



Rep. Stephanie A. Kifowit

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1 AMENDMENT TO HOUSE BILL 4100

2 AMENDMENT NO. _____. Amend House Bill 4100, AS AMENDED, by
3 replacing everything after the enacting clause with the
4 following:

5 "Section 1. Short title. This Act may be cited as the
6 Health Care Violence Prevention Act.

7 Section 5. Definitions. As used in this Act:

8 "Committed person" means a person who is in the custody of
9 or under the control of a custodial agency, including, but not
10 limited to, a person who is incarcerated, under arrest,
11 detained, or otherwise under the physical control of a
12 custodial agency.

13 "Custodial agency" means the Illinois Department of
14 Corrections, the Illinois State Police, the sheriff of a
15 county, a county jail, a correctional institution, or any other
16 State agency, municipality, or unit of local government that

1 employs personnel designated as police, peace officers,
2 wardens, corrections officers, or guards or that employs
3 personnel vested by law with the power to place or maintain a
4 person in custody.

5 "Health care provider" means a retail health care facility,
6 a hospital or facility subject to the Hospital Licensing Act,
7 the University of Illinois Hospital Act, the MC/DD Act, or the
8 ID/DD Community Care Act, or a veterans home as defined in the
9 Department of Veterans' Affairs Act.

10 "Health care worker" means any individual licensed under
11 the laws of this State to provide health services, including
12 but not limited to: dentists licensed under the Illinois Dental
13 Practice Act; dental hygienists licensed under the Illinois
14 Dental Practice Act; nurses and advanced practice registered
15 nurses licensed under the Nurse Practice Act; occupational
16 therapists licensed under the Illinois Occupational Therapy
17 Practice Act; optometrists licensed under the Illinois
18 Optometric Practice Act of 1987; pharmacists licensed under the
19 Pharmacy Practice Act; physical therapists licensed under the
20 Illinois Physical Therapy Act; physicians licensed under the
21 Medical Practice Act of 1987; physician assistants licensed
22 under the Physician Assistant Practice Act of 1987; podiatric
23 physicians licensed under the Podiatric Medical Practice Act of
24 1987; clinical psychologists licensed under the Clinical
25 Psychologist Licensing Act; clinical social workers licensed
26 under the Clinical Social Work and Social Work Practice Act;

1 speech-language pathologists and audiologists licensed under
2 the Illinois Speech-Language Pathology and Audiology Practice
3 Act; or hearing instrument dispensers licensed under the
4 Hearing Instrument Consumer Protection Act, or any of their
5 successor Acts.

6 "Nurse" means a person who is licensed to practice nursing
7 under the Nurse Practice Act.

8 "Retail health care facility" means an institution, place,
9 or building, or any portion thereof, that:

10 (1) is devoted to the maintenance and operation of a
11 facility for the performance of health care services and is
12 located within a retail store at a specific location;

13 (2) does not provide surgical services or any form of
14 general anesthesia;

15 (3) does not provide beds or other accommodations for
16 either the long-term or overnight stay of patients; and

17 (4) discharges individual patients in an ambulatory
18 condition without danger to the continued well-being of the
19 patients and transfers non-ambulatory patients to
20 hospitals.

21 "Retail health care facility" does not include hospitals,
22 long-term care facilities, ambulatory treatment centers, blood
23 banks, clinical laboratories, offices of physicians, advanced
24 practice registered nurses, podiatrists, and physician
25 assistants, and pharmacies that provide limited health care
26 services.

1 Section 10. Application. This Act applies to health care
2 providers and custodial agencies as defined in Section 5.

3 This Act does not apply to an owner of an institution,
4 place, building, or any portion of the institution, place, or
5 building, who directly or indirectly leases space that is used
6 by the lessee to operate a retail health care facility.

7 Section 15. Workplace safety.

8 (a) A health care worker who contacts law enforcement or
9 files a report with law enforcement against a patient or
10 individual because of workplace violence shall provide notice
11 to management of the health care provider by which he or she is
12 employed within 3 days after contacting law enforcement or
13 filing the report.

14 (b) No management of a health care provider may discourage
15 a health care worker from exercising his or her right to
16 contact law enforcement or file a report with law enforcement
17 because of workplace violence.

18 (c) A health care provider that employs a health care
19 worker shall display a notice stating that verbal aggression
20 will not be tolerated and physical assault will be reported to
21 law enforcement.

22 (d) The health care provider shall offer immediate
23 post-incident services for a health care worker directly
24 involved in a workplace violence incident caused by patients or

1 their visitors, including acute treatment and access to
2 psychological evaluation.

3 Section 20. Workplace violence prevention program.

4 (a) A health care provider shall create a workplace
5 violence prevention program that complies with the
6 Occupational Safety and Health Administration guidelines for
7 preventing workplace violence for health care and social
8 service workers as amended or updated by the Occupational
9 Safety and Health Administration.

10 (a-5) In addition, the workplace violence prevention
11 program shall include:

12 (1) the following classifications of workplace
13 violence as one of 4 possible types:

14 (A) "Type 1 violence" means workplace violence
15 committed by a person who has no legitimate business at
16 the work site and includes violent acts by anyone who
17 enters the workplace with the intent to commit a crime.

18 (B) "Type 2 violence" means workplace violence
19 directed at employees by customers, clients, patients,
20 students, inmates, visitors, or other individuals
21 accompanying a patient.

22 (C) "Type 3 violence" means workplace violence
23 against an employee by a present or former employee,
24 supervisor, or manager.

25 (D) "Type 4 violence" means workplace violence

1 committed in the workplace by someone who does not work
2 there, but has or is known to have had a personal
3 relationship with an employee.

4 (2) management commitment and worker participation,
5 including, but not limited to, nurses;

6 (3) worksite analysis and identification of potential
7 hazards;

8 (4) hazard prevention and control;

9 (5) safety and health training with required hours
10 determined by rule; and

11 (6) recordkeeping and evaluation of the violence
12 prevention program.

13 (b) The Department of Public Health may by rule adopt
14 additional criteria for workplace violence prevention
15 programs.

16 Section 25. Whistleblower protection. The Whistleblower
17 Act applies to health care providers and their employees with
18 respect to actions taken to implement or enforce compliance
19 with this Act.

20 Section 30. Medical care for committed persons.

21 (a) If a committed person receives medical care and
22 treatment at a place other than an institution or facility of
23 the Department of Corrections, a county, or a municipality,
24 then the institution or facility shall:

1 (1) to the greatest extent practicable, notify the
2 hospital or medical facility that is treating the committed
3 person prior to the committed person's visit, particularly
4 if the committed person is a potentially violent
5 individual;

6 (2) to the greatest extent practicable, ensure the
7 transferred committed person is accompanied by all
8 available medical records;

9 (3) provide one guard trained in custodial escort and
10 custody of high-risk committed persons to accompany any
11 committed person determined by a law enforcement agency to
12 present a high risk for potential violence or who has been
13 arrested for a violent crime, provided that the committed
14 person is restrained at all times during the visit to the
15 hospital or medical facility; however, under no
16 circumstances may a pregnant female be restrained as
17 provided in this paragraph, unless otherwise required by
18 law; and

19 (4) prevent anyone, except medical personnel, from
20 visiting the committed person unless death is imminent. If
21 death is imminent:

22 (A) the hospital or medical facility shall follow
23 the rules required by the facility or institution for
24 visitation;

25 (B) the name of the visitor must be listed per the
26 facility's or institution's documentation;

1 (C) the visitor shall submit to the search of his
2 or her person or any personal property under his or her
3 control at any time;

4 (D) the visitor and the committed person shall not
5 have access to a telephone; and

6 (E) only one visitor may be allowed to meet with
7 the committed person at a time.

8 If the law enforcement agency determines that the committed
9 person presents a high risk for potential violence, then such
10 committed person shall remain restrained unless 2 guards are
11 present. In order to provide the second guard in this Section,
12 it is permissible for law enforcement to enter into a mutual
13 aid agreement with the hospital and any other entity of law
14 enforcement. However, under no circumstances may a pregnant
15 female be restrained as provided this paragraph, unless
16 otherwise required by law.

17 The hospital or medical facility shall establish protocols
18 for the receipt of committed persons, particularly with regard
19 to potentially violent individuals.

20 (b) If a committed person receives medical care and
21 treatment at a place other than an institution or facility of
22 the Department of Juvenile Justice, then the institution or
23 facility shall:

24 (1) to the greatest extent practicable, notify the
25 hospital or medical facility that is treating the committed
26 person prior to the committed person's visit, particularly

1 if the committed person is a potentially violent
2 individual;

3 (2) to the greatest extent practicable, ensure the
4 transferred committed person is accompanied by all
5 available medical records;

6 (3) to the greatest extent practicable, provide: (i)
7 one guard trained in custodial escort and custody of
8 high-risk committed persons if the committed person is
9 determined to present a high risk for potential violence
10 and is restrained; or (ii) 2 guards to accompany the
11 committed person at all times during the visit to the
12 hospital or medical facility; and

13 (4) prevent anyone, except medical personnel,
14 immediate family, and legal guardians, from visiting the
15 committed person if death is not imminent. If death is
16 imminent, anyone may visit the committed person. In any
17 situation in which a committed person is being visited:

18 (A) the hospital or medical facility shall follow
19 the rules required by the facility or institution for
20 visitation;

21 (B) the name of the visitor must be listed per the
22 facility's or institution's documentation;

23 (C) the visitor shall submit to the search of his
24 or her person or any personal property under his or her
25 control at any time;

26 (D) the visitor and the committed person shall not

1 have access to a telephone; and

2 (E) only one visitor, other than immediate family,
3 may be allowed to meet with the committed person at a
4 time.

5 If a committed person receives medical care and treatment
6 at a place other than an institution or facility of the
7 Department of Juvenile Justice, then the institution or
8 facility shall ensure the committed person is wearing security
9 restraints on wrists and ankles. The decision to restrain a
10 juvenile by wrists and ankles shall be collaboratively made by
11 the medical team and the security personnel, but the medical
12 team shall make the final decision. However, under no
13 circumstances may a pregnant female be restrained as provided
14 in this paragraph.

15 The hospital or medical facility shall establish protocols
16 for the receipt of committed persons, particularly with regard
17 to potentially violent individuals.

18 Section 35. Law enforcement training. The Illinois Law
19 Enforcement Training Standards Board shall establish a
20 curriculum for custodial escort and custody of high-risk
21 committed persons certification, which shall include, but not
22 be limited to, the following:

23 (1) handcuffing or shackling of a high-risk committed
24 person;

25 (2) mobile transportation of a committed person with

1 defense from the committed person's attack;
2 (3) outside facility threat assessment;
3 (4) hands-on weapons retention training; and
4 (5) custodial considerations for a high-risk committed
5 person in outside facilities.

6 Section 90. The State Police Act is amended by adding
7 Section 45 as follows:

8 (20 ILCS 2610/45 new)

9 Sec. 45. Compliance with the Health Care Violence
10 Prevention Act. The Department shall comply with the Health
11 Care Violence Prevention Act.

12 Section 95. The Department of Veterans' Affairs Act is
13 amended by changing Section 2.07 as follows:

14 (20 ILCS 2805/2.07) (from Ch. 126 1/2, par. 67.07)

15 Sec. 2.07. The Department shall employ and maintain
16 sufficient and qualified staff at the veterans' homes (i) to
17 fill all beds, subject to appropriation, and (ii) to fulfill
18 the requirements of this Act. The Department shall report to
19 the General Assembly, by January 1 and July 1 of each year, the
20 number of staff employed in providing direct patient care at
21 their veterans' homes, the compliance or noncompliance with
22 staffing standards established by the United States Department

1 of Veterans Affairs for such care, and in the event of
2 noncompliance with such standards, the number of staff required
3 for compliance. For purposes of this Section, a nurse who has a
4 license application pending with the State shall not be deemed
5 unqualified by the Department if the nurse is in compliance
6 with Section 50-15 of the Nurse Practice Act.

7 A veterans home is subject to the Health Care Violence
8 Prevention Act.

9 (Source: P.A. 96-699, eff. 8-25-09; 97-297, eff. 1-1-12.)

10 Section 100. The University of Illinois Hospital Act is
11 amended by adding Section 10 as follows:

12 (110 ILCS 330/10 new)

13 Sec. 10. Compliance with the Health Care Violence
14 Prevention Act. The University of Illinois Hospital shall
15 comply with the Health Care Violence Prevention Act.

16 Section 105. The MC/DD Act is amended by adding Section
17 2-219 as follows:

18 (210 ILCS 46/2-219 new)

19 Sec. 2-219. Compliance with the Health Care Violence
20 Prevention Act. A facility licensed under this Act shall comply
21 with the Health Care Violence Prevention Act.

1 Section 110. The ID/DD Community Care Act is amended by
2 adding Section 2-219 as follows:

3 (210 ILCS 47/2-219 new)

4 Sec. 2-219. Compliance with the Health Care Violence
5 Prevention Act. A facility licensed under this Act shall comply
6 with the Health Care Violence Prevention Act.

7 Section 115. The Hospital Licensing Act is amended by
8 adding Section 9.8 as follows:

9 (210 ILCS 85/9.8 new)

10 Sec. 9.8. Compliance with the Health Care Violence
11 Prevention Act. A hospital licensed under this Act shall comply
12 with the Health Care Violence Prevention Act.

13 Section 120. The Unified Code of Corrections is amended by
14 changing Section 3-6-2 as follows:

15 (730 ILCS 5/3-6-2) (from Ch. 38, par. 1003-6-2)

16 Sec. 3-6-2. Institutions and Facility Administration.

17 (a) Each institution and facility of the Department shall
18 be administered by a chief administrative officer appointed by
19 the Director. A chief administrative officer shall be
20 responsible for all persons assigned to the institution or
21 facility. The chief administrative officer shall administer

1 the programs of the Department for the custody and treatment of
2 such persons.

3 (b) The chief administrative officer shall have such
4 assistants as the Department may assign.

5 (c) The Director or Assistant Director shall have the
6 emergency powers to temporarily transfer individuals without
7 formal procedures to any State, county, municipal or regional
8 correctional or detention institution or facility in the State,
9 subject to the acceptance of such receiving institution or
10 facility, or to designate any reasonably secure place in the
11 State as such an institution or facility and to make transfers
12 thereto. However, transfers made under emergency powers shall
13 be reviewed as soon as practicable under Article 8, and shall
14 be subject to Section 5-905 of the Juvenile Court Act of 1987.
15 This Section shall not apply to transfers to the Department of
16 Human Services which are provided for under Section 3-8-5 or
17 Section 3-10-5.

18 (d) The Department shall provide educational programs for
19 all committed persons so that all persons have an opportunity
20 to attain the achievement level equivalent to the completion of
21 the twelfth grade in the public school system in this State.
22 Other higher levels of attainment shall be encouraged and
23 professional instruction shall be maintained wherever
24 possible. The Department may establish programs of mandatory
25 education and may establish rules and regulations for the
26 administration of such programs. A person committed to the

1 Department who, during the period of his or her incarceration,
2 participates in an educational program provided by or through
3 the Department and through that program is awarded or earns the
4 number of hours of credit required for the award of an
5 associate, baccalaureate, or higher degree from a community
6 college, college, or university located in Illinois shall
7 reimburse the State, through the Department, for the costs
8 incurred by the State in providing that person during his or
9 her incarceration with the education that qualifies him or her
10 for the award of that degree. The costs for which reimbursement
11 is required under this subsection shall be determined and
12 computed by the Department under rules and regulations that it
13 shall establish for that purpose. However, interest at the rate
14 of 6% per annum shall be charged on the balance of those costs
15 from time to time remaining unpaid, from the date of the
16 person's parole, mandatory supervised release, or release
17 constituting a final termination of his or her commitment to
18 the Department until paid.

19 (d-5) A person committed to the Department is entitled to
20 confidential testing for infection with human immunodeficiency
21 virus (HIV) and to counseling in connection with such testing,
22 with no copay to the committed person. A person committed to
23 the Department who has tested positive for infection with HIV
24 is entitled to medical care while incarcerated, counseling, and
25 referrals to support services, in connection with that positive
26 test result. Implementation of this subsection (d-5) is subject

1 to appropriation.

2 (e) A person committed to the Department who becomes in
3 need of medical or surgical treatment but is incapable of
4 giving consent thereto shall receive such medical or surgical
5 treatment by the chief administrative officer consenting on the
6 person's behalf. Before the chief administrative officer
7 consents, he or she shall obtain the advice of one or more
8 physicians licensed to practice medicine in all its branches in
9 this State. If such physician or physicians advise:

10 (1) that immediate medical or surgical treatment is
11 required relative to a condition threatening to cause
12 death, damage or impairment to bodily functions, or
13 disfigurement; and

14 (2) that the person is not capable of giving consent to
15 such treatment; the chief administrative officer may give
16 consent for such medical or surgical treatment, and such
17 consent shall be deemed to be the consent of the person for
18 all purposes, including, but not limited to, the authority
19 of a physician to give such treatment.

20 (e-5) If a physician providing medical care to a committed
21 person on behalf of the Department advises the chief
22 administrative officer that the committed person's mental or
23 physical health has deteriorated as a result of the cessation
24 of ingestion of food or liquid to the point where medical or
25 surgical treatment is required to prevent death, damage, or
26 impairment to bodily functions, the chief administrative

1 officer may authorize such medical or surgical treatment.

2 (f) In the event that the person requires medical care and
3 treatment at a place other than the institution or facility,
4 the person may be removed therefrom under conditions prescribed
5 by the Department. The Department shall require the committed
6 person receiving medical or dental services on a non-emergency
7 basis to pay a \$5 co-payment to the Department for each visit
8 for medical or dental services. The amount of each co-payment
9 shall be deducted from the committed person's individual
10 account. A committed person who has a chronic illness, as
11 defined by Department rules and regulations, shall be exempt
12 from the \$5 co-payment for treatment of the chronic illness. A
13 committed person shall not be subject to a \$5 co-payment for
14 follow-up visits ordered by a physician, who is employed by, or
15 contracts with, the Department. A committed person who is
16 indigent is exempt from the \$5 co-payment and is entitled to
17 receive medical or dental services on the same basis as a
18 committed person who is financially able to afford the
19 co-payment. For purposes of this Section only, "indigent" means
20 a committed person who has \$20 or less in his or her Inmate
21 Trust Fund at the time of such services and for the 30 days
22 prior to such services. Notwithstanding any other provision in
23 this subsection (f) to the contrary, any person committed to
24 any facility operated by the Department of Juvenile Justice, as
25 set forth in Section 3-2.5-15 of this Code, is exempt from the
26 co-payment requirement for the duration of confinement in those

1 facilities.

2 (f-5) The Department shall comply with the Health Care
3 Violence Prevention Act.

4 (g) Any person having sole custody of a child at the time
5 of commitment or any woman giving birth to a child after her
6 commitment, may arrange through the Department of Children and
7 Family Services for suitable placement of the child outside of
8 the Department of Corrections. The Director of the Department
9 of Corrections may determine that there are special reasons why
10 the child should continue in the custody of the mother until
11 the child is 6 years old.

12 (h) The Department may provide Family Responsibility
13 Services which may consist of, but not be limited to the
14 following:

15 (1) family advocacy counseling;
16 (2) parent self-help group;
17 (3) parenting skills training;
18 (4) parent and child overnight program;
19 (5) parent and child reunification counseling, either
20 separately or together, preceding the inmate's release;
21 and

22 (6) a prerelease reunification staffing involving the
23 family advocate, the inmate and the child's counselor, or
24 both and the inmate.

25 (i) (Blank).

26 (j) Any person convicted of a sex offense as defined in the

1 Sex Offender Management Board Act shall be required to receive
2 a sex offender evaluation prior to release into the community
3 from the Department of Corrections. The sex offender evaluation
4 shall be conducted in conformance with the standards and
5 guidelines developed under the Sex Offender Management Board
6 Act and by an evaluator approved by the Board.

7 (k) Any minor committed to the Department of Juvenile
8 Justice for a sex offense as defined by the Sex Offender
9 Management Board Act shall be required to undergo sex offender
10 treatment by a treatment provider approved by the Board and
11 conducted in conformance with the Sex Offender Management Board
12 Act.

13 (l) Prior to the release of any inmate committed to a
14 facility of the Department or the Department of Juvenile
15 Justice, the Department must provide the inmate with
16 appropriate information verbally, in writing, by video, or
17 other electronic means, concerning HIV and AIDS. The Department
18 shall develop the informational materials in consultation with
19 the Department of Public Health. At the same time, the
20 Department must also offer the committed person the option of
21 testing for infection with human immunodeficiency virus (HIV),
22 with no copayment for the test. Pre-test information shall be
23 provided to the committed person and informed consent obtained
24 as required in subsection (d) of Section 3 and Section 5 of the
25 AIDS Confidentiality Act. The Department may conduct opt-out
26 HIV testing as defined in Section 4 of the AIDS Confidentiality

1 Act. If the Department conducts opt-out HIV testing, the
2 Department shall place signs in English, Spanish and other
3 languages as needed in multiple, highly visible locations in
4 the area where HIV testing is conducted informing inmates that
5 they will be tested for HIV unless they refuse, and refusal or
6 acceptance of testing shall be documented in the inmate's
7 medical record. The Department shall follow procedures
8 established by the Department of Public Health to conduct HIV
9 testing and testing to confirm positive HIV test results. All
10 testing must be conducted by medical personnel, but pre-test
11 and other information may be provided by committed persons who
12 have received appropriate training. The Department, in
13 conjunction with the Department of Public Health, shall develop
14 a plan that complies with the AIDS Confidentiality Act to
15 deliver confidentially all positive or negative HIV test
16 results to inmates or former inmates. Nothing in this Section
17 shall require the Department to offer HIV testing to an inmate
18 who is known to be infected with HIV, or who has been tested
19 for HIV within the previous 180 days and whose documented HIV
20 test result is available to the Department electronically. The
21 testing provided under this subsection (1) shall consist of a
22 test approved by the Illinois Department of Public Health to
23 determine the presence of HIV infection, based upon
24 recommendations of the United States Centers for Disease
25 Control and Prevention. If the test result is positive, a
26 reliable supplemental test based upon recommendations of the

1 United States Centers for Disease Control and Prevention shall
2 be administered.

3 Prior to the release of an inmate who the Department knows
4 has tested positive for infection with HIV, the Department in a
5 timely manner shall offer the inmate transitional case
6 management, including referrals to other support services.

7 (m) The chief administrative officer of each institution or
8 facility of the Department shall make a room in the institution
9 or facility available for addiction recovery services to be
10 provided to committed persons on a voluntary basis. The
11 services shall be provided for one hour once a week at a time
12 specified by the chief administrative officer of the
13 institution or facility if the following conditions are met:

14 (1) the addiction recovery service contacts the chief
15 administrative officer to arrange the meeting;

16 (2) the committed person may attend the meeting for
17 addiction recovery services only if the committed person
18 uses pre-existing free time already available to the
19 committed person;

20 (3) all disciplinary and other rules of the institution
21 or facility remain in effect;

22 (4) the committed person is not given any additional
23 privileges to attend addiction recovery services;

24 (5) if the addiction recovery service does not arrange
25 for scheduling a meeting for that week, no addiction
26 recovery services shall be provided to the committed person

1 in the institution or facility for that week;

2 (6) the number of committed persons who may attend an
3 addiction recovery meeting shall not exceed 40 during any
4 session held at the correctional institution or facility;

5 (7) a volunteer seeking to provide addiction recovery
6 services under this subsection (m) must submit an
7 application to the Department of Corrections under
8 existing Department rules and the Department must review
9 the application within 60 days after submission of the
10 application to the Department; and

11 (8) each institution and facility of the Department
12 shall manage the addiction recovery services program
13 according to its own processes and procedures.

14 For the purposes of this subsection (m), "addiction
15 recovery services" means recovery services for alcoholics and
16 addicts provided by volunteers of recovery support services
17 recognized by the Department of Human Services.

18 (Source: P.A. 96-284, eff. 1-1-10; 97-244, eff. 8-4-11; 97-323,
19 eff. 8-12-11; 97-562, eff. 1-1-12; 97-802, eff. 7-13-12;
20 97-813, eff. 7-13-12.)

21 Section 125. The County Jail Act is amended by changing
22 Section 17.5 and by adding Section 17.15 as follows:

23 (730 ILCS 125/17.5)

24 Sec. 17.5. Pregnant female prisoners. Notwithstanding any

1 other statute, directive, or administrative regulation, when a
2 pregnant female prisoner is brought to a hospital from a county
3 jail for the purpose of delivering her baby, no handcuffs,
4 shackles, or restraints of any kind may be used during her
5 transport to a medical facility for the purpose of delivering
6 her baby. Under no circumstances may leg irons or shackles or
7 waist shackles be used on any pregnant female prisoner who is
8 in labor. Upon the pregnant female prisoner's entry to the
9 hospital delivery room, 2 ~~a~~ county correctional officers
10 ~~officer~~ must be posted immediately outside the delivery room.
11 The Sheriff must provide for adequate personnel to monitor the
12 pregnant female prisoner during her transport to and from the
13 hospital and during her stay at the hospital.

14 (Source: P.A. 91-253, eff. 1-1-00.)

15 (730 ILCS 125/17.15 new)

16 Sec. 17.15. Compliance with the Health Care Violence
17 Prevention Act. The sheriff or warden of the jail shall comply
18 with the Health Care Violence Prevention Act."