



Rep. Stephanie A. Kifowit

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LRB100 13779 AMC 40391 a

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

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

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

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

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

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

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

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

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

1 services.

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

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

8 Section 15. Workplace safety.

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

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

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

23 (d) The health care provider shall offer immediate
24 post-incident services for a health care worker directly

1 involved in a workplace violence incident caused by patients or
2 their visitors, including acute treatment and access to
3 psychological evaluation.

4 Section 20. Workplace violence prevention program.

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

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

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

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

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

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

1 (D) "Type 4 violence" means workplace violence
2 committed in the workplace by someone who does not work
3 there, but has or is known to have had a personal
4 relationship with an employee.

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

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

9 (4) hazard prevention and control;

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

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

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

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

21 Section 30. Medical care for committed persons.

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

1 then the institution or facility shall:

2 (1) to the greatest extent practicable, notify the
3 hospital or medical facility that is treating the committed
4 person prior to the committed person's visit and notify the
5 hospital or medical facility of any significant medical,
6 mental health, potentially violent actions, or other
7 safety concerns regarding the patient;

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

11 (3) provide at least one guard trained in custodial
12 escort and custody of high-risk committed persons to
13 accompany any committed person, and the committed person
14 shall be restrained during the visit to the hospital or
15 medical facility. The custodial agency shall attest to such
16 training for custodial escort and custody of high-risk
17 committed persons through: (A) the training of the
18 Department of Corrections or Department of Juvenile
19 Justice; (B) law enforcement training that is
20 substantially equivalent to the training of the Department
21 of Corrections or Department of Juvenile Justice; or (C)
22 the training described in Section 35. However, under no
23 circumstances may a pregnant female be restrained as
24 provided in this paragraph, unless otherwise required by
25 law. Additionally, restraints shall not be used on a
26 committed person if medical personnel determine that the

1 restraints would impede medical treatment; and

2 (4) ensure that only medical personnel, Department of
3 Corrections, county, or municipality personnel, and
4 visitors on the committed person's approved institutional
5 visitors list may visit the committed person. Visitation by
6 a person on the committed person's approved institutional
7 visitors list shall be subject to the rules and procedures
8 of the hospital or medical facility and the Department of
9 Corrections, county, or municipality. In any situation in
10 which a committed person is being visited:

11 (A) the name of the visitor must be listed per the
12 facility's or institution's documentation;

13 (B) the visitor shall submit to the search of his
14 or her person or any personal property under his or her
15 control at any time; and

16 (C) the custodial agency may deny the committed
17 person access to a telephone or limit the number of
18 visitors the committed person may receive for purposes
19 of safety.

20 The committed person shall remain restrained in accordance
21 with the rules and procedures of the Department of Corrections,
22 county, or municipality, unless the Department of Corrections,
23 county, or municipality determines that restraints are
24 unnecessary: (i) because there is no risk of the committed
25 person causing physical harm to the committed person or another
26 person; (ii) because the committed person has no history of

1 disruptive behavior that has placed others in potentially
2 harmful situations or presents a substantial risk of inflicting
3 physical harm on himself or herself or others as evidenced by
4 recent behavior; and (iii) there is no well-founded belief that
5 the committed person presents a substantial risk of flight.
6 Under no circumstances may a pregnant female be restrained as
7 provided this paragraph, unless otherwise required by law.

8 The hospital or medical facility may establish protocols
9 for the receipt of committed persons in collaboration with the
10 Department of Corrections, county, or municipality,
11 specifically with regard to potentially violent persons.

12 (b) If a committed person receives medical care and
13 treatment at a place other than an institution or facility of
14 the Department of Juvenile Justice, then the institution or
15 facility shall:

16 (1) to the greatest extent practicable, notify the
17 hospital or medical facility that is treating the committed
18 person prior to the committed person's visit, and notify
19 the hospital or medical facility of any significant
20 medical, mental health, potentially violent actions, or
21 other safety concerns regarding the patient;

22 (2) to the greatest extent practicable, ensure the
23 transferred committed person is accompanied by all
24 available medical records;

25 (3) provide: (A) at least one guard trained in
26 custodial escort and custody of high-risk committed

1 persons to accompany any committed person, and the
2 committed person shall be restrained during the visit to
3 the hospital or medical facility. The custodial agency
4 shall attest to such training for custodial escort and
5 custody of high-risk committed persons through: (i) the
6 training of the Department of Corrections or Department of
7 Juvenile Justice, (ii) law enforcement training that is
8 substantially equivalent to the training of the Department
9 of Corrections or Department of Juvenile Justice, or (iii)
10 the training described in Section 35; or (B) 2 guards to
11 accompany the committed person at all times during the
12 visit to the hospital or medical facility; and

13 (4) ensure that only medical personnel, Department of
14 Juvenile Justice personnel, and visitors on the committed
15 person's approved institutional visitors list may visit
16 the committed person. Visitation by a person on the
17 committed person's approved institutional visitors list
18 shall be subject to the rules and procedures of the
19 hospital or medical facility and the Department of Juvenile
20 Justice. In any situation in which a committed person is
21 being visited:

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

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

1 (C) the custodial agency may deny the committed
2 person access to a telephone or limit the number of
3 visitors the committed person may receive for purposes
4 of safety.

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 that the committed person is wearing
9 security restraints on either his or her wrists or ankles in
10 accordance with the Department of Juvenile Justice's rules and
11 procedures unless the Department of Juvenile Justice
12 determines that restraints are unnecessary: (i) because there
13 is no risk of the committed person causing physical harm to the
14 committed person or another person; (ii) because the committed
15 person has no history of disruptive behavior that has placed
16 others in potentially harmful situations or presents a
17 substantial risk of inflicting physical harm on himself or
18 herself or others as evidenced by recent behavior; and (iii)
19 there is no well-founded belief that the committed person
20 presents a substantial risk of flight. Any restraints used on a
21 committed person under this paragraph shall be the least
22 restrictive restraints necessary to prevent flight or physical
23 harm to the committed person or another person. Restraints
24 shall not be used on the committed person as provided in this
25 paragraph if medical personnel determine that the restraints
26 would impede medical treatment. Under no circumstances may a

1 pregnant female be restrained as provided in this paragraph,
2 unless otherwise required by law.

3 The hospital or medical facility may establish protocols
4 for the receipt of committed persons in collaboration with the
5 Department of Juvenile Justice, specifically with regard to
6 potentially violent persons.

7 Section 35. Custodial agency training. The Illinois Law
8 Enforcement Training Standards Board shall establish a
9 curriculum for custodial escort and custody of high-risk
10 committed persons certification, which shall include, but not
11 be limited to, the following:

12 (1) handcuffing or shackling of a high-risk committed
13 person;

14 (2) mobile transportation of a committed person with
15 defense from the committed person's attack;

16 (3) outside facility threat assessment;

17 (4) hands-on weapons retention training; and

18 (5) custodial considerations for a high-risk committed
19 person in outside facilities.

20 Section 90. The State Police Act is amended by adding
21 Section 45 as follows:

22 (20 ILCS 2610/45 new)

23 Sec. 45. Compliance with the Health Care Violence

1 Prevention Act. The Department shall comply with the Health
2 Care Violence Prevention Act.

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

5 (20 ILCS 2805/2.07) (from Ch. 126 1/2, par. 67.07)

6 Sec. 2.07. The Department shall employ and maintain
7 sufficient and qualified staff at the veterans' homes (i) to
8 fill all beds, subject to appropriation, and (ii) to fulfill
9 the requirements of this Act. The Department shall report to
10 the General Assembly, by January 1 and July 1 of each year, the
11 number of staff employed in providing direct patient care at
12 their veterans' homes, the compliance or noncompliance with
13 staffing standards established by the United States Department
14 of Veterans Affairs for such care, and in the event of
15 noncompliance with such standards, the number of staff required
16 for compliance. For purposes of this Section, a nurse who has a
17 license application pending with the State shall not be deemed
18 unqualified by the Department if the nurse is in compliance
19 with Section 50-15 of the Nurse Practice Act.

20 A veterans home is subject to the Health Care Violence
21 Prevention Act.

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

23 Section 100. The University of Illinois Hospital Act is

1 amended by adding Section 10 as follows:

2 (110 ILCS 330/10 new)

3 Sec. 10. Compliance with the Health Care Violence
4 Prevention Act. The University of Illinois Hospital shall
5 comply with the Health Care Violence Prevention Act.

6 Section 105. The MC/DD Act is amended by adding Section
7 2-219 as follows:

8 (210 ILCS 46/2-219 new)

9 Sec. 2-219. Compliance with the Health Care Violence
10 Prevention Act. A facility licensed under this Act shall comply
11 with the Health Care Violence Prevention Act.

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

14 (210 ILCS 47/2-219 new)

15 Sec. 2-219. Compliance with the Health Care Violence
16 Prevention Act. A facility licensed under this Act shall comply
17 with the Health Care Violence Prevention Act.

18 Section 115. The Hospital Licensing Act is amended by
19 adding Section 9.8 as follows:

1 (210 ILCS 85/9.8 new)

2 Sec. 9.8. Compliance with the Health Care Violence
3 Prevention Act. A hospital licensed under this Act shall comply
4 with the Health Care Violence Prevention Act.

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

7 (730 ILCS 5/3-6-2) (from Ch. 38, par. 1003-6-2)

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

9 (a) Each institution and facility of the Department shall
10 be administered by a chief administrative officer appointed by
11 the Director. A chief administrative officer shall be
12 responsible for all persons assigned to the institution or
13 facility. The chief administrative officer shall administer
14 the programs of the Department for the custody and treatment of
15 such persons.

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

18 (c) The Director or Assistant Director shall have the
19 emergency powers to temporarily transfer individuals without
20 formal procedures to any State, county, municipal or regional
21 correctional or detention institution or facility in the State,
22 subject to the acceptance of such receiving institution or
23 facility, or to designate any reasonably secure place in the
24 State as such an institution or facility and to make transfers

1 thereto. However, transfers made under emergency powers shall
2 be reviewed as soon as practicable under Article 8, and shall
3 be subject to Section 5-905 of the Juvenile Court Act of 1987.
4 This Section shall not apply to transfers to the Department of
5 Human Services which are provided for under Section 3-8-5 or
6 Section 3-10-5.

7 (d) The Department shall provide educational programs for
8 all committed persons so that all persons have an opportunity
9 to attain the achievement level equivalent to the completion of
10 the twelfth grade in the public school system in this State.
11 Other higher levels of attainment shall be encouraged and
12 professional instruction shall be maintained wherever
13 possible. The Department may establish programs of mandatory
14 education and may establish rules and regulations for the
15 administration of such programs. A person committed to the
16 Department who, during the period of his or her incarceration,
17 participates in an educational program provided by or through
18 the Department and through that program is awarded or earns the
19 number of hours of credit required for the award of an
20 associate, baccalaureate, or higher degree from a community
21 college, college, or university located in Illinois shall
22 reimburse the State, through the Department, for the costs
23 incurred by the State in providing that person during his or
24 her incarceration with the education that qualifies him or her
25 for the award of that degree. The costs for which reimbursement
26 is required under this subsection shall be determined and

1 computed by the Department under rules and regulations that it
2 shall establish for that purpose. However, interest at the rate
3 of 6% per annum shall be charged on the balance of those costs
4 from time to time remaining unpaid, from the date of the
5 person's parole, mandatory supervised release, or release
6 constituting a final termination of his or her commitment to
7 the Department until paid.

8 (d-5) A person committed to the Department is entitled to
9 confidential testing for infection with human immunodeficiency
10 virus (HIV) and to counseling in connection with such testing,
11 with no copay to the committed person. A person committed to
12 the Department who has tested positive for infection with HIV
13 is entitled to medical care while incarcerated, counseling, and
14 referrals to support services, in connection with that positive
15 test result. Implementation of this subsection (d-5) is subject
16 to appropriation.

17 (e) A person committed to the Department who becomes in
18 need of medical or surgical treatment but is incapable of
19 giving consent thereto shall receive such medical or surgical
20 treatment by the chief administrative officer consenting on the
21 person's behalf. Before the chief administrative officer
22 consents, he or she shall obtain the advice of one or more
23 physicians licensed to practice medicine in all its branches in
24 this State. If such physician or physicians advise:

25 (1) that immediate medical or surgical treatment is
26 required relative to a condition threatening to cause

1 death, damage or impairment to bodily functions, or
2 disfigurement; and

3 (2) that the person is not capable of giving consent to
4 such treatment; the chief administrative officer may give
5 consent for such medical or surgical treatment, and such
6 consent shall be deemed to be the consent of the person for
7 all purposes, including, but not limited to, the authority
8 of a physician to give such treatment.

9 (e-5) If a physician providing medical care to a committed
10 person on behalf of the Department advises the chief
11 administrative officer that the committed person's mental or
12 physical health has deteriorated as a result of the cessation
13 of ingestion of food or liquid to the point where medical or
14 surgical treatment is required to prevent death, damage, or
15 impairment to bodily functions, the chief administrative
16 officer may authorize such medical or surgical treatment.

17 (f) In the event that the person requires medical care and
18 treatment at a place other than the institution or facility,
19 the person may be removed therefrom under conditions prescribed
20 by the Department. The Department shall require the committed
21 person receiving medical or dental services on a non-emergency
22 basis to pay a \$5 co-payment to the Department for each visit
23 for medical or dental services. The amount of each co-payment
24 shall be deducted from the committed person's individual
25 account. A committed person who has a chronic illness, as
26 defined by Department rules and regulations, shall be exempt

1 from the \$5 co-payment for treatment of the chronic illness. A
2 committed person shall not be subject to a \$5 co-payment for
3 follow-up visits ordered by a physician, who is employed by, or
4 contracts with, the Department. A committed person who is
5 indigent is exempt from the \$5 co-payment and is entitled to
6 receive medical or dental services on the same basis as a
7 committed person who is financially able to afford the
8 co-payment. For purposes of this Section only, "indigent" means
9 a committed person who has \$20 or less in his or her Inmate
10 Trust Fund at the time of such services and for the 30 days
11 prior to such services. Notwithstanding any other provision in
12 this subsection (f) to the contrary, any person committed to
13 any facility operated by the Department of Juvenile Justice, as
14 set forth in Section 3-2.5-15 of this Code, is exempt from the
15 co-payment requirement for the duration of confinement in those
16 facilities.

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

19 (g) Any person having sole custody of a child at the time
20 of commitment or any woman giving birth to a child after her
21 commitment, may arrange through the Department of Children and
22 Family Services for suitable placement of the child outside of
23 the Department of Corrections. The Director of the Department
24 of Corrections may determine that there are special reasons why
25 the child should continue in the custody of the mother until
26 the child is 6 years old.

1 (h) The Department may provide Family Responsibility
2 Services which may consist of, but not be limited to the
3 following:

4 (1) family advocacy counseling;

5 (2) parent self-help group;

6 (3) parenting skills training;

7 (4) parent and child overnight program;

8 (5) parent and child reunification counseling, either
9 separately or together, preceding the inmate's release;
10 and

11 (6) a prerelease reunification staffing involving the
12 family advocate, the inmate and the child's counselor, or
13 both and the inmate.

14 (i) (Blank).

15 (j) Any person convicted of a sex offense as defined in the
16 Sex Offender Management Board Act shall be required to receive
17 a sex offender evaluation prior to release into the community
18 from the Department of Corrections. The sex offender evaluation
19 shall be conducted in conformance with the standards and
20 guidelines developed under the Sex Offender Management Board
21 Act and by an evaluator approved by the Board.

22 (k) Any minor committed to the Department of Juvenile
23 Justice for a sex offense as defined by the Sex Offender
24 Management Board Act shall be required to undergo sex offender
25 treatment by a treatment provider approved by the Board and
26 conducted in conformance with the Sex Offender Management Board

1 Act.

2 (1) Prior to the release of any inmate committed to a
3 facility of the Department or the Department of Juvenile
4 Justice, the Department must provide the inmate with
5 appropriate information verbally, in writing, by video, or
6 other electronic means, concerning HIV and AIDS. The Department
7 shall develop the informational materials in consultation with
8 the Department of Public Health. At the same time, the
9 Department must also offer the committed person the option of
10 testing for infection with human immunodeficiency virus (HIV),
11 with no copayment for the test. Pre-test information shall be
12 provided to the committed person and informed consent obtained
13 as required in subsection (d) of Section 3 and Section 5 of the
14 AIDS Confidentiality Act. The Department may conduct opt-out
15 HIV testing as defined in Section 4 of the AIDS Confidentiality
16 Act. If the Department conducts opt-out HIV testing, the
17 Department shall place signs in English, Spanish and other
18 languages as needed in multiple, highly visible locations in
19 the area where HIV testing is conducted informing inmates that
20 they will be tested for HIV unless they refuse, and refusal or
21 acceptance of testing shall be documented in the inmate's
22 medical record. The Department shall follow procedures
23 established by the Department of Public Health to conduct HIV
24 testing and testing to confirm positive HIV test results. All
25 testing must be conducted by medical personnel, but pre-test
26 and other information may be provided by committed persons who

1 have received appropriate training. The Department, in
2 conjunction with the Department of Public Health, shall develop
3 a plan that complies with the AIDS Confidentiality Act to
4 deliver confidentially all positive or negative HIV test
5 results to inmates or former inmates. Nothing in this Section
6 shall require the Department to offer HIV testing to an inmate
7 who is known to be infected with HIV, or who has been tested
8 for HIV within the previous 180 days and whose documented HIV
9 test result is available to the Department electronically. The
10 testing provided under this subsection (1) shall consist of a
11 test approved by the Illinois Department of Public Health to
12 determine the presence of HIV infection, based upon
13 recommendations of the United States Centers for Disease
14 Control and Prevention. If the test result is positive, a
15 reliable supplemental test based upon recommendations of the
16 United States Centers for Disease Control and Prevention shall
17 be administered.

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

22 (m) The chief administrative officer of each institution or
23 facility of the Department shall make a room in the institution
24 or facility available for addiction recovery services to be
25 provided to committed persons on a voluntary basis. The
26 services shall be provided for one hour once a week at a time

1 specified by the chief administrative officer of the
2 institution or facility if the following conditions are met:

3 (1) the addiction recovery service contacts the chief
4 administrative officer to arrange the meeting;

5 (2) the committed person may attend the meeting for
6 addiction recovery services only if the committed person
7 uses pre-existing free time already available to the
8 committed person;

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

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

13 (5) if the addiction recovery service does not arrange
14 for scheduling a meeting for that week, no addiction
15 recovery services shall be provided to the committed person
16 in the institution or facility for that week;

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

20 (7) a volunteer seeking to provide addiction recovery
21 services under this subsection (m) must submit an
22 application to the Department of Corrections under
23 existing Department rules and the Department must review
24 the application within 60 days after submission of the
25 application to the Department; and

26 (8) each institution and facility of the Department

1 shall manage the addiction recovery services program
2 according to its own processes and procedures.

3 For the purposes of this subsection (m), "addiction
4 recovery services" means recovery services for alcoholics and
5 addicts provided by volunteers of recovery support services
6 recognized by the Department of Human Services.

7 (Source: P.A. 96-284, eff. 1-1-10; 97-244, eff. 8-4-11; 97-323,
8 eff. 8-12-11; 97-562, eff. 1-1-12; 97-802, eff. 7-13-12;
9 97-813, eff. 7-13-12.)

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

12 (730 ILCS 125/17.5)

13 Sec. 17.5. Pregnant female prisoners. Notwithstanding any
14 other statute, directive, or administrative regulation, when a
15 pregnant female prisoner is brought to a hospital from a county
16 jail for the purpose of delivering her baby, no handcuffs,
17 shackles, or restraints of any kind may be used during her
18 transport to a medical facility for the purpose of delivering
19 her baby. Under no circumstances may leg irons or shackles or
20 waist shackles be used on any pregnant female prisoner who is
21 in labor. Upon the pregnant female prisoner's entry to the
22 hospital delivery room, 2 ~~a~~ county correctional officers
23 ~~officer~~ must be posted immediately outside the delivery room.
24 The Sheriff must provide for adequate personnel to monitor the

1 pregnant female prisoner during her transport to and from the
2 hospital and during her stay at the hospital.

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

4 (730 ILCS 125/17.15 new)

5 Sec. 17.15. Compliance with the Health Care Violence
6 Prevention Act. The sheriff or warden of the jail shall comply
7 with the Health Care Violence Prevention Act."