

101ST GENERAL ASSEMBLY State of Illinois 2019 and 2020 SB3668

Introduced 2/14/2020, by Sen. Heather A. Steans

SYNOPSIS AS INTRODUCED:

105 ILCS 5/27-8.1 from Ch. 122, par. 27-8.1 110 ILCS 20/3 from Ch. 144, par. 2603 410 ILCS 210/4.5 new 410 ILCS 315/1.5 from Ch. 111 1/2, par. 22.12 410 ILCS 527/15 from Ch. 40, par. 1501 410 ILCS 51/Act rep.

Amends the School Code. Removes language exempting children from medical examinations and immunizations on religious grounds. Makes other changes. Amends the College Student Immunization Act. Removes language exempting proof of immunization if specified persons object to immunizations on religious grounds. Amends the Consent by Minors to Health Care Services Act. Provides that, notwithstanding any other provision of law to the contrary, a minor who is 14 years of age or older shall have the right to have administered to the minor an adequate dose or doses of an immunizing agent, vaccine, or booster shot for communicable diseases, regardless of whether the minor's parent or guardian consents to the administration of the immunizing agent, vaccine, or booster shot. Amends the Communicable Disease Prevention Act. Removes language providing that the Act does not apply if a parent or quardian of a child objects to immunization of his or her child for conflicting with his or her religious tenets or practices. Amends the Immunization Data Registry Act. Provides that specified persons shall (currently, may) provide immunization data or provider reports for patients less than 14 (currently, 18). Amends the Adoption Act. Removes language providing that a child shall not be considered neglected or abused for the sole reason that specified persons failed to vaccinate, delayed vaccination, or refused vaccination for the child due to a waiver on religious grounds. Repeals the Mercury-Free Vaccination Act. Effective July 1, 2022.

LRB101 18834 CPF 68291 b

1 AN ACT concerning health.

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

- Section 5. The School Code is amended by changing Section 5 27-8.1 as follows:
- 6 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)
- 7 Sec. 27-8.1. Health examinations and immunizations.
- (1) In compliance with rules and regulations which the 8 9 Department of Public Health shall promulgate, and except as hereinafter provided, all children in Illinois shall have a 10 health examination as follows: within one year prior to 11 12 entering kindergarten or the first grade of any public, private, or parochial elementary school; upon entering the 13 14 sixth and ninth grades of any public, private, or parochial school; prior to entrance into any public, private, or 15 16 parochial nursery school; and, irrespective of 17 immediately prior to or upon entrance into any public, private, or parochial school or nursery school, each child shall present 18 19 proof of having been examined in accordance with this Section 20 and the rules and regulations promulgated hereunder. Any child 21 who received a health examination within one year prior to 22 entering the fifth grade for the 2007-2008 school year is not required to receive an additional health examination in order 23

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

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

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

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

(1.10) Except as otherwise provided in this Section, all children enrolling in kindergarten in a public, private, or parochial school on or after January 1, 2008 (the effective date of Public Act 95-671) and any student enrolling for the first time in a public, private, or parochial school on or after January 1, 2008 (the effective date of Public Act 95-671) shall have an eye examination. Each of these children shall present proof of having been examined by a physician licensed to practice medicine in all of its branches or a licensed optometrist within the previous year, in accordance with this Section and rules adopted under this Section, before October 15th of the school year. If the child fails to present proof by October 15th, the school may hold the child's report card until one of the following occurs: (i) the child presents proof of a completed eye examination or (ii) the child presents proof that an eye examination will take place within 60 days after October 15th. The Department of Public Health shall establish, by rule, a waiver for children who show an undue burden or a lack of access to a physician licensed to practice medicine in all of its branches who provides eye examinations or to a licensed optometrist. Each public, private, and parochial school must

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give notice of this eye examination requirement to the parents and guardians of students in compliance with rules of the Department of Public Health. Nothing in this Section shall be construed to allow a school to exclude a child from attending because of a parent's or guardian's failure to obtain an eye examination for the child.

(2) The Department of Public Health shall promulgate rules and regulations specifying the examinations and procedures that constitute a health examination, which shall include an age-appropriate developmental screening, an age-appropriate social and emotional screening, and the collection of data relating to asthma and obesity (including at a minimum, date of birth, gender, height, weight, blood pressure, and date of exam), and a dental examination and may recommend by rule that certain additional examinations be performed. The rules and regulations of the Department of Public Health shall specify that a tuberculosis skin test screening shall be included as a required part of each health examination included under this Section if the child resides in an area designated by the Department of Public Health as having a high incidence of tuberculosis. With respect to the developmental screening and the social and emotional screening, the Department of Public Health must, no later than January 1, 2019, develop rules and appropriate revisions to the Child Health Examination form in conjunction with a statewide organization representing school boards; a statewide organization representing pediatricians;

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statewide organizations representing individuals holding Illinois educator licenses with school support personnel school endorsements, including social workers, school psychologists, and school nurses; a statewide organization representing children's mental health experts; a statewide organization representing school principals; the Director of Healthcare and Family Services or his or her designee, the State Superintendent of Education or his or her designee; and representatives of other appropriate State agencies and, at a minimum, must recommend the use of validated screening tools appropriate to the child's age or grade, and, with regard to the social and emotional screening, require recording only whether or not the screening was completed. The rules shall take into consideration the screening recommendations of the American Academy of Pediatrics and must be consistent with the State Board of Education's social and emotional learning standards. The Department of Public Health shall specify that a diabetes screening as defined by rule shall be included as a required part of each health examination. Diabetes testing is not required.

Physicians licensed to practice medicine in all of its branches, licensed advanced practice registered nurses, or licensed physician assistants shall be responsible for the performance of the health examinations, other than dental examinations, eye examinations, and vision and hearing screening, and shall sign all report forms required by

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subsection (4) of this Section that pertain to those portions of the health examination for which the physician, advanced practice registered nurse, or physician assistant responsible. If a registered nurse performs any part of a health examination, then a physician licensed to practice medicine in all of its branches must review and sign all required report forms. Licensed dentists shall perform all dental examinations and shall sign all report forms required by subsection (4) of this Section that pertain to the dental examinations. Physicians licensed to practice medicine in all its branches or licensed optometrists shall perform all eye examinations required by this Section and shall sign all report forms required by subsection (4) of this Section that pertain to the eye examination. For purposes of this Section, an eye examination shall at a minimum include history, visual acuity, subjective refraction to best visual acuity near and far, internal and external examination, and a glaucoma evaluation, as well as any other tests or observations that in the professional judgment of the doctor are necessary. Vision and hearing screening tests, which shall not be considered examinations as that term is used in this Section, shall be conducted in accordance with rules and regulations of the Department of Public Health, and by individuals whom the Department of Public Health has certified. In these rules and regulations, the Department of Public Health shall require that individuals conducting vision screening tests give a child's

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parent or guardian written notification, before the vision screening is conducted, that states, "Vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor. Your child is not required to undergo this vision screening if an optometrist or ophthalmologist has completed and signed a report form indicating that an examination has been administered within the previous 12 months.".

(2.5) With respect to the developmental screening and the emotional screening portion of health social and the examination, each child may present proof of having been screened in accordance with this Section and the rules adopted under this Section before October 15th of the school year. With regard to the social and emotional screening only, examining health care provider shall only record whether or not the screening was completed. If the child fails to present proof of the developmental screening or the social and emotional screening portions of the health examination by October 15th of the school year, qualified school support personnel may, with a parent's or quardian's consent, offer the developmental screening or the social and emotional screening to the child. Each public, private, and parochial school must give notice of the developmental screening and social and emotional screening requirements to the parents and quardians of students in compliance with the rules of the Department of Public Health. Nothing in this Section shall be construed to allow a school to exclude a child from attending because of a

- parent's or guardian's failure to obtain a developmental screening or a social and emotional screening for the child. Once a developmental screening or a social and emotional screening is completed and proof has been presented to the school, the school may, with a parent's or guardian's consent, make available appropriate school personnel to work with the parent or guardian, the child, and the provider who signed the screening form to obtain any appropriate evaluations and services as indicated on the form and in other information and documentation provided by the parents, guardians, or provider.
- (3) Every child shall, at or about the same time as he or she receives a health examination required by subsection (1) of this Section, present to the local school proof of having received such immunizations against preventable communicable diseases as the Department of Public Health shall require by rules and regulations promulgated pursuant to this Section and the Communicable Disease Prevention Act.
- (4) The individuals conducting the health examination, dental examination, or eye examination shall record the fact of having conducted the examination, and such additional information as required, including for a health examination data relating to asthma and obesity (including at a minimum, date of birth, gender, height, weight, blood pressure, and date of exam), on uniform forms which the Department of Public Health and the State Board of Education shall prescribe for statewide use. The examiner shall summarize on the report form

any condition that he or she suspects indicates a need for special services, including for a health examination factors relating to asthma or obesity. The duty to summarize on the report form does not apply to social and emotional screenings. The confidentiality of the information and records relating to the developmental screening and the social and emotional screening shall be determined by the statutes, rules, and professional ethics governing the type of provider conducting the screening. The individuals confirming the administration of required immunizations shall record as indicated on the form that the immunizations were administered.

(5) If a child does not submit proof of having had either the health examination or the immunization as required, then the child shall be examined or receive the immunization, as the case may be, and present proof by October 15 of the current school year, or by an earlier date of the current school year established by a school district. To establish a date before October 15 of the current school year for the health examination or immunization as required, a school district must give notice of the requirements of this Section 60 days prior to the earlier established date. If for medical reasons one or more of the required immunizations must be given after October 15 of the current school year, or after an earlier established date of the current school year, then the child shall present, by October 15, or by the earlier established date, a schedule for the administration of the immunizations and a statement of

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the medical reasons causing the delay, both the schedule and the statement being issued by the physician, advanced practice registered nurse, physician assistant, registered nurse, or local health department that will be responsible for administration of the remaining required immunizations. If a child does not comply by October 15, or by the earlier established date of the current school year, with the requirements of this subsection, then the local authority shall exclude that child from school until such time the child presents proof of having had the health examination as required and presents proof of having received those required immunizations which are medically possible to receive immediately. During a child's exclusion from school for noncompliance with this subsection, the child's parents or legal guardian shall be considered in violation of Section 26-1 and subject to any penalty imposed by Section 26-10. This subsection (5) does not apply to dental examinations, eye examinations, and the developmental screening and the social and emotional screening portions of the health examination. If the student is an out-of-state transfer student and does not have the proof required under this subsection (5) before October 15 of the current year or whatever date is set by the school district, then he or she may only attend classes (i) if he or she has proof that an appointment for the required vaccinations has been scheduled with a party authorized to submit proof of the required vaccinations. If the proof of

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vaccination required under this subsection (5) is not submitted within 30 days after the student is permitted to attend classes, then the student is not to be permitted to attend classes until proof of the vaccinations has been properly submitted. No school district or employee of a school district shall be held liable for any injury or illness to another person that results from admitting an out-of-state transfer student to class that has an appointment scheduled pursuant to this subsection (5).

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

Every school shall report to the State Board of Education

by June 30, in the manner that the State Board requires, the number of children who have received the required dental examination, indicating, of those who have not received the required dental examination, the number of children who are exempt from the dental examination on religious grounds as provided in subsection (8) of this Section and the number of children who have received a waiver under subsection (1.5) of this Section.

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

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

(7) Upon determining that the number of pupils who are required to be in compliance with subsection (5) of this Section is below 90% of the number of pupils enrolled in the school district, 10% of each State aid payment made pursuant to Section 18-8.05 or 18-8.15 to the school district for such year

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may be withheld by the State Board of Education until the number of students in compliance with subsection (5) is the applicable specified percentage or higher.

(8) Children of parents or legal quardians who object to health, dental, or eye examinations or any part thereof, to immunizations, or to vision and hearing screening tests on religious grounds shall not be required to undergo the examinations, tests, or immunizations to which they so object if such parents or legal guardians present to the appropriate local school authority a signed Certificate of Religious Exemption detailing the grounds for objection and the specific immunizations, tests, or examinations to which they object. The grounds for objection must set forth the specific religious belief that conflicts with the examination, test, immunization, or other medical intervention. The signed certificate shall also reflect the parent's or legal guardian's understanding of the school's exclusion policies in the case of a vaccine preventable disease outbreak or exposure. The certificate must also be signed by the authorized examining health care provider responsible for the performance of the child's health examination confirming that the provider provided education to the parent or legal quardian on the benefits of immunization and the health risks to the student and to the community of the communicable diseases for which immunization is required in this State. However, the health care provider's signature on the certificate reflects only that

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education was provided and does not allow a health care provider grounds to determine a religious exemption. Those receiving immunizations required under this Code shall be provided with the relevant vaccine information statements that are required to be disseminated by the federal National Childhood Vaccine Injury Act of 1986, which may contain information on circumstances when a vaccine should not be administered, prior to administering a vaccine. A healthcare provider may consider including without limitation the nationally accepted recommendations from federal agencies such as the Advisory Committee on Immunization Practices (ACIP), the information outlined in the relevant vaccine information statement, and vaccine package inserts, along with the healthcare provider's clinical judgment, to determine whether any child may be exempted from required immunizations based on ACIP-defined contraindications more susceptible to experiencing an adverse vaccine reaction than the general population, and, if so, the healthcare provider may exempt the child from an immunization or adopt an individualized immunization schedule. The child's medical exemption shall be re-certified by the healthcare provider each school year. The Department of Public Health shall adopt administrative rules to exclude unvaccinated children when a school's vaccination rate per disease falls below the scientifically established herd immunity level in accordance with the Department's rules under 77 Il<u>l. Adm. Code 690.</u> The Certificate of Religious Exemption

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

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

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- A medical exemption from immunizations Exempting a child from the health, dental, or eye examination does not exempt the child from participation in the program of physical education training provided in Sections 27-5 through 27-7 of this Code.
- (8.5) The school board of a school district shall include informational materials regarding influenza and influenza 7 vaccinations and meningococcal disease and meningococcal vaccinations developed, provided, or approved by Department of Public Health under Section 2310-700 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois when the board provides 12 information immunizations, infectious on diseases, medications, or other school health issues to the parents or quardians of students.
- (9) For the purposes of this Section, "nursery schools" 15 means those nursery schools operated by elementary school 16 17 systems or secondary level school units or institutions of higher learning. 18
- (Source: P.A. 100-238, eff. 1-1-18; 100-465, eff. 8-31-17; 19
- 20 100-513, eff. 1-1-18; 100-829, eff. 1-1-19; 100-863, eff.
- 8-14-18; 100-977, eff. 1-1-19; 100-1011, eff. 8-21-18; 101-81, 21
- 22 eff. 7-12-19.)
- 23 Section 10. The College Student Immunization Act is amended
- 24 by changing Section 3 as follows:

- 1 (110 ILCS 20/3) (from Ch. 144, par. 2603)
- 2 Sec. 3. Exceptions.
- 3 (a) The provisions of this Act shall not apply to: (1)
- 4 persons enrolled in a post-secondary educational institution
- on or before the effective date of this Act; (2) persons
- 6 enrolled less than half-time during a term or semester; or (3)
- 7 persons whose instruction solely involves research, field work
- 8 or study outside of a classroom environment.
- 9 (b) No proof of immunization shall be required if a
- 10 physician licensed to practice medicine in all of its branches
- 11 certifies that any immunization required by the Department is
- 12 medically contraindicated.
- 13 (c) (Blank) No proof of immunization shall be required if
- 14 the person or his or her parent or quardian presents a signed
- 15 statement that he or she objects to immunizations on religious
- 16 grounds.
- 17 (d) The certificate of medical exemption or statement of
- 18 religious objection required by this Section shall be presented
- 19 to the post-secondary educational institution.
- 20 (Source: P.A. 85-1315; 86-1406.)
- 21 Section 15. The Consent by Minors to Health Care Services
- Act is amended by adding Section 4.5 as follows:
- 23 (410 ILCS 210/4.5 new)
- 24 Sec. 4.5. Immunization. Notwithstanding any other

provision of law to the contrary, a minor who is 14 years of 1 2 age or older shall have the right to have administered to the 3 minor, by a licensed health care provider or properly authorized pharmacist in Illinois, an adequate dose or doses of 4 5 an immunizing agent, vaccine, or booster shot for communicable diseases, including, but not limited to, poliomyelitis, mumps, 6 7 measles, diphtheria, rubella, varicella, Haemophilus influenza 8 type b (Hib), pertussis, tetanus, pneumococcal disease, 9 meningococcal disease, human papillomavirus (HPV), hepatitis 10 B, or influenza, regardless of whether the minor's parent or 11 guardian consents to the administration of the immunizing 12 agent, vaccine, or booster shot. If the minor's parent or guardian does not consent, the minor shall be deemed to have 13 14 the same legal capacity to act and the same powers and obligations as a person of legal age of majority. The consent 15 16 of the minor to the administration of an immunizing agent, 17 vaccine, or booster shot shall be valid and binding as if the minor had attained the age of majority. The consent shall not 18 19 be voidable or subject to later disaffirmance because of 20 minority.

- 21 Section 20. The Communicable Disease Prevention Act is 22 amended by changing Sections 1.5 and 2 as follows:
- 23 (410 ILCS 315/1.5)
- 24 Sec. 1.5. Pneumococcal conjugate vaccine. Notwithstanding

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Section 2 of this Act, within 30 days of the effective date of this amendatory Act of the 95th General Assembly, the Department shall promulgate rules and regulations, and shall submit those rules and regulations in accordance with the rulemaking first notice requirements under Section 5-40 of the Procedure Illinois Administrative Act, requiring age-appropriate series of pneumococcal conjugate vaccine, as recommended by the Advisory Committee Immunization on Practices of the Centers for Disease Control and Prevention, to a child younger than 2 years of age who is enrolled or enrolling in a licensed child care facility, as that term is defined in the Child Care Act of 1969. The Department shall also establish protocols for children younger than 2 years of age to catch up on missed doses. A child care facility must be able to furnish proof of compliance with this Section for all children at the facility, beginning January 1, 2008.

The provisions of this Section shall not apply if:

(1) the parent or guardian of the child objects thereto on the grounds that the administration of immunizing agents conflicts with his or her religious tenets or practices; or

(2) a physician employed by the parent or guardian to provide care and treatment to the child states that the physical condition of the child is such that the administration of the required immunizing agent would be detrimental to the health of the child.

(Source: P.A. 95-159, eff. 8-14-07.)

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(410 ILCS 315/2) (from Ch. 111 1/2, par. 22.12)

Sec. 2. The Department of Public Health shall promulgate rules and regulations requiring immunization of children against preventable communicable diseases designated by the Director. Before any regulation or amendment thereto is prescribed, the Department shall conduct a public hearing regarding such regulation. In addition, before any regulation or any amendment to a regulation is adopted, and after the Immunization Advisory Committee has made its recommendations, the State Board of Health shall conduct 3 public hearings, geographically distributed throughout the State, regarding the regulation or amendment to the regulation. At the conclusion of the hearings, the State Board of Health shall issue a report, including its recommendations, to the Director. The Director shall take into consideration any comments or recommendations made by the Board based on these hearings. The Department may prescribe additional rules and regulations for immunization of other diseases as vaccines are developed.

The provisions of this Act shall not apply if a÷

1. The parent or guardian of the child objects thereto on the grounds that the administration of immunizing agents conflicts with his religious tenets or practices or,

 $\frac{2. \quad A}{}$ physician employed by the parent or guardian to provide care and treatment to the child states that the physical condition of the child is such that the administration

- of one or more of the required immunizing agents would be
- 2 detrimental to the health of the child.
- 3 (Source: P.A. 90-607, eff. 6-30-98.)
- 4 Section 25. The Immunization Data Registry Act is amended
- 5 by changing Section 15 as follows:
- 6 (410 ILCS 527/15)
- 7 Sec. 15. Provision of immunization data to registry;
- 8 exemption forms; written information on immunization registry.
- 9 (a) A health care provider, physician's designee, or
- 10 pharmacist's designee $\underline{\text{shall}}$ $\underline{\text{may}}$ provide immunization data to be
- 11 entered into the immunization data registry in a manner
- 12 prescribed by the Department and for the purposes allowed under
- 13 this Act unless the patient or the patient's parent or
- 14 guardian, if the patient is less than 14 18 years of age, has
- 15 completed and filed with the provider, physician's designee, or
- 16 pharmacist's designee a written immunization data exemption
- 17 form.
- 18 (b) The Department shall create and provide copies of
- immunization data exemption forms to health care providers who
- 20 are authorized to administer immunizations and individuals who
- 21 request the form. The forms shall also be accessible from the
- immunization data registry system itself.
- 23 (c) The Department shall distribute to health care
- 24 providers, upon request, written information to be

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- disseminated to patients that describes the immunization data registry. The written information and the immunization data exemption forms must include all of the following information:
- (1) A description of the immunization data registry and its purpose.
 - (2) That the health care provider <u>shall</u> may report immunization data to the Department to be entered into the immunization data registry.
 - (3) That the patient or the patient's parent or guardian, if the patient is less than <u>14</u> 18 years of age, has a right to exempt disclosure of immunization data to the registry and may prevent disclosure by signing an immunization data exemption form.
 - (4) That the patient or the patient's parent or guardian, if the patient is less than <u>14</u> 18 years of age, may have the individual's information removed from the immunization data registry.
- 18 (5) Instructions on how to have the information removed.
- 20 (Source: P.A. 97-117, eff. 7-14-11.)
- Section 30. The Adoption Act is amended by changing Section 1 as follows:
- 23 (750 ILCS 50/1) (from Ch. 40, par. 1501)
- 24 Sec. 1. Definitions. When used in this Act, unless the

- 1 context otherwise requires:
- A. "Child" means a person under legal age subject to adoption under this Act.
- B. "Related child" means a child subject to adoption where 5 either or both of the adopting parents stands in any of the following relationships to the child by blood, marriage, 6 7 civil union: parent, adoption, or grand-parent, great-grandparent, 8 brother, sister, step-parent, 9 step-grandparent, step-brother, step-sister, uncle, aunt, 10 great-uncle, great-aunt, first cousin, or second cousin. A 11 person is related to the child as a first cousin or second 12 cousin if they are both related to the same ancestor as either 13 grandchild or great-grandchild. A child whose parent has 14 executed a consent to adoption, a surrender, or a waiver 15 pursuant to Section 10 of this Act or whose parent has signed a 16 denial of paternity pursuant to Section 12 of the Vital Records 17 Act or Section 12a of this Act, or whose parent has had his or her parental rights terminated, is not a related child to that 18 person, unless (1) the consent is determined to be void or is 19 20 void pursuant to subsection O of Section 10 of this Act; or (2) the parent of the child executed a consent to adoption by a 21 22 specified person or persons pursuant to subsection A-1 of 23 Section 10 of this Act and a court of competent jurisdiction finds that such consent is void; or (3) the order terminating 24 25 the parental rights of the parent is vacated by a court of 26 competent jurisdiction.

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- 1 C. "Agency" for the purpose of this Act means a public 2 child welfare agency or a licensed child welfare agency.
 - D. "Unfit person" means any person whom the court shall find to be unfit to have a child, without regard to the likelihood that the child will be placed for adoption. The grounds of unfitness are any one or more of the following, except that a person shall not be considered an unfit person for the sole reason that the person has relinquished a child in accordance with the Abandoned Newborn Infant Protection Act:
 - (a) Abandonment of the child.
 - (a-1) Abandonment of a newborn infant in a hospital.
 - (a-2) Abandonment of a newborn infant in any setting where the evidence suggests that the parent intended to relinquish his or her parental rights.
 - (b) Failure to maintain a reasonable degree of interest, concern or responsibility as to the child's welfare.
 - (c) Desertion of the child for more than 3 months next preceding the commencement of the Adoption proceeding.
 - (d) Substantial neglect of the child if continuous or repeated.
 - (d-1) Substantial neglect, if continuous or repeated, of any child residing in the household which resulted in the death of that child.
 - (e) Extreme or repeated cruelty to the child.
 - (f) There is a rebuttable presumption, which can be

overcome only by clear and convincing evidence, that a parent is unfit if:

- (1) Two or more findings of physical abuse have been entered regarding any children under Section 2-21 of the Juvenile Court Act of 1987, the most recent of which was determined by the juvenile court hearing the matter to be supported by clear and convincing evidence; or
- (2) The parent has been convicted or found not guilty by reason of insanity and the conviction or finding resulted from the death of any child by physical abuse; or
- (3) There is a finding of physical child abuse resulting from the death of any child under Section 2-21 of the Juvenile Court Act of 1987.

No conviction or finding of delinquency pursuant to Article V of the Juvenile Court Act of 1987 shall be considered a criminal conviction for the purpose of applying any presumption under this item (f).

- (g) Failure to protect the child from conditions within his environment injurious to the child's welfare.
- (h) Other neglect of, or misconduct toward the child; provided that in making a finding of unfitness the court hearing the adoption proceeding shall not be bound by any previous finding, order or judgment affecting or determining the rights of the parents toward the child

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sought to be adopted in any other proceeding except such proceedings terminating parental rights as shall be had under either this Act, the Juvenile Court Act or the Juvenile Court Act of 1987.

(i) Depravity. Conviction of any one of the following crimes shall create a presumption that a parent is depraved which can be overcome only by clear and convincing evidence: (1) first degree murder in violation of paragraph (1) \pm or (2) \pm of subsection (a) of Section 9-1 of the Criminal Code of 1961 or the Criminal Code of 2012 or conviction of second degree murder in violation of subsection (a) of Section 9-2 of the Criminal Code of 1961 or the Criminal Code of 2012 of a parent of the child to be adopted; (2) first degree murder or second degree murder of any child in violation of the Criminal Code of 1961 or the Criminal Code of 2012; (3) attempt or conspiracy to commit first degree murder or second degree murder of any child in violation of the Criminal Code of 1961 or the Criminal Code of 2012; (4) solicitation to commit murder of any child, solicitation to commit murder of any child for hire, or solicitation to commit second degree murder of any child in violation of the Criminal Code of 1961 or the Criminal Code of 2012; (5) predatory criminal sexual assault of a child in violation of Section 11-1.40 or 12-14.1 of the Criminal Code of 1961 or the Criminal Code of 2012; (6) heinous battery of any child in violation of the Criminal Code of

1961; (7) aggravated battery of any child in violation of the Criminal Code of 1961 or the Criminal Code of 2012; (8) any violation of Section 11-1.20 or Section 12-13 of the Criminal Code of 1961 or the Criminal Code of 2012; (9) any violation of subsection (a) of Section 11-1.50 or Section 12-16 of the Criminal Code of 1961 or the Criminal Code of 2012; (10) any violation of Section 11-9.1 of the Criminal Code of 1961 or the Criminal Code of 1961 or the Criminal Code of 2012; (11) any violation of Section 11-9.1A of the Criminal Code of 1961 or the Criminal C

There is a rebuttable presumption that a parent is depraved if the parent has been criminally convicted of at least 3 felonies under the laws of this State or any other state, or under federal law, or the criminal laws of any United States territory; and at least one of these convictions took place within 5 years of the filing of the petition or motion seeking termination of parental rights.

There is a rebuttable presumption that a parent is depraved if that parent has been criminally convicted of either first or second degree murder of any person as defined in the Criminal Code of 1961 or the Criminal Code of 2012 within 10 years of the filing date of the petition or motion to terminate parental rights.

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No conviction or finding of delinquency pursuant to Article 5 of the Juvenile Court Act of 1987 shall be considered a criminal conviction for the purpose of applying any presumption under this item (i).

- (j) Open and notorious adultery or fornication.
- (j-1) (Blank).
- (k) Habitual drunkenness or addiction to drugs, other than those prescribed by a physician, for at least one year immediately prior to the commencement of the unfitness proceeding.

There is a rebuttable presumption that a parent is unfit under this subsection with respect to any child to which that parent gives birth where there is a confirmed test result that at birth the child's blood, urine, or meconium contained any amount of a controlled substance as defined in subsection (f) of Section 102 of the Illinois Controlled Substances Act or metabolites $\circ f$ such substances, the presence of which in the newborn infant was not the result of medical treatment administered to the mother or the newborn infant; and the biological mother of this child is the biological mother of at least one other adjudicated a neglected minor child who was subsection (c) of Section 2-3 of the Juvenile Court Act of 1987.

(1) Failure to demonstrate a reasonable degree of interest, concern or responsibility as to the welfare of a

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new born child during the first 30 days after its birth.

(m) Failure by a parent (i) to make reasonable efforts to correct the conditions that were the basis for the removal of the child from the parent during any 9-month period following the adjudication of neglected or abused minor under Section 2-3 of the Juvenile Court Act of 1987 or dependent minor under Section 2-4 of that Act, or (ii) to make reasonable progress toward the return of the child to the parent during any 9-month period following the adjudication of neglected or abused minor under Section 2-3 of the Juvenile Court Act of 1987 or dependent minor under Section 2-4 of that Act. If a service plan has been established as required under Section 8.2 of the Abused and Neglected Child Reporting Act to correct the conditions that were the basis for the removal of the child from the parent and if those services were available, then, for purposes of this Act, "failure to make reasonable progress toward the return of the child to the parent" includes the parent's failure to substantially fulfill his or obligations under the service plan and correct the conditions that brought the child into care during any 9-month period following the adjudication under Section 2-4 of the Juvenile Court Act of Notwithstanding any other provision, when a petition or motion seeks to terminate parental rights on the basis of item (ii) of this subsection (m), the petitioner shall file

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with the court and serve on the parties a pleading that specifies the 9-month period or periods relied on. The pleading shall be filed and served on the parties no later than 3 weeks before the date set by the court for closure of discovery, and the allegations in the pleading shall be treated as incorporated into the petition or motion. Failure of a respondent to file a written denial of the allegations in the pleading shall not be treated as an admission that the allegations are true.

(m-1) (Blank).

(n) Evidence of intent to forgo his or her parental rights, whether or not the child is a ward of the court, (1) as manifested by his or her failure for a period of 12 months: (i) to visit the child, (ii) to communicate with the child or agency, although able to do so and not prevented from doing so by an agency or by court order, or (iii) to maintain contact with or plan for the future of the child, although physically able to do so, or (2) as manifested by the father's failure, where he and the mother of the child were unmarried to each other at the time of the child's birth, (i) to commence legal proceedings to establish his paternity under the Illinois Parentage Act of 1984, the Illinois Parentage Act of 2015, or the law of the jurisdiction of the child's birth within 30 days of being informed, pursuant to Section 12a of this Act, that he is the father or the likely father of the child or, after

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being so informed where the child is not yet born, within 30 days of the child's birth, or (ii) to make a good faith effort to pay a reasonable amount of the expenses related to the birth of the child and to provide a reasonable amount for the financial support of the child, the court to consider in its determination all relevant circumstances, including the financial condition of both parents; provided that the ground for termination provided in this subparagraph (n) (2) (ii) shall only be available where the petition is brought by the mother or the husband of the mother.

Contact or communication by a parent with his or her child that does not demonstrate affection and concern does not constitute reasonable contact and planning under subdivision (n). In the absence of evidence to the contrary, the ability to visit, communicate, maintain contact, pay expenses and plan for the future shall be presumed. The subjective intent of the parent, whether expressed or otherwise, unsupported by evidence of the foregoing parental acts manifesting that intent, shall not preclude a determination that the parent has intended to forgo his or her parental rights. In making this determination, the court may consider but shall not require a showing of diligent efforts by an authorized agency to encourage the parent to perform the acts specified in subdivision (n).

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It shall be an affirmative defense to any allegation under paragraph (2) of this subsection that the father's failure was due to circumstances beyond his control or to impediments created by the mother or any other person having legal custody. Proof of that fact need only be by a preponderance of the evidence.

- (o) Repeated or continuous failure by the parents, although physically and financially able, to provide the child with adequate food, clothing, or shelter.
- (p) Inability to discharge parental responsibilities supported by competent evidence from a psychiatrist, licensed clinical social worker, or clinical psychologist of mental impairment, mental illness or an intellectual disability as defined in Section 1-116 of the Mental Health and Developmental Disabilities Code, or developmental disability as defined in Section 1-106 of that Code, and there is sufficient justification to believe that the inability to discharge parental responsibilities shall extend beyond a reasonable time period. However, this subdivision (p) shall not be construed so as to permit a licensed clinical social worker to conduct any medical diagnosis to determine mental illness or mental impairment.
 - (q) (Blank).
- (r) The child is in the temporary custody or guardianship of the Department of Children and Family

Services, the parent is incarcerated as a result of criminal conviction at the time the petition or motion for termination of parental rights is filed, prior to incarceration the parent had little or no contact with the child or provided little or no support for the child, and the parent's incarceration will prevent the parent from discharging his or her parental responsibilities for the child for a period in excess of 2 years after the filing of the petition or motion for termination of parental rights.

- (s) The child is in the temporary custody or guardianship of the Department of Children and Family Services, the parent is incarcerated at the time the petition or motion for termination of parental rights is filed, the parent has been repeatedly incarcerated as a result of criminal convictions, and the parent's repeated incarceration has prevented the parent from discharging his or her parental responsibilities for the child.
- (t) A finding that at birth the child's blood, urine, or meconium contained any amount of a controlled substance as defined in subsection (f) of Section 102 of the Illinois Controlled Substances Act, or a metabolite of a controlled substance, with the exception of controlled substances or metabolites of such substances, the presence of which in the newborn infant was the result of medical treatment administered to the mother or the newborn infant, and that the biological mother of this child is the biological

mother of at least one other child who was adjudicated a neglected minor under subsection (c) of Section 2-3 of the Juvenile Court Act of 1987, after which the biological mother had the opportunity to enroll in and participate in a clinically appropriate substance abuse counseling, treatment, and rehabilitation program.

- E. "Parent" means a person who is the legal mother or legal father of the child as defined in subsection X or Y of this Section. For the purpose of this Act, a parent who has executed a consent to adoption, a surrender, or a waiver pursuant to Section 10 of this Act, who has signed a Denial of Paternity pursuant to Section 12 of the Vital Records Act or Section 12a of this Act, or whose parental rights have been terminated by a court, is not a parent of the child who was the subject of the consent, surrender, waiver, or denial unless (1) the consent is void pursuant to subsection 0 of Section 10 of this Act; or (2) the person executed a consent to adoption by a specified person or persons pursuant to subsection A-1 of Section 10 of this Act and a court of competent jurisdiction finds that the consent is void; or (3) the order terminating the parental rights of the person is vacated by a court of competent jurisdiction.
 - F. A person is available for adoption when the person is:
 - (a) a child who has been surrendered for adoption to an agency and to whose adoption the agency has thereafter consented;
 - (b) a child to whose adoption a person authorized by

- 1 law, other than his parents, has consented, or to whose
- 2 adoption no consent is required pursuant to Section 8 of
- 3 this Act;
- 4 (c) a child who is in the custody of persons who intend
- 5 to adopt him through placement made by his parents;
- 6 (c-1) a child for whom a parent has signed a specific
- 7 consent pursuant to subsection O of Section 10;
- 8 (d) an adult who meets the conditions set forth in
- 9 Section 3 of this Act; or
- 10 (e) a child who has been relinquished as defined in
- 11 Section 10 of the Abandoned Newborn Infant Protection Act.
- 12 A person who would otherwise be available for adoption
- shall not be deemed unavailable for adoption solely by reason
- of his or her death.
- 15 G. The singular includes the plural and the plural includes
- 16 the singular and the "male" includes the "female", as the
- 17 context of this Act may require.
- 18 H. (Blank).
- 19 I. "Habitual residence" has the meaning ascribed to it in
- 20 the federal Intercountry Adoption Act of 2000 and regulations
- 21 promulgated thereunder.
- J. "Immediate relatives" means the biological parents, the
- 23 parents of the biological parents and siblings of the
- 24 biological parents.
- 25 K. "Intercountry adoption" is a process by which a child
- 26 from a country other than the United States is adopted by

- 1 persons who are habitual residents of the United States, or the
- 2 child is a habitual resident of the United States who is
- 3 adopted by persons who are habitual residents of a country
- 4 other than the United States.
- 5 L. (Blank).
- 6 M. "Interstate Compact on the Placement of Children" is a
- 7 law enacted by all states and certain territories for the
- 8 purpose of establishing uniform procedures for handling the
- 9 interstate placement of children in foster homes, adoptive
- 10 homes, or other child care facilities.
- 11 N. (Blank).
- 12 O. "Preadoption requirements" means any conditions or
- 13 standards established by the laws or administrative rules of
- 14 this State that must be met by a prospective adoptive parent
- prior to the placement of a child in an adoptive home.
- P. "Abused child" means a child whose parent or immediate
- family member, or any person responsible for the child's
- 18 welfare, or any individual residing in the same home as the
- child, or a paramour of the child's parent:
- 20 (a) inflicts, causes to be inflicted, or allows to be
- inflicted upon the child physical injury, by other than
- 22 accidental means, that causes death, disfigurement,
- impairment of physical or emotional health, or loss or
- impairment of any bodily function;
- 25 (b) creates a substantial risk of physical injury to
- the child by other than accidental means which would be

- likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function;
 - (c) commits or allows to be committed any sex offense against the child, as sex offenses are defined in the Criminal Code of 2012 and extending those definitions of sex offenses to include children under 18 years of age;
 - (d) commits or allows to be committed an act or acts of torture upon the child; or
 - (e) inflicts excessive corporal punishment.
 - Q. "Neglected child" means any child whose parent or other person responsible for the child's welfare withholds or denies nourishment or medically indicated treatment including food or care denied solely on the basis of the present or anticipated mental or physical impairment as determined by a physician acting alone or in consultation with other physicians or otherwise does not provide the proper or necessary support, education as required by law, or medical or other remedial care recognized under State law as necessary for a child's well-being, or other care necessary for his or her well-being, including adequate food, clothing and shelter; or who is abandoned by his or her parents or other person responsible for the child's welfare.

A child shall not be considered neglected or abused for the sole reason that the child's parent or other person responsible for his or her welfare depends upon spiritual means through

- prayer alone for the treatment or cure of disease or remedial 1 2 care as provided under Section 4 of the Abused and Neglected Child Reporting Act. A child shall not be considered neglected 3 or abused for the sole reason that the child's parent or other 4 5 person responsible for the child's welfare failed to vaccinate, delayed vaccination, or refused vaccination for the child due 6 7 to a waiver on religious or medical grounds as permitted by 8 law.
- 9 R. "Putative father" means a man who may be a child's 10 father, but who (1) is not married to the child's mother on or 11 before the date that the child was or is to be born and (2) has 12 not established paternity of the child in a court proceeding before the filing of a petition for the adoption of the child. 13 14 The term includes a male who is less than 18 years of age. 15 "Putative father" does not mean a man who is the child's father 16 as a result of criminal sexual abuse or assault as defined 17 under Article 11 of the Criminal Code of 2012.
 - S. "Standby adoption" means an adoption in which a parent consents to custody and termination of parental rights to become effective upon the occurrence of a future event, which is either the death of the parent or the request of the parent for the entry of a final judgment of adoption.
- 23 T. (Blank).

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24 T-5. "Biological parent", "birth parent", or "natural parent" of a child are interchangeable terms that mean a person who is biologically or genetically related to that child as a

- 1 parent.
- 2 U. "Interstate adoption" means the placement of a minor
- 3 child with a prospective adoptive parent for the purpose of
- 4 pursuing an adoption for that child that is subject to the
- 5 provisions of the Interstate Compact on $\underline{\text{the}}$ Placement of
- 6 Children.

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- 7 V. (Blank).
- 8 W. (Blank).
- 9 X. "Legal father" of a child means a man who is recognized 10 as or presumed to be that child's father:
- (1) because of his marriage to or civil union with the child's parent at the time of the child's birth or within 300 days prior to that child's birth, unless he signed a denial of paternity pursuant to Section 12 of the Vital Records Act or a waiver pursuant to Section 10 of this Act; or
 - (2) because his paternity of the child has been established pursuant to the Illinois Parentage Act, the Illinois Parentage Act of 1984, or the Gestational Surrogacy Act; or
 - (3) because he is listed as the child's father or parent on the child's birth certificate, unless he is otherwise determined by an administrative or judicial proceeding not to be the parent of the child or unless he rescinds his acknowledgment of paternity pursuant to the Illinois Parentage Act of 1984; or

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2	been	est	ablished	d bv	а	court o	of	cor	npetent	iur	iso	dict	tion.	

The definition in this subsection X shall not be construed to provide greater or lesser rights as to the number of parents who can be named on a final judgment order of adoption or Illinois birth certificate that otherwise exist under Illinois law.

- Y. "Legal mother" of a child means a woman who is recognized as or presumed to be that child's mother:
 - (1) because she gave birth to the child except as provided in the Gestational Surrogacy Act; or
 - (2) because her maternity of the child has been established pursuant to the Illinois Parentage Act of 1984 or the Gestational Surrogacy Act; or
 - (3) because her maternity or adoption of the child has been established by a court of competent jurisdiction; or
 - (4) because of her marriage to or civil union with the child's other parent at the time of the child's birth or within 300 days prior to the time of birth; or
 - (5) because she is listed as the child's mother or parent on the child's birth certificate unless she is otherwise determined by an administrative or judicial proceeding not to be the parent of the child.

The definition in this subsection Y shall not be construed to provide greater or lesser rights as to the number of parents who can be named on a final judgment order of adoption or

- 1 Illinois birth certificate that otherwise exist under Illinois
- 2 law.
- 3 Z. "Department" means the Illinois Department of Children
- 4 and Family Services.
- 5 AA. "Placement disruption" means a circumstance where the
- 6 child is removed from an adoptive placement before the adoption
- 7 is finalized.
- 8 BB. "Secondary placement" means a placement, including but
- 9 not limited to the placement of a youth in care as defined in
- 10 Section 4d of the Children and Family Services Act, that occurs
- 11 after a placement disruption or an adoption dissolution.
- "Secondary placement" does not mean secondary placements
- arising due to the death of the adoptive parent of the child.
- 14 CC. "Adoption dissolution" means a circumstance where the
- 15 child is removed from an adoptive placement after the adoption
- 16 is finalized.
- DD. "Unregulated placement" means the secondary placement
- 18 of a child that occurs without the oversight of the courts, the
- 19 Department, or a licensed child welfare agency.
- 20 EE. "Post-placement and post-adoption support services"
- 21 means support services for placed or adopted children and
- families that include, but are not limited to, mental health
- treatment, including counseling and other support services for
- 24 emotional, behavioral, or developmental needs, and treatment
- for substance abuse.
- 26 (Source: P.A. 100-159, eff. 8-18-17; 101-155, eff. 1-1-20;

- 1 101-529, eff. 1-1-20; revised 9-17-19.)
- 2 (410 ILCS 51/Act rep.)
- 3 Section 35. The Mercury-Free Vaccine Act is repealed.
- 4 Section 99. Effective date. This Act takes effect July 1,
- 5 2022.