
14 (c). The proceeding shall be conducted:

15 (1) before the jury that determined the defendant's
16 guilt; or

17 (2) before a jury impanelled for the purpose of the
18 proceeding if:

19 A. the defendant was convicted upon a plea of
20 guilty; or

21 B. the defendant was convicted after a trial before
22 the court sitting without a jury; or

23 C. the court for good cause shown discharges the
24 jury that determined the defendant's guilt; or

25 (3) before the court alone if the defendant waives a
26 jury for the separate proceeding.

1 (e) Evidence and Argument.

2 During the proceeding any information relevant to any of
3 the factors set forth in subsection (b) may be presented by
4 either the State or the defendant under the rules governing the
5 admission of evidence at criminal trials. Any information
6 relevant to any additional aggravating factors or any
7 mitigating factors indicated in subsection (c) may be presented
8 by the State or defendant regardless of its admissibility under
9 the rules governing the admission of evidence at criminal
10 trials. The State and the defendant shall be given fair
11 opportunity to rebut any information received at the hearing.

12 (f) Proof.

13 The burden of proof of establishing the existence of any of
14 the factors set forth in subsection (b) is on the State and
15 shall not be satisfied unless established beyond a reasonable
16 doubt.

17 (g) Procedure - Jury.

18 If at the separate sentencing proceeding the jury finds
19 that none of the factors set forth in subsection (b) exists,
20 the court shall sentence the defendant to a term of
21 imprisonment under Chapter V of the Unified Code of
22 Corrections. If there is a unanimous finding by the jury that
23 one or more of the factors set forth in subsection (b) exist,
24 the jury shall consider aggravating and mitigating factors as
25 instructed by the court and shall determine whether the
26 sentence of death shall be imposed. If the jury determines

1 unanimously, after weighing the factors in aggravation and
2 mitigation, that death is the appropriate sentence, the court
3 shall sentence the defendant to death. If the court does not
4 concur with the jury determination that death is the
5 appropriate sentence, the court shall set forth reasons in
6 writing including what facts or circumstances the court relied
7 upon, along with any relevant documents, that compelled the
8 court to non-concur with the sentence. This document and any
9 attachments shall be part of the record for appellate review.
10 The court shall be bound by the jury's sentencing
11 determination.

12 If after weighing the factors in aggravation and
13 mitigation, one or more jurors determines that death is not the
14 appropriate sentence, the court shall sentence the defendant to
15 a term of imprisonment under Chapter V of the Unified Code of
16 Corrections.

17 (h) Procedure - No Jury.

18 In a proceeding before the court alone, if the court finds
19 that none of the factors found in subsection (b) exists, the
20 court shall sentence the defendant to a term of imprisonment
21 under Chapter V of the Unified Code of Corrections.

22 If the Court determines that one or more of the factors set
23 forth in subsection (b) exists, the Court shall consider any
24 aggravating and mitigating factors as indicated in subsection
25 (c). If the Court determines, after weighing the factors in
26 aggravation and mitigation, that death is the appropriate

1 sentence, the Court shall sentence the defendant to death.

2 If the court finds that death is not the appropriate
3 sentence, the court shall sentence the defendant to a term of
4 imprisonment under Chapter V of the Unified Code of
5 Corrections.

6 (h-5) Decertification as a capital case.

7 In a case in which the defendant has been found guilty of
8 first degree murder by a judge or jury, or a case on remand for
9 resentencing, and the State seeks the death penalty as an
10 appropriate sentence, on the court's own motion or the written
11 motion of the defendant, the court may decertify the case as a
12 death penalty case if the court finds that the only evidence
13 supporting the defendant's conviction is the uncorroborated
14 testimony of an informant witness, as defined in Section 115-21
15 of the Code of Criminal Procedure of 1963, concerning the
16 confession or admission of the defendant or that the sole
17 evidence against the defendant is a single eyewitness or single
18 accomplice without any other corroborating evidence. If the
19 court decertifies the case as a capital case under either of
20 the grounds set forth above, the court shall issue a written
21 finding. The State may pursue its right to appeal the
22 decertification pursuant to Supreme Court Rule 604(a)(1). If
23 the court does not decertify the case as a capital case, the
24 matter shall proceed to the eligibility phase of the sentencing
25 hearing.

26 (i) Appellate Procedure.

1 The conviction and sentence of death shall be subject to
2 automatic review by the Supreme Court. Such review shall be in
3 accordance with rules promulgated by the Supreme Court. The
4 Illinois Supreme Court may overturn the death sentence, and
5 order the imposition of imprisonment under Chapter V of the
6 Unified Code of Corrections if the court finds that the death
7 sentence is fundamentally unjust as applied to the particular
8 case. If the Illinois Supreme Court finds that the death
9 sentence is fundamentally unjust as applied to the particular
10 case, independent of any procedural grounds for relief, the
11 Illinois Supreme Court shall issue a written opinion explaining
12 this finding.

13 (j) Disposition of reversed death sentence.

14 In the event that the death penalty in this Act is held to
15 be unconstitutional by the Supreme Court of the United States
16 or of the State of Illinois, any person convicted of first
17 degree murder shall be sentenced by the court to a term of
18 imprisonment under Chapter V of the Unified Code of
19 Corrections.

20 In the event that any death sentence pursuant to the
21 sentencing provisions of this Section is declared
22 unconstitutional by the Supreme Court of the United States or
23 of the State of Illinois, the court having jurisdiction over a
24 person previously sentenced to death shall cause the defendant
25 to be brought before the court, and the court shall sentence
26 the defendant to a term of imprisonment under Chapter V of the

1 Unified Code of Corrections.

2 (k) Guidelines for seeking the death penalty.

3 The Attorney General and State's Attorneys Association
4 shall consult on voluntary guidelines for procedures governing
5 whether or not to seek the death penalty. The guidelines do not
6 have the force of law and are only advisory in nature.

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

8 Section 320. The Illinois Controlled Substances Act is
9 amended by changing Sections 102, 302, 303.05, 313, and 320 as
10 follows:

11 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

12 Sec. 102. Definitions. As used in this Act, unless the
13 context otherwise requires:

14 (a) "Addict" means any person who habitually uses any drug,
15 chemical, substance or dangerous drug other than alcohol so as
16 to endanger the public morals, health, safety or welfare or who
17 is so far addicted to the use of a dangerous drug or controlled
18 substance other than alcohol as to have lost the power of self
19 control with reference to his or her addiction.

20 (b) "Administer" means the direct application of a
21 controlled substance, whether by injection, inhalation,
22 ingestion, or any other means, to the body of a patient,
23 research subject, or animal (as defined by the Humane
24 Euthanasia in Animal Shelters Act) by:

1 (1) a practitioner (or, in his or her presence, by his
2 or her authorized agent),

3 (2) the patient or research subject pursuant to an
4 order, or

5 (3) a euthanasia technician as defined by the Humane
6 Euthanasia in Animal Shelters Act.

7 (c) "Agent" means an authorized person who acts on behalf
8 of or at the direction of a manufacturer, distributor,
9 dispenser, prescriber, or practitioner. It does not include a
10 common or contract carrier, public warehouseman or employee of
11 the carrier or warehouseman.

12 (c-1) "Anabolic Steroids" means any drug or hormonal
13 substance, chemically and pharmacologically related to
14 testosterone (other than estrogens, progestins,
15 corticosteroids, and dehydroepiandrosterone), and includes:

16 (i) 3[beta],17-dihydroxy-5a-androstane,

17 (ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,

18 (iii) 5[alpha]-androstan-3,17-dione,

19 (iv) 1-androstenediol (3[beta],

20 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

21 (v) 1-androstenediol (3[alpha],

22 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

23 (vi) 4-androstenediol

24 (3[beta],17[beta]-dihydroxy-androst-4-ene),

25 (vii) 5-androstenediol

26 (3[beta],17[beta]-dihydroxy-androst-5-ene),

- 1 (viii) 1-androstenedione
2 ([5alpha]-androst-1-en-3,17-dione),
3 (ix) 4-androstenedione
4 (androst-4-en-3,17-dione),
5 (x) 5-androstenedione
6 (androst-5-en-3,17-dione),
7 (xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-
8 hydroxyandrost-4-en-3-one),
9 (xii) boldenone (17[beta]-hydroxyandrost-
10 1,4,-diene-3-one),
11 (xiii) boldione (androsta-1,4-
12 diene-3,17-dione),
13 (xiv) calusterone (7[beta],17[alpha]-dimethyl-17
14 [beta]-hydroxyandrost-4-en-3-one),
15 (xv) clostebol (4-chloro-17[beta]-
16 hydroxyandrost-4-en-3-one),
17 (xvi) dehydrochloromethyltestosterone (4-chloro-
18 17[beta]-hydroxy-17[alpha]-methyl-
19 androst-1,4-dien-3-one),
20 (xvii) desoxymethyltestosterone
21 (17[alpha]-methyl-5[alpha]
22 -androst-2-en-17[beta]-ol) (a.k.a., madol),
23 (xviii) [delta]1-dihydrotestosterone (a.k.a.
24 '1-testosterone') (17[beta]-hydroxy-
25 5[alpha]-androst-1-en-3-one),
26 (xix) 4-dihydrotestosterone (17[beta]-hydroxy-

1 androstan-3-one),
2 (xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-
3 5[alpha]-androstan-3-one),
4 (xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-
5 hydroxyestr-4-ene),
6 (xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-
7 1[beta],17[beta]-dihydroxyandrost-4-en-3-one),
8 (xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha],
9 17[beta]-dihydroxyandrost-1,4-dien-3-one),
10 (xxiv) furazabol (17[alpha]-methyl-17[beta]-
11 hydroxyandrostan[2,3-c]-furazan),
12 (xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one)
13 (xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-
14 androst-4-en-3-one),
15 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-
16 dihydroxy-estr-4-en-3-one),
17 (xxviii) mestanolone (17[alpha]-methyl-17[beta]-
18 hydroxy-5-androstan-3-one),
19 (xxix) mesterolone (1-methyl-17[beta]-hydroxy-
20 [5a]-androstan-3-one),
21 (xxx) methandienone (17[alpha]-methyl-17[beta]-
22 hydroxyandrost-1,4-dien-3-one),
23 (xxxii) methandriol (17[alpha]-methyl-3[beta],17[beta]-
24 dihydroxyandrost-5-ene),
25 (xxxiii) methenolone (1-methyl-17[beta]-hydroxy-
26 5[alpha]-androst-1-en-3-one),

- 1 (xxxiii) 17[alpha]-methyl-3[beta], 17[beta]-
2 dihydroxy-5a-androstane),
3 (xxxiv) 17[alpha]-methyl-3[alpha], 17[beta]-dihydroxy
4 -5a-androstane),
5 (xxxv) 17[alpha]-methyl-3[beta], 17[beta]-
6 dihydroxyandrost-4-ene),
7 (xxxvi) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-
8 methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),
9 (xxxvii) methyldienolone (17[alpha]-methyl-17[beta]-
10 hydroxyestra-4,9(10)-dien-3-one),
11 (xxxviii) methyltrienolone (17[alpha]-methyl-17[beta]-
12 hydroxyestra-4,9-11-trien-3-one),
13 (xxxix) methyltestosterone (17[alpha]-methyl-17[beta]-
14 hydroxyandrost-4-en-3-one),
15 (xl) mibolerone (7[alpha], 17a-dimethyl-17[beta]-
16 hydroxyestr-4-en-3-one),
17 (xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone
18 (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-
19 androst-1-en-3-one) (a.k.a. '17-[alpha]-methyl-
20 1-testosterone'),
21 (xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),
22 (xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-
23 dihydroxyestr-4-ene),
24 (xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-
25 dihydroxyestr-4-ene),
26 (xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-

1 dihydroxyestr-5-ene),
2 (xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-
3 dihydroxyestr-5-ene),
4 (xlvii) 19-nor-4,9(10)-androstadienedione
5 (estra-4,9(10)-diene-3,17-dione),
6 (xlviii) 19-nor-4-androstenedione (estr-4-
7 en-3,17-dione),
8 (xlix) 19-nor-5-androstenedione (estr-5-
9 en-3,17-dione),
10 (l) norbolethone (13[beta], 17a-diethyl-17[beta]-
11 hydroxygon-4-en-3-one),
12 (li) norclostebol (4-chloro-17[beta]-
13 hydroxyestr-4-en-3-one),
14 (lii) norethandrolone (17[alpha]-ethyl-17[beta]-
15 hydroxyestr-4-en-3-one),
16 (liii) normethandrolone (17[alpha]-methyl-17[beta]-
17 hydroxyestr-4-en-3-one),
18 (liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-
19 2-oxa-5[alpha]-androstan-3-one),
20 (lv) oxymesterone (17[alpha]-methyl-4,17[beta]-
21 dihydroxyandrost-4-en-3-one),
22 (lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-
23 17[beta]-hydroxy-(5[alpha]-androstan-3-one),
24 (lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-
25 (5[alpha]-androst-2-eno[3,2-c]-pyrazole),
26 (lviii) stenbolone (17[beta]-hydroxy-2-methyl-

- 1 (5[alpha]-androst-1-en-3-one),
2 (lix) testolactone (13-hydroxy-3-oxo-13,17-
3 secoandrosta-1,4-dien-17-oic
4 acid lactone),
5 (lx) testosterone (17[beta]-hydroxyandrost-
6 4-en-3-one),
7 (lxi) tetrahydrogestrinone (13[beta], 17[alpha]-
8 diethyl-17[beta]-hydroxygon-
9 4,9,11-trien-3-one),
10 (lxii) trenbolone (17[beta]-hydroxyestr-4,9,
11 11-trien-3-one).

12 Any person who is otherwise lawfully in possession of an
13 anabolic steroid, or who otherwise lawfully manufactures,
14 distributes, dispenses, delivers, or possesses with intent to
15 deliver an anabolic steroid, which anabolic steroid is
16 expressly intended for and lawfully allowed to be administered
17 through implants to livestock or other nonhuman species, and
18 which is approved by the Secretary of Health and Human Services
19 for such administration, and which the person intends to
20 administer or have administered through such implants, shall
21 not be considered to be in unauthorized possession or to
22 unlawfully manufacture, distribute, dispense, deliver, or
23 possess with intent to deliver such anabolic steroid for
24 purposes of this Act.

25 (d) "Administration" means the Drug Enforcement
26 Administration, United States Department of Justice, or its

1 successor agency.

2 (d-5) "Clinical Director, Prescription Monitoring Program"
3 means a Department of Human Services administrative employee
4 licensed to either prescribe or dispense controlled substances
5 who shall run the clinical aspects of the Department of Human
6 Services Prescription Monitoring Program and its Prescription
7 Information Library.

8 (d-10) "Compounding" means the preparation and mixing of
9 components, excluding flavorings, (1) as the result of a
10 prescriber's prescription drug order or initiative based on the
11 prescriber-patient-pharmacist relationship in the course of
12 professional practice or (2) for the purpose of, or incident
13 to, research, teaching, or chemical analysis and not for sale
14 or dispensing. "Compounding" includes the preparation of drugs
15 or devices in anticipation of receiving prescription drug
16 orders based on routine, regularly observed dispensing
17 patterns. Commercially available products may be compounded
18 for dispensing to individual patients only if both of the
19 following conditions are met: (i) the commercial product is not
20 reasonably available from normal distribution channels in a
21 timely manner to meet the patient's needs and (ii) the
22 prescribing practitioner has requested that the drug be
23 compounded.

24 (e) "Control" means to add a drug or other substance, or
25 immediate precursor, to a Schedule whether by transfer from
26 another Schedule or otherwise.

1 (f) "Controlled Substance" means (i) a drug, substance,
2 immediate precursor, or synthetic drug in the Schedules of
3 Article II of this Act or (ii) a drug or other substance, or
4 immediate precursor, designated as a controlled substance by
5 the Department through administrative rule. The term does not
6 include distilled spirits, wine, malt beverages, or tobacco, as
7 those terms are defined or used in the Liquor Control Act of
8 1934 and the Tobacco Products Tax Act of 1995.

9 (f-5) "Controlled substance analog" means a substance:

10 (1) the chemical structure of which is substantially
11 similar to the chemical structure of a controlled substance
12 in Schedule I or II;

13 (2) which has a stimulant, depressant, or
14 hallucinogenic effect on the central nervous system that is
15 substantially similar to or greater than the stimulant,
16 depressant, or hallucinogenic effect on the central
17 nervous system of a controlled substance in Schedule I or
18 II; or

19 (3) with respect to a particular person, which such
20 person represents or intends to have a stimulant,
21 depressant, or hallucinogenic effect on the central
22 nervous system that is substantially similar to or greater
23 than the stimulant, depressant, or hallucinogenic effect
24 on the central nervous system of a controlled substance in
25 Schedule I or II.

26 (g) "Counterfeit substance" means a controlled substance,

1 which, or the container or labeling of which, without
2 authorization bears the trademark, trade name, or other
3 identifying mark, imprint, number or device, or any likeness
4 thereof, of a manufacturer, distributor, or dispenser other
5 than the person who in fact manufactured, distributed, or
6 dispensed the substance.

7 (h) "Deliver" or "delivery" means the actual, constructive
8 or attempted transfer of possession of a controlled substance,
9 with or without consideration, whether or not there is an
10 agency relationship.

11 (i) "Department" means the Illinois Department of Human
12 Services (as successor to the Department of Alcoholism and
13 Substance Abuse) or its successor agency.

14 (j) (Blank).

15 (k) "Department of Corrections" means the Department of
16 Corrections of the State of Illinois or its successor agency.

17 (l) "Department of Financial and Professional Regulation"
18 means the Department of Financial and Professional Regulation
19 of the State of Illinois or its successor agency.

20 (m) "Depressant" means any drug that (i) causes an overall
21 depression of central nervous system functions, (ii) causes
22 impaired consciousness and awareness, and (iii) can be
23 habit-forming or lead to a substance abuse problem, including
24 but not limited to alcohol, cannabis and its active principles
25 and their analogs, benzodiazepines and their analogs,
26 barbiturates and their analogs, opioids (natural and

1 synthetic) and their analogs, and chloral hydrate and similar
2 sedative hypnotics.

3 (n) (Blank).

4 (o) "Director" means the Director of the Illinois State
5 Police or his or her designated agents.

6 (p) "Dispense" means to deliver a controlled substance to
7 an ultimate user or research subject by or pursuant to the
8 lawful order of a prescriber, including the prescribing,
9 administering, packaging, labeling, or compounding necessary
10 to prepare the substance for that delivery.

11 (q) "Dispenser" means a practitioner who dispenses.

12 (r) "Distribute" means to deliver, other than by
13 administering or dispensing, a controlled substance.

14 (s) "Distributor" means a person who distributes.

15 (t) "Drug" means (1) substances recognized as drugs in the
16 official United States Pharmacopoeia, Official Homeopathic
17 Pharmacopoeia of the United States, or official National
18 Formulary, or any supplement to any of them; (2) substances
19 intended for use in diagnosis, cure, mitigation, treatment, or
20 prevention of disease in man or animals; (3) substances (other
21 than food) intended to affect the structure of any function of
22 the body of man or animals and (4) substances intended for use
23 as a component of any article specified in clause (1), (2), or
24 (3) of this subsection. It does not include devices or their
25 components, parts, or accessories.

26 (t-3) "Electronic health record" or "EHR" means an

1 electronic record of health-related information on an
2 individual that is created, gathered, managed, and consulted by
3 authorized health care clinicians and staff.

4 (t-5) "Euthanasia agency" means an entity certified by the
5 Department of Financial and Professional Regulation for the
6 purpose of animal euthanasia that holds an animal control
7 facility license or animal shelter license under the Animal
8 Welfare Act. A euthanasia agency is authorized to purchase,
9 store, possess, and utilize Schedule II nonnarcotic and
10 Schedule III nonnarcotic drugs for the sole purpose of animal
11 euthanasia.

12 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
13 substances (nonnarcotic controlled substances) that are used
14 by a euthanasia agency for the purpose of animal euthanasia.

15 (u) "Good faith" means the prescribing or dispensing of a
16 controlled substance by a practitioner in the regular course of
17 professional treatment to or for any person who is under his or
18 her treatment for a pathology or condition other than that
19 individual's physical or psychological dependence upon or
20 addiction to a controlled substance, except as provided herein:
21 and application of the term to a pharmacist shall mean the
22 dispensing of a controlled substance pursuant to the
23 prescriber's order which in the professional judgment of the
24 pharmacist is lawful. The pharmacist shall be guided by
25 accepted professional standards including, but not limited to
26 the following, in making the judgment:

1 (1) lack of consistency of prescriber-patient
2 relationship,

3 (2) frequency of prescriptions for same drug by one
4 prescriber for large numbers of patients,

5 (3) quantities beyond those normally prescribed,

6 (4) unusual dosages (recognizing that there may be
7 clinical circumstances where more or less than the usual
8 dose may be used legitimately),

9 (5) unusual geographic distances between patient,
10 pharmacist and prescriber,

11 (6) consistent prescribing of habit-forming drugs.

12 (u-0.5) "Hallucinogen" means a drug that causes markedly
13 altered sensory perception leading to hallucinations of any
14 type.

15 (u-1) "Home infusion services" means services provided by a
16 pharmacy in compounding solutions for direct administration to
17 a patient in a private residence, long-term care facility, or
18 hospice setting by means of parenteral, intravenous,
19 intramuscular, subcutaneous, or intraspinal infusion.

20 (u-5) "Illinois State Police" means the State Police of the
21 State of Illinois, or its successor agency.

22 (v) "Immediate precursor" means a substance:

23 (1) which the Department has found to be and by rule
24 designated as being a principal compound used, or produced
25 primarily for use, in the manufacture of a controlled
26 substance;

1 (2) which is an immediate chemical intermediary used or
2 likely to be used in the manufacture of such controlled
3 substance; and

4 (3) the control of which is necessary to prevent,
5 curtail or limit the manufacture of such controlled
6 substance.

7 (w) "Instructional activities" means the acts of teaching,
8 educating or instructing by practitioners using controlled
9 substances within educational facilities approved by the State
10 Board of Education or its successor agency.

11 (x) "Local authorities" means a duly organized State,
12 County or Municipal peace unit or police force.

13 (y) "Look-alike substance" means a substance, other than a
14 controlled substance which (1) by overall dosage unit
15 appearance, including shape, color, size, markings or lack
16 thereof, taste, consistency, or any other identifying physical
17 characteristic of the substance, would lead a reasonable person
18 to believe that the substance is a controlled substance, or (2)
19 is expressly or impliedly represented to be a controlled
20 substance or is distributed under circumstances which would
21 lead a reasonable person to believe that the substance is a
22 controlled substance. For the purpose of determining whether
23 the representations made or the circumstances of the
24 distribution would lead a reasonable person to believe the
25 substance to be a controlled substance under this clause (2) of
26 subsection (y), the court or other authority may consider the

1 following factors in addition to any other factor that may be
2 relevant:

3 (a) statements made by the owner or person in control
4 of the substance concerning its nature, use or effect;

5 (b) statements made to the buyer or recipient that the
6 substance may be resold for profit;

7 (c) whether the substance is packaged in a manner
8 normally used for the illegal distribution of controlled
9 substances;

10 (d) whether the distribution or attempted distribution
11 included an exchange of or demand for money or other
12 property as consideration, and whether the amount of the
13 consideration was substantially greater than the
14 reasonable retail market value of the substance.

15 Clause (1) of this subsection (y) shall not apply to a
16 noncontrolled substance in its finished dosage form that was
17 initially introduced into commerce prior to the initial
18 introduction into commerce of a controlled substance in its
19 finished dosage form which it may substantially resemble.

20 Nothing in this subsection (y) prohibits the dispensing or
21 distributing of noncontrolled substances by persons authorized
22 to dispense and distribute controlled substances under this
23 Act, provided that such action would be deemed to be carried
24 out in good faith under subsection (u) if the substances
25 involved were controlled substances.

26 Nothing in this subsection (y) or in this Act prohibits the

1 manufacture, preparation, propagation, compounding,
2 processing, packaging, advertising or distribution of a drug or
3 drugs by any person registered pursuant to Section 510 of the
4 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

5 (y-1) "Mail-order pharmacy" means a pharmacy that is
6 located in a state of the United States that delivers,
7 dispenses or distributes, through the United States Postal
8 Service or other common carrier, to Illinois residents, any
9 substance which requires a prescription.

10 (z) "Manufacture" means the production, preparation,
11 propagation, compounding, conversion or processing of a
12 controlled substance other than methamphetamine, either
13 directly or indirectly, by extraction from substances of
14 natural origin, or independently by means of chemical
15 synthesis, or by a combination of extraction and chemical
16 synthesis, and includes any packaging or repackaging of the
17 substance or labeling of its container, except that this term
18 does not include:

19 (1) by an ultimate user, the preparation or compounding
20 of a controlled substance for his or her own use; or

21 (2) by a practitioner, or his or her authorized agent
22 under his or her supervision, the preparation,
23 compounding, packaging, or labeling of a controlled
24 substance:

25 (a) as an incident to his or her administering or
26 dispensing of a controlled substance in the course of

1 his or her professional practice; or

2 (b) as an incident to lawful research, teaching or
3 chemical analysis and not for sale.

4 (z-1) (Blank).

5 (z-5) "Medication shopping" means the conduct prohibited
6 under subsection (a) of Section 314.5 of this Act.

7 (z-10) "Mid-level practitioner" means (i) a physician
8 assistant who has been delegated authority to prescribe through
9 a written delegation of authority by a physician licensed to
10 practice medicine in all of its branches, in accordance with
11 Section 7.5 of the Physician Assistant Practice Act of 1987,
12 (ii) an advanced practice registered nurse who has been
13 delegated authority to prescribe through a written delegation
14 of authority by a physician licensed to practice medicine in
15 all of its branches or by a podiatric physician, in accordance
16 with Section 65-40 of the Nurse Practice Act, (iii) an advanced
17 practice registered nurse certified as a nurse practitioner,
18 nurse midwife, or clinical nurse specialist who has been
19 granted authority to prescribe by a hospital affiliate in
20 accordance with Section 65-45 of the Nurse Practice Act, (iv)
21 an animal euthanasia agency, or (v) a prescribing psychologist.

22 (aa) "Narcotic drug" means any of the following, whether
23 produced directly or indirectly by extraction from substances
24 of vegetable origin, or independently by means of chemical
25 synthesis, or by a combination of extraction and chemical
26 synthesis:

1 (1) opium, opiates, derivatives of opium and opiates,
2 including their isomers, esters, ethers, salts, and salts
3 of isomers, esters, and ethers, whenever the existence of
4 such isomers, esters, ethers, and salts is possible within
5 the specific chemical designation; however the term
6 "narcotic drug" does not include the isoquinoline
7 alkaloids of opium;

8 (2) (blank);

9 (3) opium poppy and poppy straw;

10 (4) coca leaves, except coca leaves and extracts of
11 coca leaves from which substantially all of the cocaine and
12 ecgonine, and their isomers, derivatives and salts, have
13 been removed;

14 (5) cocaine, its salts, optical and geometric isomers,
15 and salts of isomers;

16 (6) ecgonine, its derivatives, their salts, isomers,
17 and salts of isomers;

18 (7) any compound, mixture, or preparation which
19 contains any quantity of any of the substances referred to
20 in subparagraphs (1) through (6).

21 (bb) "Nurse" means a registered nurse licensed under the
22 Nurse Practice Act.

23 (cc) (Blank).

24 (dd) "Opiate" means any substance having an addiction
25 forming or addiction sustaining liability similar to morphine
26 or being capable of conversion into a drug having addiction

1 forming or addiction sustaining liability.

2 (ee) "Opium poppy" means the plant of the species *Papaver*
3 *somniferum* L., except its seeds.

4 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
5 solution or other liquid form of medication intended for
6 administration by mouth, but the term does not include a form
7 of medication intended for buccal, sublingual, or transmucosal
8 administration.

9 (ff) "Parole and Pardon Board" means the Parole and Pardon
10 Board of the State of Illinois or its successor agency.

11 (gg) "Person" means any individual, corporation,
12 mail-order pharmacy, government or governmental subdivision or
13 agency, business trust, estate, trust, partnership or
14 association, or any other entity.

15 (hh) "Pharmacist" means any person who holds a license or
16 certificate of registration as a registered pharmacist, a local
17 registered pharmacist or a registered assistant pharmacist
18 under the Pharmacy Practice Act.

19 (ii) "Pharmacy" means any store, ship or other place in
20 which pharmacy is authorized to be practiced under the Pharmacy
21 Practice Act.

22 (ii-5) "Pharmacy shopping" means the conduct prohibited
23 under subsection (b) of Section 314.5 of this Act.

24 (ii-10) "Physician" (except when the context otherwise
25 requires) means a person licensed to practice medicine in all
26 of its branches.

1 (jj) "Poppy straw" means all parts, except the seeds, of
2 the opium poppy, after mowing.

3 (kk) "Practitioner" means a physician licensed to practice
4 medicine in all its branches, dentist, optometrist, podiatric
5 physician, veterinarian, scientific investigator, pharmacist,
6 physician assistant, advanced practice registered nurse,
7 licensed practical nurse, registered nurse, hospital,
8 laboratory, or pharmacy, or other person licensed, registered,
9 or otherwise lawfully permitted by the United States or this
10 State to distribute, dispense, conduct research with respect
11 to, administer or use in teaching or chemical analysis, a
12 controlled substance in the course of professional practice or
13 research.

14 (ll) "Pre-printed prescription" means a written
15 prescription upon which the designated drug has been indicated
16 prior to the time of issuance; the term does not mean a written
17 prescription that is individually generated by machine or
18 computer in the prescriber's office.

19 (mm) "Prescriber" means a physician licensed to practice
20 medicine in all its branches, dentist, optometrist,
21 prescribing psychologist licensed under Section 4.2 of the
22 Clinical Psychologist Licensing Act with prescriptive
23 authority delegated under Section 4.3 of the Clinical
24 Psychologist Licensing Act, podiatric physician, or
25 veterinarian who issues a prescription, a physician assistant
26 who issues a prescription for a controlled substance in

1 accordance with Section 303.05, a written delegation, and a
2 written supervision agreement required under Section 7.5 of the
3 Physician Assistant Practice Act of 1987, an advanced practice
4 registered nurse with prescriptive authority delegated under
5 Section 65-40 of the Nurse Practice Act and in accordance with
6 Section 303.05, a written delegation, and a written
7 collaborative agreement under Section 65-35 of the Nurse
8 Practice Act, or an advanced practice registered nurse
9 certified as a nurse practitioner, nurse midwife, or clinical
10 nurse specialist who has been granted authority to prescribe by
11 a hospital affiliate in accordance with Section 65-45 of the
12 Nurse Practice Act and in accordance with Section 303.05.

13 (nn) "Prescription" means a written, facsimile, or oral
14 order, or an electronic order that complies with applicable
15 federal requirements, of a physician licensed to practice
16 medicine in all its branches, dentist, podiatric physician or
17 veterinarian for any controlled substance, of an optometrist in
18 accordance with Section 15.1 of the Illinois Optometric
19 Practice Act of 1987, of a prescribing psychologist licensed
20 under Section 4.2 of the Clinical Psychologist Licensing Act
21 with prescriptive authority delegated under Section 4.3 of the
22 Clinical Psychologist Licensing Act, of a physician assistant
23 for a controlled substance in accordance with Section 303.05, a
24 written delegation, and a written supervision agreement
25 required under Section 7.5 of the Physician Assistant Practice
26 Act of 1987, of an advanced practice registered nurse with

1 prescriptive authority delegated under Section 65-40 of the
2 Nurse Practice Act who issues a prescription for a controlled
3 substance in accordance with Section 303.05, a written
4 delegation, and a written collaborative agreement under
5 Section 65-35 of the Nurse Practice Act, or of an advanced
6 practice registered nurse certified as a nurse practitioner,
7 nurse midwife, or clinical nurse specialist who has been
8 granted authority to prescribe by a hospital affiliate in
9 accordance with Section 65-45 of the Nurse Practice Act and in
10 accordance with Section 303.05 when required by law.

11 (nn-5) "Prescription Information Library" (PIL) means an
12 electronic library that contains reported controlled substance
13 data.

14 (nn-10) "Prescription Monitoring Program" (PMP) means the
15 entity that collects, tracks, and stores reported data on
16 controlled substances and select drugs pursuant to Section 316.

17 (oo) "Production" or "produce" means manufacture,
18 planting, cultivating, growing, or harvesting of a controlled
19 substance other than methamphetamine.

20 (pp) "Registrant" means every person who is required to
21 register under Section 302 of this Act.

22 (qq) "Registry number" means the number assigned to each
23 person authorized to handle controlled substances under the
24 laws of the United States and of this State.

25 (qq-5) "Secretary" means, as the context requires, either
26 the Secretary of the Department or the Secretary of the

1 Department of Financial and Professional Regulation, and the
2 Secretary's designated agents.

3 (rr) "State" includes the State of Illinois and any state,
4 district, commonwealth, territory, insular possession thereof,
5 and any area subject to the legal authority of the United
6 States of America.

7 (rr-5) "Stimulant" means any drug that (i) causes an
8 overall excitation of central nervous system functions, (ii)
9 causes impaired consciousness and awareness, and (iii) can be
10 habit-forming or lead to a substance abuse problem, including
11 but not limited to amphetamines and their analogs,
12 methylphenidate and its analogs, cocaine, and phencyclidine
13 and its analogs.

14 (ss) "Ultimate user" means a person who lawfully possesses
15 a controlled substance for his or her own use or for the use of
16 a member of his or her household or for administering to an
17 animal owned by him or her or by a member of his or her
18 household.

19 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;
20 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14; 99-78, eff.
21 7-20-15; 99-173, eff. 7-29-15; 99-371, eff. 1-1-16; 99-480,
22 eff. 9-9-15; 99-642, eff. 7-28-16.)

23 (720 ILCS 570/302) (from Ch. 56 1/2, par. 1302)

24 Sec. 302. (a) Every person who manufactures, distributes,
25 or dispenses any controlled substances; engages in chemical

1 analysis, research, or instructional activities which utilize
2 controlled substances; purchases, stores, or administers
3 euthanasia drugs, within this State; provides canine odor
4 detection services; proposes to engage in the manufacture,
5 distribution, or dispensing of any controlled substance;
6 proposes to engage in chemical analysis, research, or
7 instructional activities which utilize controlled substances;
8 proposes to engage in purchasing, storing, or administering
9 euthanasia drugs; or proposes to provide canine odor detection
10 services within this State, must obtain a registration issued
11 by the Department of Financial and Professional Regulation in
12 accordance with its rules. The rules shall include, but not be
13 limited to, setting the expiration date and renewal period for
14 each registration under this Act. The Department, any facility
15 or service licensed by the Department, and any veterinary
16 hospital or clinic operated by a veterinarian or veterinarians
17 licensed under the Veterinary Medicine and Surgery Practice Act
18 of 2004 or maintained by a State-supported or publicly funded
19 university or college shall be exempt from the regulation
20 requirements of this Section; however, such exemption shall not
21 operate to bar the University of Illinois from requesting, nor
22 the Department of Financial and Professional Regulation from
23 issuing, a registration to the University of Illinois
24 Veterinary Teaching Hospital under this Act. Neither a request
25 for such registration nor the issuance of such registration to
26 the University of Illinois shall operate to otherwise waive or

1 modify the exemption provided in this subsection (a).

2 (b) Persons registered by the Department of Financial and
3 Professional Regulation under this Act to manufacture,
4 distribute, or dispense controlled substances, engage in
5 chemical analysis, research, or instructional activities which
6 utilize controlled substances, purchase, store, or administer
7 euthanasia drugs, or provide canine odor detection services,
8 may possess, manufacture, distribute, engage in chemical
9 analysis, research, or instructional activities which utilize
10 controlled substances, dispense those substances, or purchase,
11 store, or administer euthanasia drugs, or provide canine odor
12 detection services to the extent authorized by their
13 registration and in conformity with the other provisions of
14 this Article.

15 (c) The following persons need not register and may
16 lawfully possess controlled substances under this Act:

17 (1) an agent or employee of any registered
18 manufacturer, distributor, or dispenser of any controlled
19 substance if he or she is acting in the usual course of his
20 or her employer's lawful business or employment;

21 (2) a common or contract carrier or warehouseman, or an
22 agent or employee thereof, whose possession of any
23 controlled substance is in the usual lawful course of such
24 business or employment;

25 (3) an ultimate user or a person in possession of a
26 controlled substance prescribed for the ultimate user

1 under a lawful prescription of a practitioner, including an
2 advanced practice registered nurse, practical nurse, or
3 registered nurse licensed under the Nurse Practice Act, or
4 a physician assistant licensed under the Physician
5 Assistant Practice Act of 1987, who provides hospice
6 services to a hospice patient or who provides home health
7 services to a person, or a person in possession of any
8 controlled substance pursuant to a lawful prescription of a
9 practitioner or in lawful possession of a Schedule V
10 substance. In this Section, "home health services" has the
11 meaning ascribed to it in the Home Health, Home Services,
12 and Home Nursing Agency Licensing Act; and "hospice
13 patient" and "hospice services" have the meanings ascribed
14 to them in the Hospice Program Licensing Act;

15 (4) officers and employees of this State or of the
16 United States while acting in the lawful course of their
17 official duties which requires possession of controlled
18 substances;

19 (5) a registered pharmacist who is employed in, or the
20 owner of, a pharmacy licensed under this Act and the
21 Federal Controlled Substances Act, at the licensed
22 location, or if he or she is acting in the usual course of
23 his or her lawful profession, business, or employment;

24 (6) a holder of a temporary license issued under
25 Section 17 of the Medical Practice Act of 1987 practicing
26 within the scope of that license and in compliance with the

1 rules adopted under this Act. In addition to possessing
2 controlled substances, a temporary license holder may
3 order, administer, and prescribe controlled substances
4 when acting within the scope of his or her license and in
5 compliance with the rules adopted under this Act.

6 (d) A separate registration is required at each place of
7 business or professional practice where the applicant
8 manufactures, distributes, or dispenses controlled substances,
9 or purchases, stores, or administers euthanasia drugs. Persons
10 are required to obtain a separate registration for each place
11 of business or professional practice where controlled
12 substances are located or stored. A separate registration is
13 not required for every location at which a controlled substance
14 may be prescribed.

15 (e) The Department of Financial and Professional
16 Regulation or the Illinois State Police may inspect the
17 controlled premises, as defined in Section 502 of this Act, of
18 a registrant or applicant for registration in accordance with
19 this Act and the rules promulgated hereunder and with regard to
20 persons licensed by the Department, in accordance with
21 subsection (bb) of Section 30-5 of the Alcoholism and Other
22 Drug Abuse and Dependency Act and the rules and regulations
23 promulgated thereunder.

24 (Source: P.A. 99-163, eff. 1-1-16; 99-247, eff. 8-3-15; 99-642,
25 eff. 7-28-16.)

1 (720 ILCS 570/303.05)

2 Sec. 303.05. Mid-level practitioner registration.

3 (a) The Department of Financial and Professional
4 Regulation shall register licensed physician assistants,
5 licensed advanced practice registered nurses, and prescribing
6 psychologists licensed under Section 4.2 of the Clinical
7 Psychologist Licensing Act to prescribe and dispense
8 controlled substances under Section 303 and euthanasia
9 agencies to purchase, store, or administer animal euthanasia
10 drugs under the following circumstances:

11 (1) with respect to physician assistants,

12 (A) the physician assistant has been delegated
13 written authority to prescribe any Schedule III
14 through V controlled substances by a physician
15 licensed to practice medicine in all its branches in
16 accordance with Section 7.5 of the Physician Assistant
17 Practice Act of 1987; and the physician assistant has
18 completed the appropriate application forms and has
19 paid the required fees as set by rule; or

20 (B) the physician assistant has been delegated
21 authority by a supervising physician licensed to
22 practice medicine in all its branches to prescribe or
23 dispense Schedule II controlled substances through a
24 written delegation of authority and under the
25 following conditions:

26 (i) Specific Schedule II controlled substances

1 by oral dosage or topical or transdermal
2 application may be delegated, provided that the
3 delegated Schedule II controlled substances are
4 routinely prescribed by the supervising physician.
5 This delegation must identify the specific
6 Schedule II controlled substances by either brand
7 name or generic name. Schedule II controlled
8 substances to be delivered by injection or other
9 route of administration may not be delegated;

10 (ii) any delegation must be of controlled
11 substances prescribed by the supervising
12 physician;

13 (iii) all prescriptions must be limited to no
14 more than a 30-day supply, with any continuation
15 authorized only after prior approval of the
16 supervising physician;

17 (iv) the physician assistant must discuss the
18 condition of any patients for whom a controlled
19 substance is prescribed monthly with the
20 delegating physician;

21 (v) the physician assistant must have
22 completed the appropriate application forms and
23 paid the required fees as set by rule;

24 (vi) the physician assistant must provide
25 evidence of satisfactory completion of 45 contact
26 hours in pharmacology from any physician assistant

1 program accredited by the Accreditation Review
2 Commission on Education for the Physician
3 Assistant (ARC-PA), or its predecessor agency, for
4 any new license issued with Schedule II authority
5 after the effective date of this amendatory Act of
6 the 97th General Assembly; and

7 (vii) the physician assistant must annually
8 complete at least 5 hours of continuing education
9 in pharmacology;

10 (2) with respect to advanced practice registered
11 nurses,

12 (A) the advanced practice registered nurse has
13 been delegated authority to prescribe any Schedule III
14 through V controlled substances by a collaborating
15 physician licensed to practice medicine in all its
16 branches or a collaborating podiatric physician in
17 accordance with Section 65-40 of the Nurse Practice
18 Act. The advanced practice registered nurse has
19 completed the appropriate application forms and has
20 paid the required fees as set by rule; or

21 (B) the advanced practice registered nurse has
22 been delegated authority by a collaborating physician
23 licensed to practice medicine in all its branches or
24 collaborating podiatric physician to prescribe or
25 dispense Schedule II controlled substances through a
26 written delegation of authority and under the

1 following conditions:

2 (i) specific Schedule II controlled substances
3 by oral dosage or topical or transdermal
4 application may be delegated, provided that the
5 delegated Schedule II controlled substances are
6 routinely prescribed by the collaborating
7 physician or podiatric physician. This delegation
8 must identify the specific Schedule II controlled
9 substances by either brand name or generic name.
10 Schedule II controlled substances to be delivered
11 by injection or other route of administration may
12 not be delegated;

13 (ii) any delegation must be of controlled
14 substances prescribed by the collaborating
15 physician or podiatric physician;

16 (iii) all prescriptions must be limited to no
17 more than a 30-day supply, with any continuation
18 authorized only after prior approval of the
19 collaborating physician or podiatric physician;

20 (iv) the advanced practice registered nurse
21 must discuss the condition of any patients for whom
22 a controlled substance is prescribed monthly with
23 the delegating physician or podiatric physician or
24 in the course of review as required by Section
25 65-40 of the Nurse Practice Act;

26 (v) the advanced practice registered nurse

1 must have completed the appropriate application
2 forms and paid the required fees as set by rule;

3 (vi) the advanced practice registered nurse
4 must provide evidence of satisfactory completion
5 of at least 45 graduate contact hours in
6 pharmacology for any new license issued with
7 Schedule II authority after the effective date of
8 this amendatory Act of the 97th General Assembly;
9 and

10 (vii) the advanced practice registered nurse
11 must annually complete 5 hours of continuing
12 education in pharmacology;

13 (2.5) with respect to advanced practice registered
14 nurses certified as nurse practitioners, nurse midwives,
15 or clinical nurse specialists practicing in a hospital
16 affiliate,

17 (A) the advanced practice registered nurse
18 certified as a nurse practitioner, nurse midwife, or
19 clinical nurse specialist has been granted authority
20 to prescribe any Schedule II through V controlled
21 substances by the hospital affiliate upon the
22 recommendation of the appropriate physician committee
23 of the hospital affiliate in accordance with Section
24 65-45 of the Nurse Practice Act, has completed the
25 appropriate application forms, and has paid the
26 required fees as set by rule; and

1 (B) an advanced practice registered nurse
2 certified as a nurse practitioner, nurse midwife, or
3 clinical nurse specialist has been granted authority
4 to prescribe any Schedule II controlled substances by
5 the hospital affiliate upon the recommendation of the
6 appropriate physician committee of the hospital
7 affiliate, then the following conditions must be met:

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

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

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

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

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

4 (v) the advanced practice registered nurse
5 must meet the education requirements of this
6 Section;

7 (3) with respect to animal euthanasia agencies, the
8 euthanasia agency has obtained a license from the
9 Department of Financial and Professional Regulation and
10 obtained a registration number from the Department; or

11 (4) with respect to prescribing psychologists, the
12 prescribing psychologist has been delegated authority to
13 prescribe any nonnarcotic Schedule III through V
14 controlled substances by a collaborating physician
15 licensed to practice medicine in all its branches in
16 accordance with Section 4.3 of the Clinical Psychologist
17 Licensing Act, and the prescribing psychologist has
18 completed the appropriate application forms and has paid
19 the required fees as set by rule.

20 (b) The mid-level practitioner shall only be licensed to
21 prescribe those schedules of controlled substances for which a
22 licensed physician or licensed podiatric physician has
23 delegated prescriptive authority, except that an animal
24 euthanasia agency does not have any prescriptive authority. A
25 physician assistant and an advanced practice registered nurse
26 are prohibited from prescribing medications and controlled

1 substances not set forth in the required written delegation of
2 authority.

3 (c) Upon completion of all registration requirements,
4 physician assistants, advanced practice registered nurses, and
5 animal euthanasia agencies may be issued a mid-level
6 practitioner controlled substances license for Illinois.

7 (d) A collaborating physician or podiatric physician may,
8 but is not required to, delegate prescriptive authority to an
9 advanced practice registered nurse as part of a written
10 collaborative agreement, and the delegation of prescriptive
11 authority shall conform to the requirements of Section 65-40 of
12 the Nurse Practice Act.

13 (e) A supervising physician may, but is not required to,
14 delegate prescriptive authority to a physician assistant as
15 part of a written supervision agreement, and the delegation of
16 prescriptive authority shall conform to the requirements of
17 Section 7.5 of the Physician Assistant Practice Act of 1987.

18 (f) Nothing in this Section shall be construed to prohibit
19 generic substitution.

20 (Source: P.A. 98-214, eff. 8-9-13; 98-668, eff. 6-25-14;
21 99-173, eff. 7-29-15.)

22 (720 ILCS 570/313) (from Ch. 56 1/2, par. 1313)

23 Sec. 313. (a) Controlled substances which are lawfully
24 administered in hospitals or institutions licensed under the
25 Hospital Licensing Act shall be exempt from the requirements of

1 Sections 312 and 316, except that the prescription for the
2 controlled substance shall be in writing on the patient's
3 record, signed by the prescriber, and dated, and shall state
4 the name and quantity of controlled substances ordered and the
5 quantity actually administered. The records of such
6 prescriptions shall be maintained for two years and shall be
7 available for inspection by officers and employees of the
8 Illinois State Police and the Department of Financial and
9 Professional Regulation.

10 The exemption under this subsection (a) does not apply to a
11 prescription (including an outpatient prescription from an
12 emergency department or outpatient clinic) for more than a
13 72-hour supply of a discharge medication to be consumed outside
14 of the hospital or institution.

15 (b) Controlled substances that can lawfully be
16 administered or dispensed directly to a patient in a long-term
17 care facility licensed by the Department of Public Health as a
18 skilled nursing facility, intermediate care facility, or
19 long-term care facility for residents under 22 years of age,
20 are exempt from the requirements of Section 312 except that a
21 prescription for a Schedule II controlled substance must be
22 either a prescription signed by the prescriber or a
23 prescription transmitted by the prescriber or prescriber's
24 agent to the dispensing pharmacy by facsimile. The facsimile
25 serves as the original prescription and must be maintained for
26 2 years from the date of issue in the same manner as a written

1 prescription signed by the prescriber.

2 (c) A prescription that is generated for a Schedule II
3 controlled substance to be compounded for direct
4 administration to a patient in a private residence, long-term
5 care facility, or hospice program may be transmitted by
6 facsimile by the prescriber or the prescriber's agent to the
7 pharmacy providing the home infusion services. The facsimile
8 serves as the original prescription for purposes of this
9 paragraph (c) and it shall be maintained in the same manner as
10 the original prescription.

11 (c-1) A prescription generated for a Schedule II controlled
12 substance for a patient residing in a hospice certified by
13 Medicare under Title XVIII of the Social Security Act or
14 licensed by the State may be transmitted by the practitioner or
15 the practitioner's agent to the dispensing pharmacy by
16 facsimile or electronically as provided in Section 311.5. The
17 practitioner or practitioner's agent must note on the
18 prescription that the patient is a hospice patient. The
19 facsimile or electronic record serves as the original
20 prescription for purposes of this paragraph (c-1) and it shall
21 be maintained in the same manner as the original prescription.

22 (d) Controlled substances which are lawfully administered
23 and/or dispensed in drug abuse treatment programs licensed by
24 the Department shall be exempt from the requirements of
25 Sections 312 and 316, except that the prescription for such
26 controlled substances shall be issued and authenticated on

1 official prescription logs prepared and maintained in
2 accordance with 77 Ill. Adm. Code 2060: Alcoholism and
3 Substance Abuse Treatment and Intervention Licenses, and in
4 compliance with other applicable State and federal laws. The
5 Department-licensed drug treatment program shall report
6 applicable prescriptions via electronic record keeping
7 software approved by the Department. This software must be
8 compatible with the specifications of the Department. Drug
9 abuse treatment programs shall report to the Department
10 methadone prescriptions or medications dispensed through the
11 use of Department-approved File Transfer Protocols (FTPs).
12 Methadone prescription records must be maintained in
13 accordance with the applicable requirements as set forth by the
14 Department in accordance with 77 Ill. Adm. Code 2060:
15 Alcoholism and Substance Abuse Treatment and Intervention
16 Licenses, and in compliance with other applicable State and
17 federal laws.

18 (e) Nothing in this Act shall be construed to limit the
19 authority of a hospital pursuant to Section 65-45 of the Nurse
20 Practice Act to grant hospital clinical privileges to an
21 individual advanced practice registered nurse to select, order
22 or administer medications, including controlled substances to
23 provide services within a hospital. Nothing in this Act shall
24 be construed to limit the authority of an ambulatory surgical
25 treatment center pursuant to Section 65-45 of the Nurse
26 Practice Act to grant ambulatory surgical treatment center

1 clinical privileges to an individual advanced practice
2 registered nurse to select, order or administer medications,
3 including controlled substances to provide services within an
4 ambulatory surgical treatment center.

5 (Source: P.A. 97-334, eff. 1-1-12.)

6 (720 ILCS 570/320)

7 Sec. 320. Advisory committee.

8 (a) There is created a Prescription Monitoring Program
9 Advisory Committee to assist the Department of Human Services
10 in implementing the Prescription Monitoring Program created by
11 this Article and to advise the Department on the professional
12 performance of prescribers and dispensers and other matters
13 germane to the advisory committee's field of competence.

14 (b) The Clinical Director of the Prescription Monitoring
15 Program shall appoint members to serve on the advisory
16 committee. The advisory committee shall be composed of
17 prescribers and dispensers as follows: 4 physicians licensed to
18 practice medicine in all its branches; one advanced practice
19 registered nurse; one physician assistant; one optometrist;
20 one dentist; one podiatric physician; and 3 pharmacists. The
21 Clinical Director of the Prescription Monitoring Program may
22 appoint a representative of an organization representing a
23 profession required to be appointed. The Clinical Director of
24 the Prescription Monitoring Program shall serve as the chair of
25 the committee.

1 (c) The advisory committee may appoint its other officers
2 as it deems appropriate.

3 (d) The members of the advisory committee shall receive no
4 compensation for their services as members of the advisory
5 committee but may be reimbursed for their actual expenses
6 incurred in serving on the advisory committee.

7 (e) The advisory committee shall:

8 (1) provide a uniform approach to reviewing this Act in
9 order to determine whether changes should be recommended to
10 the General Assembly;

11 (2) review current drug schedules in order to manage
12 changes to the administrative rules pertaining to the
13 utilization of this Act;

14 (3) review the following: current clinical guidelines
15 developed by health care professional organizations on the
16 prescribing of opioids or other controlled substances;
17 accredited continuing education programs related to
18 prescribing and dispensing; programs or information
19 developed by health care professional organizations that
20 may be used to assess patients or help ensure compliance
21 with prescriptions; updates from the Food and Drug
22 Administration, the Centers for Disease Control and
23 Prevention, and other public and private organizations
24 which are relevant to prescribing and dispensing; relevant
25 medical studies; and other publications which involve the
26 prescription of controlled substances;

1 (4) make recommendations for inclusion of these
2 materials or other studies which may be effective resources
3 for prescribers and dispensers on the Internet website of
4 the inquiry system established under Section 318;

5 (5) on at least a quarterly basis, review the content
6 of the Internet website of the inquiry system established
7 pursuant to Section 318 to ensure this Internet website has
8 the most current available information;

9 (6) on at least a quarterly basis, review opportunities
10 for federal grants and other forms of funding to support
11 projects which will increase the number of pilot programs
12 which integrate the inquiry system with electronic health
13 records; and

14 (7) on at least a quarterly basis, review communication
15 to be sent to all registered users of the inquiry system
16 established pursuant to Section 318, including
17 recommendations for relevant accredited continuing
18 education and information regarding prescribing and
19 dispensing.

20 (f) The Clinical Director of the Prescription Monitoring
21 Program shall select 5 members, 3 physicians and 2 pharmacists,
22 of the Prescription Monitoring Program Advisory Committee to
23 serve as members of the peer review subcommittee. The purpose
24 of the peer review subcommittee is to advise the Program on
25 matters germane to the advisory committee's field of
26 competence, establish a formal peer review of professional

1 performance of prescribers and dispensers, and develop
2 communications to transmit to prescribers and dispensers. The
3 deliberations, information, and communications of the peer
4 review subcommittee are privileged and confidential and shall
5 not be disclosed in any manner except in accordance with
6 current law.

7 (1) The peer review subcommittee shall periodically
8 review the data contained within the prescription
9 monitoring program to identify those prescribers or
10 dispensers who may be prescribing or dispensing outside the
11 currently accepted standards in the course of their
12 professional practice.

13 (2) The peer review subcommittee may identify
14 prescribers or dispensers who may be prescribing outside
15 the currently accepted medical standards in the course of
16 their professional practice and send the identified
17 prescriber or dispenser a request for information
18 regarding their prescribing or dispensing practices. This
19 request for information shall be sent via certified mail,
20 return receipt requested. A prescriber or dispenser shall
21 have 30 days to respond to the request for information.

22 (3) The peer review subcommittee shall refer a
23 prescriber or a dispenser to the Department of Financial
24 and Professional Regulation in the following situations:

25 (i) if a prescriber or dispenser does not respond
26 to three successive requests for information;

1 (ii) in the opinion of a majority of members of the
2 peer review subcommittee, the prescriber or dispenser
3 does not have a satisfactory explanation for the
4 practices identified by the peer review subcommittee
5 in its request for information; or

6 (iii) following communications with the peer
7 review subcommittee, the prescriber or dispenser does
8 not sufficiently rectify the practices identified in
9 the request for information in the opinion of a
10 majority of the members of the peer review
11 subcommittee.

12 (4) The Department of Financial and Professional
13 Regulation may initiate an investigation and discipline in
14 accordance with current laws and rules for any prescriber
15 or dispenser referred by the peer review subcommittee.

16 (5) The peer review subcommittee shall prepare an
17 annual report starting on July 1, 2017. This report shall
18 contain the following information: the number of times the
19 peer review subcommittee was convened; the number of
20 prescribers or dispensers who were reviewed by the peer
21 review committee; the number of requests for information
22 sent out by the peer review subcommittee; and the number of
23 prescribers or dispensers referred to the Department of
24 Financial and Professional Regulation. The annual report
25 shall be delivered electronically to the Department and to
26 the General Assembly. The report prepared by the peer

1 review subcommittee shall not identify any prescriber,
2 dispenser, or patient.

3 (Source: P.A. 99-480, eff. 9-9-15.)

4 Section 325. The Code of Civil Procedure is amended by
5 changing Section 8-2001 as follows:

6 (735 ILCS 5/8-2001) (from Ch. 110, par. 8-2001)

7 Sec. 8-2001. Examination of health care records.

8 (a) In this Section:

9 "Health care facility" or "facility" means a public or
10 private hospital, ambulatory surgical treatment center,
11 nursing home, independent practice association, or physician
12 hospital organization, or any other entity where health care
13 services are provided to any person. The term does not include
14 a health care practitioner.

15 "Health care practitioner" means any health care
16 practitioner, including a physician, dentist, podiatric
17 physician, advanced practice registered nurse, physician
18 assistant, clinical psychologist, or clinical social worker.
19 The term includes a medical office, health care clinic, health
20 department, group practice, and any other organizational
21 structure for a licensed professional to provide health care
22 services. The term does not include a health care facility.

23 (b) Every private and public health care facility shall,
24 upon the request of any patient who has been treated in such

1 health care facility, or any person, entity, or organization
2 presenting a valid authorization for the release of records
3 signed by the patient or the patient's legally authorized
4 representative, or as authorized by Section 8-2001.5, permit
5 the patient, his or her health care practitioner, authorized
6 attorney, or any person, entity, or organization presenting a
7 valid authorization for the release of records signed by the
8 patient or the patient's legally authorized representative to
9 examine the health care facility patient care records,
10 including but not limited to the history, bedside notes,
11 charts, pictures and plates, kept in connection with the
12 treatment of such patient, and permit copies of such records to
13 be made by him or her or his or her health care practitioner or
14 authorized attorney.

15 (c) Every health care practitioner shall, upon the request
16 of any patient who has been treated by the health care
17 practitioner, or any person, entity, or organization
18 presenting a valid authorization for the release of records
19 signed by the patient or the patient's legally authorized
20 representative, permit the patient and the patient's health
21 care practitioner or authorized attorney, or any person,
22 entity, or organization presenting a valid authorization for
23 the release of records signed by the patient or the patient's
24 legally authorized representative, to examine and copy the
25 patient's records, including but not limited to those relating
26 to the diagnosis, treatment, prognosis, history, charts,

1 pictures and plates, kept in connection with the treatment of
2 such patient.

3 (d) A request for copies of the records shall be in writing
4 and shall be delivered to the administrator or manager of such
5 health care facility or to the health care practitioner. The
6 person (including patients, health care practitioners and
7 attorneys) requesting copies of records shall reimburse the
8 facility or the health care practitioner at the time of such
9 copying for all reasonable expenses, including the costs of
10 independent copy service companies, incurred in connection
11 with such copying not to exceed a \$20 handling charge for
12 processing the request and the actual postage or shipping
13 charge, if any, plus: (1) for paper copies 75 cents per page
14 for the first through 25th pages, 50 cents per page for the
15 26th through 50th pages, and 25 cents per page for all pages in
16 excess of 50 (except that the charge shall not exceed \$1.25 per
17 page for any copies made from microfiche or microfilm; records
18 retrieved from scanning, digital imaging, electronic
19 information or other digital format do not qualify as
20 microfiche or microfilm retrieval for purposes of calculating
21 charges); and (2) for electronic records, retrieved from a
22 scanning, digital imaging, electronic information or other
23 digital format in an electronic document, a charge of 50% of
24 the per page charge for paper copies under subdivision (d) (1).
25 This per page charge includes the cost of each CD Rom, DVD, or
26 other storage media. Records already maintained in an

1 electronic or digital format shall be provided in an electronic
2 format when so requested. If the records system does not allow
3 for the creation or transmission of an electronic or digital
4 record, then the facility or practitioner shall inform the
5 requester in writing of the reason the records can not be
6 provided electronically. The written explanation may be
7 included with the production of paper copies, if the requester
8 chooses to order paper copies. These rates shall be
9 automatically adjusted as set forth in Section 8-2006. The
10 facility or health care practitioner may, however, charge for
11 the reasonable cost of all duplication of record material or
12 information that cannot routinely be copied or duplicated on a
13 standard commercial photocopy machine such as x-ray films or
14 pictures.

15 (d-5) The handling fee shall not be collected from the
16 patient or the patient's personal representative who obtains
17 copies of records under Section 8-2001.5.

18 (e) The requirements of this Section shall be satisfied
19 within 30 days of the receipt of a written request by a patient
20 or by his or her legally authorized representative, health care
21 practitioner, authorized attorney, or any person, entity, or
22 organization presenting a valid authorization for the release
23 of records signed by the patient or the patient's legally
24 authorized representative. If the facility or health care
25 practitioner needs more time to comply with the request, then
26 within 30 days after receiving the request, the facility or

1 health care practitioner must provide the requesting party with
2 a written statement of the reasons for the delay and the date
3 by which the requested information will be provided. In any
4 event, the facility or health care practitioner must provide
5 the requested information no later than 60 days after receiving
6 the request.

7 (f) A health care facility or health care practitioner must
8 provide the public with at least 30 days prior notice of the
9 closure of the facility or the health care practitioner's
10 practice. The notice must include an explanation of how copies
11 of the facility's records may be accessed by patients. The
12 notice may be given by publication in a newspaper of general
13 circulation in the area in which the health care facility or
14 health care practitioner is located.

15 (g) Failure to comply with the time limit requirement of
16 this Section shall subject the denying party to expenses and
17 reasonable attorneys' fees incurred in connection with any
18 court ordered enforcement of the provisions of this Section.

19 (Source: P.A. 97-623, eff. 11-23-11; 97-867, eff. 7-30-12;
20 98-214, eff. 8-9-13; 98-756, eff. 7-16-14.)

21 Section 330. The Good Samaritan Act is amended by changing
22 Sections 30, 34, and 68 as follows:

23 (745 ILCS 49/30)

24 Sec. 30. Free medical clinic; exemption from civil

1 liability for services performed without compensation.

2 (a) A person licensed under the Medical Practice Act of
3 1987, a person licensed to practice the treatment of human
4 ailments in any other state or territory of the United States,
5 or a health care professional, including but not limited to an
6 advanced practice registered nurse, physician assistant,
7 nurse, pharmacist, physical therapist, podiatric physician, or
8 social worker licensed in this State or any other state or
9 territory of the United States, who, in good faith, provides
10 medical treatment, diagnosis, or advice as a part of the
11 services of an established free medical clinic providing care
12 to medically indigent patients which is limited to care that
13 does not require the services of a licensed hospital or
14 ambulatory surgical treatment center and who receives no fee or
15 compensation from that source shall not be liable for civil
16 damages as a result of his or her acts or omissions in
17 providing that medical treatment, except for willful or wanton
18 misconduct.

19 (b) For purposes of this Section, a "free medical clinic"
20 is:

21 (1) an organized community based program providing
22 medical care without charge to individuals unable to pay
23 for it, at which the care provided does not include the use
24 of general anesthesia or require an overnight stay in a
25 health-care facility; or

26 (2) a program organized by a certified local health

1 department pursuant to Part 600 of Title 77 of the Illinois
2 Administrative Code, utilizing health professional members
3 of the Volunteer Medical Reserve Corps (the federal
4 organization under 42 U.S.C. 300hh-15) providing medical
5 care without charge to individuals unable to pay for it, at
6 which the care provided does not include an overnight stay
7 in a health-care facility.

8 (c) The provisions of subsection (a) of this Section do not
9 apply to a particular case unless the free medical clinic has
10 posted in a conspicuous place on its premises an explanation of
11 the exemption from civil liability provided herein.

12 (d) The immunity from civil damages provided under
13 subsection (a) also applies to physicians, hospitals, and other
14 health care providers that provide further medical treatment,
15 diagnosis, or advice to a patient upon referral from an
16 established free medical clinic without fee or compensation.

17 (e) Nothing in this Section prohibits a free medical clinic
18 from accepting voluntary contributions for medical services
19 provided to a patient who has acknowledged his or her ability
20 and willingness to pay a portion of the value of the medical
21 services provided.

22 Any voluntary contribution collected for providing care at
23 a free medical clinic shall be used only to pay overhead
24 expenses of operating the clinic. No portion of any moneys
25 collected shall be used to provide a fee or other compensation
26 to any person licensed under Medical Practice Act of 1987.

1 (f) The changes to this Section made by this amendatory Act
2 of the 99th General Assembly apply only to causes of action
3 accruing on or after the effective date of this amendatory Act
4 of the 99th General Assembly.

5 (Source: P.A. 98-214, eff. 8-9-13; 99-42, eff. 1-1-16.)

6 (745 ILCS 49/34)

7 Sec. 34. Advanced practice registered nurse; exemption
8 from civil liability for emergency care. A person licensed as
9 an advanced practice registered nurse under the Nurse Practice
10 Act who in good faith provides emergency care without fee to a
11 person shall not be liable for civil damages as a result of his
12 or her acts or omissions, except for willful or wanton
13 misconduct on the part of the person in providing the care.

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

15 (745 ILCS 49/68)

16 Sec. 68. Disaster Relief Volunteers. Any firefighter,
17 licensed emergency medical technician (EMT) as defined by
18 Section 3.50 of the Emergency Medical Services (EMS) Systems
19 Act, physician, dentist, podiatric physician, optometrist,
20 pharmacist, advanced practice registered nurse, physician
21 assistant, or nurse who in good faith and without fee or
22 compensation provides health care services as a disaster relief
23 volunteer shall not, as a result of his or her acts or
24 omissions, except willful and wanton misconduct on the part of

1 the person, in providing health care services, be liable to a
2 person to whom the health care services are provided for civil
3 damages. This immunity applies to health care services that are
4 provided without fee or compensation during or within 10 days
5 following the end of a disaster or catastrophic event.

6 The immunity provided in this Section only applies to a
7 disaster relief volunteer who provides health care services in
8 relief of an earthquake, hurricane, tornado, nuclear attack,
9 terrorist attack, epidemic, or pandemic without fee or
10 compensation for providing the volunteer health care services.

11 The provisions of this Section shall not apply to any
12 health care facility as defined in Section 8-2001 of the Code
13 of Civil Procedure or to any practitioner, who is not a
14 disaster relief volunteer, providing health care services in a
15 hospital or health care facility.

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

17 Section 335. The Health Care Surrogate Act is amended by
18 changing Section 65 as follows:

19 (755 ILCS 40/65)

20 Sec. 65. Department of Public Health Uniform POLST form.

21 (a) An individual of sound mind and having reached the age
22 of majority or having obtained the status of an emancipated
23 person pursuant to the Emancipation of Minors Act may execute a
24 document (consistent with the Department of Public Health

1 Uniform POLST form described in Section 2310-600 of the
2 Department of Public Health Powers and Duties Law of the Civil
3 Administrative Code of Illinois) directing that resuscitating
4 efforts shall not be implemented. Such a document may also be
5 executed by an attending health care practitioner. If more than
6 one practitioner shares that responsibility, any of the
7 attending health care practitioners may act under this Section.
8 Notwithstanding the existence of a do-not-resuscitate (DNR)
9 order or Department of Public Health Uniform POLST form,
10 appropriate organ donation treatment may be applied or
11 continued temporarily in the event of the patient's death, in
12 accordance with subsection (g) of Section 20 of this Act, if
13 the patient is an organ donor.

14 (a-5) Execution of a Department of Public Health Uniform
15 POLST form is voluntary; no person can be required to execute
16 either form. A person who has executed a Department of Public
17 Health Uniform POLST form should review the form annually and
18 when the person's condition changes.

19 (b) Consent to a Department of Public Health Uniform POLST
20 form may be obtained from the individual, or from another
21 person at the individual's direction, or from the individual's
22 legal guardian, agent under a power of attorney for health
23 care, or surrogate decision maker, and witnessed by one
24 individual 18 years of age or older, who attests that the
25 individual, other person, guardian, agent, or surrogate (1) has
26 had an opportunity to read the form; and (2) has signed the

1 form or acknowledged his or her signature or mark on the form
2 in the witness's presence.

3 (b-5) As used in this Section, "attending health care
4 practitioner" means an individual who (1) is an Illinois
5 licensed physician, advanced practice registered nurse,
6 physician assistant, or licensed resident after completion of
7 one year in a program; (2) is selected by or assigned to the
8 patient; and (3) has primary responsibility for treatment and
9 care of the patient. "POLST" means practitioner orders for
10 life-sustaining treatments.

11 (c) Nothing in this Section shall be construed to affect
12 the ability of an individual to include instructions in an
13 advance directive, such as a power of attorney for health care.
14 The uniform form may, but need not, be in the form adopted by
15 the Department of Public Health pursuant to Section 2310-600 of
16 the Department of Public Health Powers and Duties Law (20 ILCS
17 2310/2310-600).

18 (d) A health care professional or health care provider may
19 presume, in the absence of knowledge to the contrary, that a
20 completed Department of Public Health Uniform POLST form, or a
21 copy of that form or a previous version of the uniform form, is
22 valid. A health care professional or health care provider, or
23 an employee of a health care professional or health care
24 provider, who in good faith complies with a cardiopulmonary
25 resuscitation (CPR) or life-sustaining treatment order,
26 Department of Public Health Uniform POLST form, or a previous

1 version of the uniform form made in accordance with this Act is
2 not, as a result of that compliance, subject to any criminal or
3 civil liability, except for willful and wanton misconduct, and
4 may not be found to have committed an act of unprofessional
5 conduct.

6 (e) Nothing in this Section or this amendatory Act of the
7 94th General Assembly or this amendatory Act of the 98th
8 General Assembly shall be construed to affect the ability of a
9 physician or other practitioner to make a do-not-resuscitate
10 order.

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

12 Section 340. The Illinois Power of Attorney Act is amended
13 by changing Sections 4-5.1 and 4-10 as follows:

14 (755 ILCS 45/4-5.1)

15 Sec. 4-5.1. Limitations on who may witness health care
16 agencies.

17 (a) Every health care agency shall bear the signature of a
18 witness to the signing of the agency. No witness may be under
19 18 years of age. None of the following licensed professionals
20 providing services to the principal may serve as a witness to
21 the signing of a health care agency:

22 (1) the attending physician, advanced practice
23 registered nurse, physician assistant, dentist, podiatric
24 physician, optometrist, or psychologist of the principal,

1 or a relative of the physician, advanced practice
2 registered nurse, physician assistant, dentist, podiatric
3 physician, optometrist, or psychologist;

4 (2) an owner, operator, or relative of an owner or
5 operator of a health care facility in which the principal
6 is a patient or resident;

7 (3) a parent, sibling, or descendant, or the spouse of
8 a parent, sibling, or descendant, of either the principal
9 or any agent or successor agent, regardless of whether the
10 relationship is by blood, marriage, or adoption;

11 (4) an agent or successor agent for health care.

12 (b) The prohibition on the operator of a health care
13 facility from serving as a witness shall extend to directors
14 and executive officers of an operator that is a corporate
15 entity but not other employees of the operator such as, but not
16 limited to, non-owner chaplains or social workers, nurses, and
17 other employees.

18 (Source: P.A. 98-1113, eff. 1-1-15; 99-328, eff. 1-1-16.)

19 (755 ILCS 45/4-10) (from Ch. 110 1/2, par. 804-10)

20 Sec. 4-10. Statutory short form power of attorney for
21 health care.

22 (a) The form prescribed in this Section (sometimes also
23 referred to in this Act as the "statutory health care power")
24 may be used to grant an agent powers with respect to the
25 principal's own health care; but the statutory health care

1 power is not intended to be exclusive nor to cover delegation
2 of a parent's power to control the health care of a minor
3 child, and no provision of this Article shall be construed to
4 invalidate or bar use by the principal of any other or
5 different form of power of attorney for health care.
6 Nonstatutory health care powers must be executed by the
7 principal, designate the agent and the agent's powers, and
8 comply with the limitations in Section 4-5 of this Article, but
9 they need not be witnessed or conform in any other respect to
10 the statutory health care power.

11 No specific format is required for the statutory health
12 care power of attorney other than the notice must precede the
13 form. The statutory health care power may be included in or
14 combined with any other form of power of attorney governing
15 property or other matters.

16 (b) The Illinois Statutory Short Form Power of Attorney for
17 Health Care shall be substantially as follows:

18 NOTICE TO THE INDIVIDUAL SIGNING

19 THE POWER OF ATTORNEY FOR HEALTH CARE

20 No one can predict when a serious illness or accident might
21 occur. When it does, you may need someone else to speak or make
22 health care decisions for you. If you plan now, you can
23 increase the chances that the medical treatment you get will be
24 the treatment you want.

25 In Illinois, you can choose someone to be your "health care

1 agent". Your agent is the person you trust to make health care
2 decisions for you if you are unable or do not want to make them
3 yourself. These decisions should be based on your personal
4 values and wishes.

5 It is important to put your choice of agent in writing. The
6 written form is often called an "advance directive". You may
7 use this form or another form, as long as it meets the legal
8 requirements of Illinois. There are many written and on-line
9 resources to guide you and your loved ones in having a
10 conversation about these issues. You may find it helpful to
11 look at these resources while thinking about and discussing
12 your advance directive.

13 WHAT ARE THE THINGS I WANT MY

14 HEALTH CARE AGENT TO KNOW?

15 The selection of your agent should be considered carefully,
16 as your agent will have the ultimate decision making authority
17 once this document goes into effect, in most instances after
18 you are no longer able to make your own decisions. While the
19 goal is for your agent to make decisions in keeping with your
20 preferences and in the majority of circumstances that is what
21 happens, please know that the law does allow your agent to make
22 decisions to direct or refuse health care interventions or
23 withdraw treatment. Your agent will need to think about
24 conversations you have had, your personality, and how you
25 handled important health care issues in the past. Therefore, it

1 is important to talk with your agent and your family about such
2 things as:

3 (i) What is most important to you in your life?

4 (ii) How important is it to you to avoid pain and
5 suffering?

6 (iii) If you had to choose, is it more important to you
7 to live as long as possible, or to avoid prolonged
8 suffering or disability?

9 (iv) Would you rather be at home or in a hospital for
10 the last days or weeks of your life?

11 (v) Do you have religious, spiritual, or cultural
12 beliefs that you want your agent and others to consider?

13 (vi) Do you wish to make a significant contribution to
14 medical science after your death through organ or whole
15 body donation?

16 (vii) Do you have an existing advanced directive, such
17 as a living will, that contains your specific wishes about
18 health care that is only delaying your death? If you have
19 another advance directive, make sure to discuss with your
20 agent the directive and the treatment decisions contained
21 within that outline your preferences. Make sure that your
22 agent agrees to honor the wishes expressed in your advance
23 directive.

24 WHAT KIND OF DECISIONS CAN MY AGENT MAKE?

25 If there is ever a period of time when your physician

1 determines that you cannot make your own health care decisions,
2 or if you do not want to make your own decisions, some of the
3 decisions your agent could make are to:

4 (i) talk with physicians and other health care
5 providers about your condition.

6 (ii) see medical records and approve who else can see
7 them.

8 (iii) give permission for medical tests, medicines,
9 surgery, or other treatments.

10 (iv) choose where you receive care and which physicians
11 and others provide it.

12 (v) decide to accept, withdraw, or decline treatments
13 designed to keep you alive if you are near death or not
14 likely to recover. You may choose to include guidelines
15 and/or restrictions to your agent's authority.

16 (vi) agree or decline to donate your organs or your
17 whole body if you have not already made this decision
18 yourself. This could include donation for transplant,
19 research, and/or education. You should let your agent know
20 whether you are registered as a donor in the First Person
21 Consent registry maintained by the Illinois Secretary of
22 State or whether you have agreed to donate your whole body
23 for medical research and/or education.

24 (vii) decide what to do with your remains after you
25 have died, if you have not already made plans.

26 (viii) talk with your other loved ones to help come to

1 a decision (but your designated agent will have the final
2 say over your other loved ones).

3 Your agent is not automatically responsible for your health
4 care expenses.

5 WHOM SHOULD I CHOOSE TO BE MY HEALTH CARE AGENT?

6 You can pick a family member, but you do not have to. Your
7 agent will have the responsibility to make medical treatment
8 decisions, even if other people close to you might urge a
9 different decision. The selection of your agent should be done
10 carefully, as he or she will have ultimate decision-making
11 authority for your treatment decisions once you are no longer
12 able to voice your preferences. Choose a family member, friend,
13 or other person who:

14 (i) is at least 18 years old;

15 (ii) knows you well;

16 (iii) you trust to do what is best for you and is
17 willing to carry out your wishes, even if he or she may not
18 agree with your wishes;

19 (iv) would be comfortable talking with and questioning
20 your physicians and other health care providers;

21 (v) would not be too upset to carry out your wishes if
22 you became very sick; and

23 (vi) can be there for you when you need it and is
24 willing to accept this important role.

1 WHAT IF MY AGENT IS NOT AVAILABLE OR IS
2 UNWILLING TO MAKE DECISIONS FOR ME?

3 If the person who is your first choice is unable to carry
4 out this role, then the second agent you chose will make the
5 decisions; if your second agent is not available, then the
6 third agent you chose will make the decisions. The second and
7 third agents are called your successor agents and they function
8 as back-up agents to your first choice agent and may act only
9 one at a time and in the order you list them.

10 WHAT WILL HAPPEN IF I DO NOT
11 CHOOSE A HEALTH CARE AGENT?

12 If you become unable to make your own health care decisions
13 and have not named an agent in writing, your physician and
14 other health care providers will ask a family member, friend,
15 or guardian to make decisions for you. In Illinois, a law
16 directs which of these individuals will be consulted. In that
17 law, each of these individuals is called a "surrogate".

18 There are reasons why you may want to name an agent rather
19 than rely on a surrogate:

20 (i) The person or people listed by this law may not be
21 who you would want to make decisions for you.

22 (ii) Some family members or friends might not be able
23 or willing to make decisions as you would want them to.

24 (iii) Family members and friends may disagree with one
25 another about the best decisions.

1 (iv) Under some circumstances, a surrogate may not be
2 able to make the same kinds of decisions that an agent can
3 make.

4 WHAT IF THERE IS NO ONE AVAILABLE

5 WHOM I TRUST TO BE MY AGENT?

6 In this situation, it is especially important to talk to
7 your physician and other health care providers and create
8 written guidance about what you want or do not want, in case
9 you are ever critically ill and cannot express your own wishes.
10 You can complete a living will. You can also write your wishes
11 down and/or discuss them with your physician or other health
12 care provider and ask him or her to write it down in your
13 chart. You might also want to use written or on-line resources
14 to guide you through this process.

15 WHAT DO I DO WITH THIS FORM ONCE I COMPLETE IT?

16 Follow these instructions after you have completed the
17 form:

18 (i) Sign the form in front of a witness. See the form
19 for a list of who can and cannot witness it.

20 (ii) Ask the witness to sign it, too.

21 (iii) There is no need to have the form notarized.

22 (iv) Give a copy to your agent and to each of your
23 successor agents.

24 (v) Give another copy to your physician.

1 (vi) Take a copy with you when you go to the hospital.

2 (vii) Show it to your family and friends and others who
3 care for you.

4 WHAT IF I CHANGE MY MIND?

5 You may change your mind at any time. If you do, tell
6 someone who is at least 18 years old that you have changed your
7 mind, and/or destroy your document and any copies. If you wish,
8 fill out a new form and make sure everyone you gave the old
9 form to has a copy of the new one, including, but not limited
10 to, your agents and your physicians.

11 WHAT IF I DO NOT WANT TO USE THIS FORM?

12 In the event you do not want to use the Illinois statutory
13 form provided here, any document you complete must be executed
14 by you, designate an agent who is over 18 years of age and not
15 prohibited from serving as your agent, and state the agent's
16 powers, but it need not be witnessed or conform in any other
17 respect to the statutory health care power.

18 If you have questions about the use of any form, you may
19 want to consult your physician, other health care provider,
20 and/or an attorney.

21 MY POWER OF ATTORNEY FOR HEALTH CARE

22 THIS POWER OF ATTORNEY REVOKES ALL PREVIOUS POWERS OF ATTORNEY

1 FOR HEALTH CARE. (You must sign this form and a witness must
2 also sign it before it is valid)

3 My name (Print your full name):

4 My address:

5 I WANT THE FOLLOWING PERSON TO BE MY HEALTH CARE AGENT

6 (an agent is your personal representative under state and
7 federal law):

8 (Agent name)

9 (Agent address)

10 (Agent phone number)

11 (Please check box if applicable) If a guardian of my
12 person is to be appointed, I nominate the agent acting under
13 this power of attorney as guardian.

14 SUCCESSOR HEALTH CARE AGENT(S) (optional):

15 If the agent I selected is unable or does not want to make
16 health care decisions for me, then I request the person(s) I
17 name below to be my successor health care agent(s). Only one
18 person at a time can serve as my agent (add another page if you
19 want to add more successor agent names):

20

21 (Successor agent #1 name, address and phone number)

22

1 (Successor agent #2 name, address and phone number)

2 MY AGENT CAN MAKE HEALTH CARE DECISIONS FOR ME, INCLUDING:

3 (i) Deciding to accept, withdraw or decline treatment
4 for any physical or mental condition of mine, including
5 life-and-death decisions.

6 (ii) Agreeing to admit me to or discharge me from any
7 hospital, home, or other institution, including a mental
8 health facility.

9 (iii) Having complete access to my medical and mental
10 health records, and sharing them with others as needed,
11 including after I die.

12 (iv) Carrying out the plans I have already made, or, if
13 I have not done so, making decisions about my body or
14 remains, including organ, tissue or whole body donation,
15 autopsy, cremation, and burial.

16 The above grant of power is intended to be as broad as
17 possible so that my agent will have the authority to make any
18 decision I could make to obtain or terminate any type of health
19 care, including withdrawal of nutrition and hydration and other
20 life-sustaining measures.

21 I AUTHORIZE MY AGENT TO (please check any one box):

22 Make decisions for me only when I cannot make them for
23 myself. The physician(s) taking care of me will determine
24 when I lack this ability.

1 (If no box is checked, then the box above shall be
2 implemented.) OR

3 Make decisions for me only when I cannot make them for
4 myself. The physician(s) taking care of me will determine
5 when I lack this ability. Starting now, for the purpose of
6 assisting me with my health care plans and decisions, my
7 agent shall have complete access to my medical and mental
8 health records, the authority to share them with others as
9 needed, and the complete ability to communicate with my
10 personal physician(s) and other health care providers,
11 including the ability to require an opinion of my physician
12 as to whether I lack the ability to make decisions for
13 myself. OR

14 Make decisions for me starting now and continuing
15 after I am no longer able to make them for myself. While I
16 am still able to make my own decisions, I can still do so
17 if I want to.

18 The subject of life-sustaining treatment is of particular
19 importance. Life-sustaining treatments may include tube
20 feedings or fluids through a tube, breathing machines, and CPR.
21 In general, in making decisions concerning life-sustaining
22 treatment, your agent is instructed to consider the relief of
23 suffering, the quality as well as the possible extension of
24 your life, and your previously expressed wishes. Your agent
25 will weigh the burdens versus benefits of proposed treatments

1 in making decisions on your behalf.

2 Additional statements concerning the withholding or
3 removal of life-sustaining treatment are described below.
4 These can serve as a guide for your agent when making decisions
5 for you. Ask your physician or health care provider if you have
6 any questions about these statements.

7 SELECT ONLY ONE STATEMENT BELOW THAT BEST EXPRESSES YOUR WISHES
8 (optional):

9 The quality of my life is more important than the
10 length of my life. If I am unconscious and my attending
11 physician believes, in accordance with reasonable medical
12 standards, that I will not wake up or recover my ability to
13 think, communicate with my family and friends, and
14 experience my surroundings, I do not want treatments to
15 prolong my life or delay my death, but I do want treatment
16 or care to make me comfortable and to relieve me of pain.

17 Staying alive is more important to me, no matter how
18 sick I am, how much I am suffering, the cost of the
19 procedures, or how unlikely my chances for recovery are. I
20 want my life to be prolonged to the greatest extent
21 possible in accordance with reasonable medical standards.

22 SPECIFIC LIMITATIONS TO MY AGENT'S DECISION-MAKING AUTHORITY:

23 The above grant of power is intended to be as broad as
24 possible so that your agent will have the authority to make any

1 decision you could make to obtain or terminate any type of
2 health care. If you wish to limit the scope of your agent's
3 powers or prescribe special rules or limit the power to
4 authorize autopsy or dispose of remains, you may do so
5 specifically in this form.

6
7

8 My signature:.....

9 Today's date:.....

10 HAVE YOUR WITNESS AGREE TO WHAT IS WRITTEN BELOW, AND THEN
11 COMPLETE THE SIGNATURE PORTION:

12 I am at least 18 years old. (check one of the options
13 below):

- 14 I saw the principal sign this document, or
- 15 the principal told me that the signature or mark on
- 16 the principal signature line is his or hers.

17 I am not the agent or successor agent(s) named in this
18 document. I am not related to the principal, the agent, or the
19 successor agent(s) by blood, marriage, or adoption. I am not
20 the principal's physician, advanced practice registered nurse,
21 dentist, podiatric physician, optometrist, psychologist, or a
22 relative of one of those individuals. I am not an owner or
23 operator (or the relative of an owner or operator) of the
24 health care facility where the principal is a patient or

1 resident.

2 Witness printed name:

3 Witness address:

4 Witness signature:

5 Today's date:

6 (c) The statutory short form power of attorney for health
7 care (the "statutory health care power") authorizes the agent
8 to make any and all health care decisions on behalf of the
9 principal which the principal could make if present and under
10 no disability, subject to any limitations on the granted powers
11 that appear on the face of the form, to be exercised in such
12 manner as the agent deems consistent with the intent and
13 desires of the principal. The agent will be under no duty to
14 exercise granted powers or to assume control of or
15 responsibility for the principal's health care; but when
16 granted powers are exercised, the agent will be required to use
17 due care to act for the benefit of the principal in accordance
18 with the terms of the statutory health care power and will be
19 liable for negligent exercise. The agent may act in person or
20 through others reasonably employed by the agent for that
21 purpose but may not delegate authority to make health care
22 decisions. The agent may sign and deliver all instruments,
23 negotiate and enter into all agreements and do all other acts
24 reasonably necessary to implement the exercise of the powers
25 granted to the agent. Without limiting the generality of the

1 foregoing, the statutory health care power shall include the
2 following powers, subject to any limitations appearing on the
3 face of the form:

4 (1) The agent is authorized to give consent to and
5 authorize or refuse, or to withhold or withdraw consent to,
6 any and all types of medical care, treatment or procedures
7 relating to the physical or mental health of the principal,
8 including any medication program, surgical procedures,
9 life-sustaining treatment or provision of food and fluids
10 for the principal.

11 (2) The agent is authorized to admit the principal to
12 or discharge the principal from any and all types of
13 hospitals, institutions, homes, residential or nursing
14 facilities, treatment centers and other health care
15 institutions providing personal care or treatment for any
16 type of physical or mental condition. The agent shall have
17 the same right to visit the principal in the hospital or
18 other institution as is granted to a spouse or adult child
19 of the principal, any rule of the institution to the
20 contrary notwithstanding.

21 (3) The agent is authorized to contract for any and all
22 types of health care services and facilities in the name of
23 and on behalf of the principal and to bind the principal to
24 pay for all such services and facilities, and to have and
25 exercise those powers over the principal's property as are
26 authorized under the statutory property power, to the

1 extent the agent deems necessary to pay health care costs;
2 and the agent shall not be personally liable for any
3 services or care contracted for on behalf of the principal.

4 (4) At the principal's expense and subject to
5 reasonable rules of the health care provider to prevent
6 disruption of the principal's health care, the agent shall
7 have the same right the principal has to examine and copy
8 and consent to disclosure of all the principal's medical
9 records that the agent deems relevant to the exercise of
10 the agent's powers, whether the records relate to mental
11 health or any other medical condition and whether they are
12 in the possession of or maintained by any physician,
13 psychiatrist, psychologist, therapist, hospital, nursing
14 home or other health care provider. The authority under
15 this paragraph (4) applies to any information governed by
16 the Health Insurance Portability and Accountability Act of
17 1996 ("HIPAA") and regulations thereunder. The agent
18 serves as the principal's personal representative, as that
19 term is defined under HIPAA and regulations thereunder.

20 (5) The agent is authorized: to direct that an autopsy
21 be made pursuant to Section 2 of "An Act in relation to
22 autopsy of dead bodies", approved August 13, 1965,
23 including all amendments; to make a disposition of any part
24 or all of the principal's body pursuant to the Illinois
25 Anatomical Gift Act, as now or hereafter amended; and to
26 direct the disposition of the principal's remains.

1 (6) At any time during which there is no executor or
2 administrator appointed for the principal's estate, the
3 agent is authorized to continue to pursue an application or
4 appeal for government benefits if those benefits were
5 applied for during the life of the principal.

6 (d) A physician may determine that the principal is unable
7 to make health care decisions for himself or herself only if
8 the principal lacks decisional capacity, as that term is
9 defined in Section 10 of the Health Care Surrogate Act.

10 (e) If the principal names the agent as a guardian on the
11 statutory short form, and if a court decides that the
12 appointment of a guardian will serve the principal's best
13 interests and welfare, the court shall appoint the agent to
14 serve without bond or security.

15 (Source: P.A. 98-1113, eff. 1-1-15; 99-328, eff. 1-1-16.)

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

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