



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB1797

Introduced 2/17/2021, by Rep. Anna Moeller

SYNOPSIS AS INTRODUCED:

55 ILCS 5/3-4006	from Ch. 34, par. 3-4006
225 ILCS 60/22	from Ch. 111, par. 4400-22
225 ILCS 60/23	from Ch. 111, par. 4400-23
410 ILCS 210/1.5	
750 ILCS 70/Act rep.	

Repeals the Parental Notice of Abortion Act of 1995. Makes corresponding changes in the Counties Code, the Medical Practice Act of 1987, and the Consent by Minors to Medical Procedures Act. Effective immediately.

LRB102 16144 LNS 21520 b

1 AN ACT concerning civil law.

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

4 Section 5. The Counties Code is amended by changing
5 Section 3-4006 as follows:

6 (55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

7 Sec. 3-4006. Duties of public defender. The Public
8 Defender, as directed by the court, shall act as attorney,
9 without fee, before any court within any county for all
10 persons who are held in custody or who are charged with the
11 commission of any criminal offense, and who the court finds
12 are unable to employ counsel.

13 The Public Defender shall be the attorney, without fee,
14 when so appointed by the court under Section 1-20 of the
15 Juvenile Court Act or Section 1-5 of the Juvenile Court Act of
16 1987 ~~or by any court under Section 5(b) of the Parental Notice~~
17 ~~of Abortion Act of 1983~~ for any party who the court finds is
18 financially unable to employ counsel.

19 In cases subject to Section 5-170 of the Juvenile Court
20 Act of 1987 involving a minor who was under 15 years of age at
21 the time of the commission of the offense, that occurs in a
22 county with a full-time public defender office, a public
23 defender, without fee or appointment, may represent and have

1 access to a minor during a custodial interrogation. In cases
2 subject to Section 5-170 of the Juvenile Court Act of 1987
3 involving a minor who was under 15 years of age at the time of
4 the commission of the offense, that occurs in a county without
5 a full-time public defender, the law enforcement agency
6 conducting the custodial interrogation shall ensure that the
7 minor is able to consult with an attorney who is under contract
8 with the county to provide public defender services.
9 Representation by the public defender shall terminate at the
10 first court appearance if the court determines that the minor
11 is not indigent.

12 Every court shall, with the consent of the defendant and
13 where the court finds that the rights of the defendant would be
14 prejudiced by the appointment of the public defender, appoint
15 counsel other than the public defender, except as otherwise
16 provided in Section 113-3 of the "Code of Criminal Procedure
17 of 1963". That counsel shall be compensated as is provided by
18 law. He shall also, in the case of the conviction of any such
19 person, prosecute any proceeding in review which in his
20 judgment the interests of justice require.

21 (Source: P.A. 99-882, eff. 1-1-17.)

22 Section 10. The Medical Practice Act of 1987 is amended by
23 changing Sections 22 and 23 as follows:

24 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

1 (Section scheduled to be repealed on January 1, 2022)

2 Sec. 22. Disciplinary action.

3 (A) The Department may revoke, suspend, place on
4 probation, reprimand, refuse to issue or renew, or take any
5 other disciplinary or non-disciplinary action as the
6 Department may deem proper with regard to the license or
7 permit of any person issued under this Act, including imposing
8 fines not to exceed \$10,000 for each violation, upon any of the
9 following grounds:

10 (1) (Blank).

11 (2) (Blank).

12 (3) A plea of guilty or nolo contendere, finding of
13 guilt, jury verdict, or entry of judgment or sentencing,
14 including, but not limited to, convictions, preceding
15 sentences of supervision, conditional discharge, or first
16 offender probation, under the laws of any jurisdiction of
17 the United States of any crime that is a felony.

18 (4) Gross negligence in practice under this Act.

19 (5) Engaging in dishonorable, unethical, or
20 unprofessional conduct of a character likely to deceive,
21 defraud or harm the public.

22 (6) Obtaining any fee by fraud, deceit, or
23 misrepresentation.

24 (7) Habitual or excessive use or abuse of drugs
25 defined in law as controlled substances, of alcohol, or of
26 any other substances which results in the inability to

1 practice with reasonable judgment, skill, or safety.

2 (8) Practicing under a false or, except as provided by
3 law, an assumed name.

4 (9) Fraud or misrepresentation in applying for, or
5 procuring, a license under this Act or in connection with
6 applying for renewal of a license under this Act.

7 (10) Making a false or misleading statement regarding
8 their skill or the efficacy or value of the medicine,
9 treatment, or remedy prescribed by them at their direction
10 in the treatment of any disease or other condition of the
11 body or mind.

12 (11) Allowing another person or organization to use
13 their license, procured under this Act, to practice.

14 (12) Adverse action taken by another state or
15 jurisdiction against a license or other authorization to
16 practice as a medical doctor, doctor of osteopathy, doctor
17 of osteopathic medicine or doctor of chiropractic, a
18 certified copy of the record of the action taken by the
19 other state or jurisdiction being prima facie evidence
20 thereof. This includes any adverse action taken by a State
21 or federal agency that prohibits a medical doctor, doctor
22 of osteopathy, doctor of osteopathic medicine, or doctor
23 of chiropractic from providing services to the agency's
24 participants.

25 (13) Violation of any provision of this Act or of the
26 Medical Practice Act prior to the repeal of that Act, or

1 violation of the rules, or a final administrative action
2 of the Secretary, after consideration of the
3 recommendation of the Disciplinary Board.

4 (14) Violation of the prohibition against fee
5 splitting in Section 22.2 of this Act.

6 (15) A finding by the Disciplinary Board that the
7 registrant after having his or her license placed on
8 probationary status or subjected to conditions or
9 restrictions violated the terms of the probation or failed
10 to comply with such terms or conditions.

11 (16) Abandonment of a patient.

12 (17) Prescribing, selling, administering,
13 distributing, giving, or self-administering any drug
14 classified as a controlled substance (designated product)
15 or narcotic for other than medically accepted therapeutic
16 purposes.

17 (18) Promotion of the sale of drugs, devices,
18 appliances, or goods provided for a patient in such manner
19 as to exploit the patient for financial gain of the
20 physician.

21 (19) Offering, undertaking, or agreeing to cure or
22 treat disease by a secret method, procedure, treatment, or
23 medicine, or the treating, operating, or prescribing for
24 any human condition by a method, means, or procedure which
25 the licensee refuses to divulge upon demand of the
26 Department.

1 (20) Immoral conduct in the commission of any act
2 including, but not limited to, commission of an act of
3 sexual misconduct related to the licensee's practice.

4 (21) Willfully making or filing false records or
5 reports in his or her practice as a physician, including,
6 but not limited to, false records to support claims
7 against the medical assistance program of the Department
8 of Healthcare and Family Services (formerly Department of
9 Public Aid) under the Illinois Public Aid Code.

10 (22) Willful omission to file or record, or willfully
11 impeding the filing or recording, or inducing another
12 person to omit to file or record, medical reports as
13 required by law, or willfully failing to report an
14 instance of suspected abuse or neglect as required by law.

15 (23) Being named as a perpetrator in an indicated
16 report by the Department of Children and Family Services
17 under the Abused and Neglected Child Reporting Act, and
18 upon proof by clear and convincing evidence that the
19 licensee has caused a child to be an abused child or
20 neglected child as defined in the Abused and Neglected
21 Child Reporting Act.

22 (24) Solicitation of professional patronage by any
23 corporation, agents or persons, or profiting from those
24 representing themselves to be agents of the licensee.

25 (25) Gross and willful and continued overcharging for
26 professional services, including filing false statements

1 for collection of fees for which services are not
2 rendered, including, but not limited to, filing such false
3 statements for collection of monies for services not
4 rendered from the medical assistance program of the
5 Department of Healthcare and Family Services (formerly
6 Department of Public Aid) under the Illinois Public Aid
7 Code.

8 (26) A pattern of practice or other behavior which
9 demonstrates incapacity or incompetence to practice under
10 this Act.

11 (27) Mental illness or disability which results in the
12 inability to practice under this Act with reasonable
13 judgment, skill, or safety.

14 (28) Physical illness, including, but not limited to,
15 deterioration through the aging process, or loss of motor
16 skill which results in a physician's inability to practice
17 under this Act with reasonable judgment, skill, or safety.

18 (29) Cheating on or attempt to subvert the licensing
19 examinations administered under this Act.

20 (30) Willfully or negligently violating the
21 confidentiality between physician and patient except as
22 required by law.

23 (31) The use of any false, fraudulent, or deceptive
24 statement in any document connected with practice under
25 this Act.

26 (32) Aiding and abetting an individual not licensed

1 under this Act in the practice of a profession licensed
2 under this Act.

3 (33) Violating state or federal laws or regulations
4 relating to controlled substances, legend drugs, or
5 ephedra as defined in the Ephedra Prohibition Act.

6 (34) Failure to report to the Department any adverse
7 final action taken against them by another licensing
8 jurisdiction (any other state or any territory of the
9 United States or any foreign state or country), by any
10 peer review body, by any health care institution, by any
11 professional society or association related to practice
12 under this Act, by any governmental agency, by any law
13 enforcement agency, or by any court for acts or conduct
14 similar to acts or conduct which would constitute grounds
15 for action as defined in this Section.

16 (35) Failure to report to the Department surrender of
17 a license or authorization to practice as a medical
18 doctor, a doctor of osteopathy, a doctor of osteopathic
19 medicine, or doctor of chiropractic in another state or
20 jurisdiction, or surrender of membership on any medical
21 staff or in any medical or professional association or
22 society, while under disciplinary investigation by any of
23 those authorities or bodies, for acts or conduct similar
24 to acts or conduct which would constitute grounds for
25 action as defined in this Section.

26 (36) Failure to report to the Department any adverse

1 judgment, settlement, or award arising from a liability
2 claim related to acts or conduct similar to acts or
3 conduct which would constitute grounds for action as
4 defined in this Section.

5 (37) Failure to provide copies of medical records as
6 required by law.

7 (38) Failure to furnish the Department, its
8 investigators or representatives, relevant information,
9 legally requested by the Department after consultation
10 with the Chief Medical Coordinator or the Deputy Medical
11 Coordinator.

12 (39) Violating the Health Care Worker Self-Referral
13 Act.

14 (40) (Blank). ~~Willful failure to provide notice when~~
15 ~~notice is required under the Parental Notice of Abortion~~
16 ~~Act of 1995.~~

17 (41) Failure to establish and maintain records of
18 patient care and treatment as required by this law.

19 (42) Entering into an excessive number of written
20 collaborative agreements with licensed advanced practice
21 registered nurses resulting in an inability to adequately
22 collaborate.

23 (43) Repeated failure to adequately collaborate with a
24 licensed advanced practice registered nurse.

25 (44) Violating the Compassionate Use of Medical
26 Cannabis Program Act.

1 (45) Entering into an excessive number of written
2 collaborative agreements with licensed prescribing
3 psychologists resulting in an inability to adequately
4 collaborate.

5 (46) Repeated failure to adequately collaborate with a
6 licensed prescribing psychologist.

7 (47) Willfully failing to report an instance of
8 suspected abuse, neglect, financial exploitation, or
9 self-neglect of an eligible adult as defined in and
10 required by the Adult Protective Services Act.

11 (48) Being named as an abuser in a verified report by
12 the Department on Aging under the Adult Protective
13 Services Act, and upon proof by clear and convincing
14 evidence that the licensee abused, neglected, or
15 financially exploited an eligible adult as defined in the
16 Adult Protective Services Act.

17 (49) Entering into an excessive number of written
18 collaborative agreements with licensed physician
19 assistants resulting in an inability to adequately
20 collaborate.

21 (50) Repeated failure to adequately collaborate with a
22 physician assistant.

23 Except for actions involving the ground numbered (26), all
24 proceedings to suspend, revoke, place on probationary status,
25 or take any other disciplinary action as the Department may
26 deem proper, with regard to a license on any of the foregoing

1 grounds, must be commenced within 5 years next after receipt
2 by the Department of a complaint alleging the commission of or
3 notice of the conviction order for any of the acts described
4 herein. Except for the grounds numbered (8), (9), (26), and
5 (29), no action shall be commenced more than 10 years after the
6 date of the incident or act alleged to have violated this
7 Section. For actions involving the ground numbered (26), a
8 pattern of practice or other behavior includes all incidents
9 alleged to be part of the pattern of practice or other behavior
10 that occurred, or a report pursuant to Section 23 of this Act
11 received, within the 10-year period preceding the filing of
12 the complaint. In the event of the settlement of any claim or
13 cause of action in favor of the claimant or the reduction to
14 final judgment of any civil action in favor of the plaintiff,
15 such claim, cause of action, or civil action being grounded on
16 the allegation that a person licensed under this Act was
17 negligent in providing care, the Department shall have an
18 additional period of 2 years from the date of notification to
19 the Department under Section 23 of this Act of such settlement
20 or final judgment in which to investigate and commence formal
21 disciplinary proceedings under Section 36 of this Act, except
22 as otherwise provided by law. The time during which the holder
23 of the license was outside the State of Illinois shall not be
24 included within any period of time limiting the commencement
25 of disciplinary action by the Department.

26 The entry of an order or judgment by any circuit court

1 establishing that any person holding a license under this Act
2 is a person in need of mental treatment operates as a
3 suspension of that license. That person may resume their
4 practice only upon the entry of a Departmental order based
5 upon a finding by the Disciplinary Board that they have been
6 determined to be recovered from mental illness by the court
7 and upon the Disciplinary Board's recommendation that they be
8 permitted to resume their practice.

9 The Department may refuse to issue or take disciplinary
10 action concerning the license of any person who fails to file a
11 return, or to pay the tax, penalty, or interest shown in a
12 filed return, or to pay any final assessment of tax, penalty,
13 or interest, as required by any tax Act administered by the
14 Illinois Department of Revenue, until such time as the
15 requirements of any such tax Act are satisfied as determined
16 by the Illinois Department of Revenue.

17 The Department, upon the recommendation of the
18 Disciplinary Board, shall adopt rules which set forth
19 standards to be used in determining:

20 (a) when a person will be deemed sufficiently
21 rehabilitated to warrant the public trust;

22 (b) what constitutes dishonorable, unethical, or
23 unprofessional conduct of a character likely to deceive,
24 defraud, or harm the public;

25 (c) what constitutes immoral conduct in the commission
26 of any act, including, but not limited to, commission of

1 an act of sexual misconduct related to the licensee's
2 practice; and

3 (d) what constitutes gross negligence in the practice
4 of medicine.

5 However, no such rule shall be admissible into evidence in
6 any civil action except for review of a licensing or other
7 disciplinary action under this Act.

8 In enforcing this Section, the Disciplinary Board or the
9 Licensing Board, upon a showing of a possible violation, may
10 compel, in the case of the Disciplinary Board, any individual
11 who is licensed to practice under this Act or holds a permit to
12 practice under this Act, or, in the case of the Licensing
13 Board, any individual who has applied for licensure or a
14 permit pursuant to this Act, to submit to a mental or physical
15 examination and evaluation, or both, which may include a
16 substance abuse or sexual offender evaluation, as required by
17 the Licensing Board or Disciplinary Board and at the expense
18 of the Department. The Disciplinary Board or Licensing Board
19 shall specifically designate the examining physician licensed
20 to practice medicine in all of its branches or, if applicable,
21 the multidisciplinary team involved in providing the mental or
22 physical examination and evaluation, or both. The
23 multidisciplinary team shall be led by a physician licensed to
24 practice medicine in all of its branches and may consist of one
25 or more or a combination of physicians licensed to practice
26 medicine in all of its branches, licensed chiropractic

1 physicians, licensed clinical psychologists, licensed clinical
2 social workers, licensed clinical professional counselors, and
3 other professional and administrative staff. Any examining
4 physician or member of the multidisciplinary team may require
5 any person ordered to submit to an examination and evaluation
6 pursuant to this Section to submit to any additional
7 supplemental testing deemed necessary to complete any
8 examination or evaluation process, including, but not limited
9 to, blood testing, urinalysis, psychological testing, or
10 neuropsychological testing. The Disciplinary Board, the
11 Licensing Board, or the Department may order the examining
12 physician or any member of the multidisciplinary team to
13 provide to the Department, the Disciplinary Board, or the
14 Licensing Board any and all records, including business
15 records, that relate to the examination and evaluation,
16 including any supplemental testing performed. The Disciplinary
17 Board, the Licensing Board, or the Department may order the
18 examining physician or any member of the multidisciplinary
19 team to present testimony concerning this examination and
20 evaluation of the licensee, permit holder, or applicant,
21 including testimony concerning any supplemental testing or
22 documents relating to the examination and evaluation. No
23 information, report, record, or other documents in any way
24 related to the examination and evaluation shall be excluded by
25 reason of any common law or statutory privilege relating to
26 communication between the licensee, permit holder, or

1 applicant and the examining physician or any member of the
2 multidisciplinary team. No authorization is necessary from the
3 licensee, permit holder, or applicant ordered to undergo an
4 evaluation and examination for the examining physician or any
5 member of the multidisciplinary team to provide information,
6 reports, records, or other documents or to provide any
7 testimony regarding the examination and evaluation. The
8 individual to be examined may have, at his or her own expense,
9 another physician of his or her choice present during all
10 aspects of the examination. Failure of any individual to
11 submit to mental or physical examination and evaluation, or
12 both, when directed, shall result in an automatic suspension,
13 without hearing, until such time as the individual submits to
14 the examination. If the Disciplinary Board or Licensing Board
15 finds a physician unable to practice following an examination
16 and evaluation because of the reasons set forth in this
17 Section, the Disciplinary Board or Licensing Board shall
18 require such physician to submit to care, counseling, or
19 treatment by physicians, or other health care professionals,
20 approved or designated by the Disciplinary Board, as a
21 condition for issued, continued, reinstated, or renewed
22 licensure to practice. Any physician, whose license was
23 granted pursuant to Sections 9, 17, or 19 of this Act, or,
24 continued, reinstated, renewed, disciplined or supervised,
25 subject to such terms, conditions, or restrictions who shall
26 fail to comply with such terms, conditions, or restrictions,

1 or to complete a required program of care, counseling, or
2 treatment, as determined by the Chief Medical Coordinator or
3 Deputy Medical Coordinators, shall be referred to the
4 Secretary for a determination as to whether the licensee shall
5 have their license suspended immediately, pending a hearing by
6 the Disciplinary Board. In instances in which the Secretary
7 immediately suspends a license under this Section, a hearing
8 upon such person's license must be convened by the
9 Disciplinary Board within 15 days after such suspension and
10 completed without appreciable delay. The Disciplinary Board
11 shall have the authority to review the subject physician's
12 record of treatment and counseling regarding the impairment,
13 to the extent permitted by applicable federal statutes and
14 regulations safeguarding the confidentiality of medical
15 records.

16 An individual licensed under this Act, affected under this
17 Section, shall be afforded an opportunity to demonstrate to
18 the Disciplinary Board that they can resume practice in
19 compliance with acceptable and prevailing standards under the
20 provisions of their license.

21 The Department may promulgate rules for the imposition of
22 fines in disciplinary cases, not to exceed \$10,000 for each
23 violation of this Act. Fines may be imposed in conjunction
24 with other forms of disciplinary action, but shall not be the
25 exclusive disposition of any disciplinary action arising out
26 of conduct resulting in death or injury to a patient. Any funds

1 collected from such fines shall be deposited in the Illinois
2 State Medical Disciplinary Fund.

3 All fines imposed under this Section shall be paid within
4 60 days after the effective date of the order imposing the fine
5 or in accordance with the terms set forth in the order imposing
6 the fine.

7 (B) The Department shall revoke the license or permit
8 issued under this Act to practice medicine or a chiropractic
9 physician who has been convicted a second time of committing
10 any felony under the Illinois Controlled Substances Act or the
11 Methamphetamine Control and Community Protection Act, or who
12 has been convicted a second time of committing a Class 1 felony
13 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
14 person whose license or permit is revoked under this
15 subsection B shall be prohibited from practicing medicine or
16 treating human ailments without the use of drugs and without
17 operative surgery.

18 (C) The Department shall not revoke, suspend, place on
19 probation, reprimand, refuse to issue or renew, or take any
20 other disciplinary or non-disciplinary action against the
21 license or permit issued under this Act to practice medicine
22 to a physician:

23 (1) based solely upon the recommendation of the
24 physician to an eligible patient regarding, or
25 prescription for, or treatment with, an investigational
26 drug, biological product, or device; or

1 (2) for experimental treatment for Lyme disease or
2 other tick-borne diseases, including, but not limited to,
3 the prescription of or treatment with long-term
4 antibiotics.

5 (D) (Blank). ~~The Disciplinary Board shall recommend to the~~
6 ~~Department civil penalties and any other appropriate~~
7 ~~discipline in disciplinary cases when the Board finds that a~~
8 ~~physician willfully performed an abortion with actual~~
9 ~~knowledge that the person upon whom the abortion has been~~
10 ~~performed is a minor or an incompetent person without notice~~
11 ~~as required under the Parental Notice of Abortion Act of 1995.~~
12 ~~Upon the Board's recommendation, the Department shall impose,~~
13 ~~for the first violation, a civil penalty of \$1,000 and for a~~
14 ~~second or subsequent violation, a civil penalty of \$5,000.~~

15 (Source: P.A. 100-429, eff. 8-25-17; 100-513, eff. 1-1-18;
16 100-605, eff. 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff.
17 1-1-19; 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363,
18 eff. 8-9-19; revised 9-20-19.)

19 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

20 (Section scheduled to be repealed on January 1, 2022)

21 Sec. 23. Reports relating to professional conduct and
22 capacity.

23 (A) Entities required to report.

24 (1) Health care institutions. The chief administrator
25 or executive officer of any health care institution

1 licensed by the Illinois Department of Public Health shall
2 report to the Disciplinary Board when any person's
3 clinical privileges are terminated or are restricted based
4 on a final determination made in accordance with that
5 institution's by-laws or rules and regulations that a
6 person has either committed an act or acts which may
7 directly threaten patient care or that a person may have a
8 mental or physical disability that may endanger patients
9 under that person's care. Such officer also shall report
10 if a person accepts voluntary termination or restriction
11 of clinical privileges in lieu of formal action based upon
12 conduct related directly to patient care or in lieu of
13 formal action seeking to determine whether a person may
14 have a mental or physical disability that may endanger
15 patients under that person's care. The Disciplinary Board
16 shall, by rule, provide for the reporting to it by health
17 care institutions of all instances in which a person,
18 licensed under this Act, who is impaired by reason of age,
19 drug or alcohol abuse or physical or mental impairment, is
20 under supervision and, where appropriate, is in a program
21 of rehabilitation. Such reports shall be strictly
22 confidential and may be reviewed and considered only by
23 the members of the Disciplinary Board, or by authorized
24 staff as provided by rules of the Disciplinary Board.
25 Provisions shall be made for the periodic report of the
26 status of any such person not less than twice annually in

1 order that the Disciplinary Board shall have current
2 information upon which to determine the status of any such
3 person. Such initial and periodic reports of impaired
4 physicians shall not be considered records within the
5 meaning of The State Records Act and shall be disposed of,
6 following a determination by the Disciplinary Board that
7 such reports are no longer required, in a manner and at
8 such time as the Disciplinary Board shall determine by
9 rule. The filing of such reports shall be construed as the
10 filing of a report for purposes of subsection (C) of this
11 Section.

12 (1.5) Clinical training programs. The program director
13 of any post-graduate clinical training program shall
14 report to the Disciplinary Board if a person engaged in a
15 post-graduate clinical training program at the
16 institution, including, but not limited to, a residency or
17 fellowship, separates from the program for any reason
18 prior to its conclusion. The program director shall
19 provide all documentation relating to the separation if,
20 after review of the report, the Disciplinary Board
21 determines that a review of those documents is necessary
22 to determine whether a violation of this Act occurred.

23 (2) Professional associations. The President or chief
24 executive officer of any association or society, of
25 persons licensed under this Act, operating within this
26 State shall report to the Disciplinary Board when the

1 association or society renders a final determination that
2 a person has committed unprofessional conduct related
3 directly to patient care or that a person may have a mental
4 or physical disability that may endanger patients under
5 that person's care.

6 (3) Professional liability insurers. Every insurance
7 company which offers policies of professional liability
8 insurance to persons licensed under this Act, or any other
9 entity which seeks to indemnify the professional liability
10 of a person licensed under this Act, shall report to the
11 Disciplinary Board the settlement of any claim or cause of
12 action, or final judgment rendered in any cause of action,
13 which alleged negligence in the furnishing of medical care
14 by such licensed person when such settlement or final
15 judgment is in favor of the plaintiff.

16 (4) State's Attorneys. The State's Attorney of each
17 county shall report to the Disciplinary Board, within 5
18 days, any instances in which a person licensed under this
19 Act is convicted of any felony or Class A misdemeanor. ~~The~~
20 ~~State's Attorney of each county may report to the~~
21 ~~Disciplinary Board through a verified complaint any~~
22 ~~instance in which the State's Attorney believes that a~~
23 ~~physician has willfully violated the notice requirements~~
24 ~~of the Parental Notice of Abortion Act of 1995.~~

25 (5) State agencies. All agencies, boards, commissions,
26 departments, or other instrumentalities of the government

1 of the State of Illinois shall report to the Disciplinary
2 Board any instance arising in connection with the
3 operations of such agency, including the administration of
4 any law by such agency, in which a person licensed under
5 this Act has either committed an act or acts which may be a
6 violation of this Act or which may constitute
7 unprofessional conduct related directly to patient care or
8 which indicates that a person licensed under this Act may
9 have a mental or physical disability that may endanger
10 patients under that person's care.

11 (B) Mandatory reporting. All reports required by items
12 (34), (35), and (36) of subsection (A) of Section 22 and by
13 Section 23 shall be submitted to the Disciplinary Board in a
14 timely fashion. Unless otherwise provided in this Section, the
15 reports shall be filed in writing within 60 days after a
16 determination that a report is required under this Act. All
17 reports shall contain the following information:

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

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

22 (3) The name and date of birth of any patient or
23 patients whose treatment is a subject of the report, if
24 available, or other means of identification if such
25 information is not available, identification of the
26 hospital or other healthcare facility where the care at

1 issue in the report was rendered, provided, however, no
2 medical records may be revealed.

3 (4) A brief description of the facts which gave rise
4 to the issuance of the report, including the dates of any
5 occurrences deemed to necessitate the filing of the
6 report.

7 (5) If court action is involved, the identity of the
8 court in which the action is filed, along with the docket
9 number and date of filing of the action.

10 (6) Any further pertinent information which the
11 reporting party deems to be an aid in the evaluation of the
12 report.

13 The Disciplinary Board or Department may also exercise the
14 power under Section 38 of this Act to subpoena copies of
15 hospital or medical records in mandatory report cases alleging
16 death or permanent bodily injury. Appropriate rules shall be
17 adopted by the Department with the approval of the
18 Disciplinary Board.

19 When the Department has received written reports
20 concerning incidents required to be reported in items (34),
21 (35), and (36) of subsection (A) of Section 22, the licensee's
22 failure to report the incident to the Department under those
23 items shall not be the sole grounds for disciplinary action.

24 Nothing contained in this Section shall act to in any way,
25 waive or modify the confidentiality of medical reports and
26 committee reports to the extent provided by law. Any

1 information reported or disclosed shall be kept for the
2 confidential use of the Disciplinary Board, the Medical
3 Coordinators, the Disciplinary Board's attorneys, the medical
4 investigative staff, and authorized clerical staff, as
5 provided in this Act, and shall be afforded the same status as
6 is provided information concerning medical studies in Part 21
7 of Article VIII of the Code of Civil Procedure, except that the
8 Department may disclose information and documents to a
9 federal, State, or local law enforcement agency pursuant to a
10 subpoena in an ongoing criminal investigation or to a health
11 care licensing body or medical licensing authority of this
12 State or another state or jurisdiction pursuant to an official
13 request made by that licensing body or medical licensing
14 authority. Furthermore, information and documents disclosed to
15 a federal, State, or local law enforcement agency may be used
16 by that agency only for the investigation and prosecution of a
17 criminal offense, or, in the case of disclosure to a health
18 care licensing body or medical licensing authority, only for
19 investigations and disciplinary action proceedings with regard
20 to a license. Information and documents disclosed to the
21 Department of Public Health may be used by that Department
22 only for investigation and disciplinary action regarding the
23 license of a health care institution licensed by the
24 Department of Public Health.

25 (C) Immunity from prosecution. Any individual or
26 organization acting in good faith, and not in a wilful and

1 wanton manner, in complying with this Act by providing any
2 report or other information to the Disciplinary Board or a
3 peer review committee, or assisting in the investigation or
4 preparation of such information, or by voluntarily reporting
5 to the Disciplinary Board or a peer review committee
6 information regarding alleged errors or negligence by a person
7 licensed under this Act, or by participating in proceedings of
8 the Disciplinary Board or a peer review committee, or by
9 serving as a member of the Disciplinary Board or a peer review
10 committee, shall not, as a result of such actions, be subject
11 to criminal prosecution or civil damages.

12 (D) Indemnification. Members of the Disciplinary Board,
13 the Licensing Board, the Medical Coordinators, the
14 Disciplinary Board's attorneys, the medical investigative
15 staff, physicians retained under contract to assist and advise
16 the medical coordinators in the investigation, and authorized
17 clerical staff shall be indemnified by the State for any
18 actions occurring within the scope of services on the
19 Disciplinary Board or Licensing Board, done in good faith and
20 not wilful and wanton in nature. The Attorney General shall
21 defend all such actions unless he or she determines either
22 that there would be a conflict of interest in such
23 representation or that the actions complained of were not in
24 good faith or were wilful and wanton.

25 Should the Attorney General decline representation, the
26 member shall have the right to employ counsel of his or her

1 choice, whose fees shall be provided by the State, after
2 approval by the Attorney General, unless there is a
3 determination by a court that the member's actions were not in
4 good faith or were wilful and wanton.

5 The member must notify the Attorney General within 7 days
6 of receipt of notice of the initiation of any action involving
7 services of the Disciplinary Board. Failure to so notify the
8 Attorney General shall constitute an absolute waiver of the
9 right to a defense and indemnification.

10 The Attorney General shall determine within 7 days after
11 receiving such notice, whether he or she will undertake to
12 represent the member.

13 (E) Deliberations of Disciplinary Board. Upon the receipt
14 of any report called for by this Act, other than those reports
15 of impaired persons licensed under this Act required pursuant
16 to the rules of the Disciplinary Board, the Disciplinary Board
17 shall notify in writing, by certified mail, the person who is
18 the subject of the report. Such notification shall be made
19 within 30 days of receipt by the Disciplinary Board of the
20 report.

21 The notification shall include a written notice setting
22 forth the person's right to examine the report. Included in
23 such notification shall be the address at which the file is
24 maintained, the name of the custodian of the reports, and the
25 telephone number at which the custodian may be reached. The
26 person who is the subject of the report shall submit a written

1 statement responding, clarifying, adding to, or proposing the
2 amending of the report previously filed. The person who is the
3 subject of the report shall also submit with the written
4 statement any medical records related to the report. The
5 statement and accompanying medical records shall become a
6 permanent part of the file and must be received by the
7 Disciplinary Board no more than 30 days after the date on which
8 the person was notified by the Disciplinary Board of the
9 existence of the original report.

10 The Disciplinary Board shall review all reports received
11 by it, together with any supporting information and responding
12 statements submitted by persons who are the subject of
13 reports. The review by the Disciplinary Board shall be in a
14 timely manner but in no event, shall the Disciplinary Board's
15 initial review of the material contained in each disciplinary
16 file be less than 61 days nor more than 180 days after the
17 receipt of the initial report by the Disciplinary Board.

18 When the Disciplinary Board makes its initial review of
19 the materials contained within its disciplinary files, the
20 Disciplinary Board shall, in writing, make a determination as
21 to whether there are sufficient facts to warrant further
22 investigation or action. Failure to make such determination
23 within the time provided shall be deemed to be a determination
24 that there are not sufficient facts to warrant further
25 investigation or action.

26 Should the Disciplinary Board find that there are not

1 sufficient facts to warrant further investigation, or action,
2 the report shall be accepted for filing and the matter shall be
3 deemed closed and so reported to the Secretary. The Secretary
4 shall then have 30 days to accept the Disciplinary Board's
5 decision or request further investigation. The Secretary shall
6 inform the Board of the decision to request further
7 investigation, including the specific reasons for the
8 decision. The individual or entity filing the original report
9 or complaint and the person who is the subject of the report or
10 complaint shall be notified in writing by the Secretary of any
11 final action on their report or complaint. The Department
12 shall disclose to the individual or entity who filed the
13 original report or complaint, on request, the status of the
14 Disciplinary Board's review of a specific report or complaint.
15 Such request may be made at any time, including prior to the
16 Disciplinary Board's determination as to whether there are
17 sufficient facts to warrant further investigation or action.

18 (F) Summary reports. The Disciplinary Board shall prepare,
19 on a timely basis, but in no event less than once every other
20 month, a summary report of final disciplinary actions taken
21 upon disciplinary files maintained by the Disciplinary Board.
22 The summary reports shall be made available to the public upon
23 request and payment of the fees set by the Department. This
24 publication may be made available to the public on the
25 Department's website. Information or documentation relating to
26 any disciplinary file that is closed without disciplinary

1 action taken shall not be disclosed and shall be afforded the
2 same status as is provided by Part 21 of Article VIII of the
3 Code of Civil Procedure.

4 (G) Any violation of this Section shall be a Class A
5 misdemeanor.

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

19 (Source: P.A. 98-601, eff. 12-30-13; 99-143, eff. 7-27-15.)

20 Section 15. The Consent by Minors to Health Care Services
21 Act is amended by changing Section 1.5 as follows:

22 (410 ILCS 210/1.5)

23 Sec. 1.5. Consent by minor seeking care for limited
24 primary care services.

1 (a) The consent to the performance of primary care
2 services by a physician licensed to practice medicine in all
3 its branches, a licensed advanced practice registered nurse, a
4 licensed physician assistant, a chiropractic physician, or a
5 licensed optometrist executed by a minor seeking care is not
6 voidable because of such minority, and for such purpose, a
7 minor seeking care is deemed to have the same legal capacity to
8 act and has the same powers and obligations as has a person of
9 legal age under the following circumstances:

10 (1) the health care professional reasonably believes
11 that the minor seeking care understands the benefits and
12 risks of any proposed primary care or services; and

13 (2) the minor seeking care is identified in writing as
14 a minor seeking care by:

15 (A) an adult relative;

16 (B) a representative of a homeless service agency
17 that receives federal, State, county, or municipal
18 funding to provide those services or that is otherwise
19 sanctioned by a local continuum of care;

20 (C) an attorney licensed to practice law in this
21 State;

22 (D) a public school homeless liaison or school
23 social worker;

24 (E) a social service agency providing services to
25 at risk, homeless, or runaway youth; or

26 (F) a representative of a religious organization.

1 (b) A health care professional rendering primary care
2 services under this Section shall not incur civil or criminal
3 liability for failure to obtain valid consent or professional
4 discipline for failure to obtain valid consent if he or she
5 relied in good faith on the representations made by the minor
6 or the information provided under paragraph (2) of subsection
7 (a) of this Section. Under such circumstances, good faith
8 shall be presumed.

9 (c) The confidential nature of any communication between a
10 health care professional described in Section 1 of this Act
11 and a minor seeking care is not waived (1) by the presence, at
12 the time of communication, of any additional persons present
13 at the request of the minor seeking care, (2) by the health
14 care professional's disclosure of confidential information to
15 the additional person with the consent of the minor seeking
16 care, when reasonably necessary to accomplish the purpose for
17 which the additional person is consulted, or (3) by the health
18 care professional billing a health benefit insurance or plan
19 under which the minor seeking care is insured, is enrolled, or
20 has coverage for the services provided.

21 (d) Nothing in this Section shall be construed to limit or
22 expand a minor's existing powers and obligations under any
23 federal, State, or local law. ~~Nothing in this Section shall be~~
24 ~~construed to affect the Parental Notice of Abortion Act of~~
25 ~~1995.~~ Nothing in this Section affects the right or authority
26 of a parent or legal guardian to verbally, in writing, or

1 otherwise authorize health care services to be provided for a
2 minor in their absence.

3 (e) For the purposes of this Section:

4 "Minor seeking care" means a person at least 14 years of
5 age but less than 18 years of age who is living separate and
6 apart from his or her parents or legal guardian, whether with
7 or without the consent of a parent or legal guardian who is
8 unable or unwilling to return to the residence of a parent, and
9 managing his or her own personal affairs. "Minor seeking care"
10 does not include minors who are under the protective custody,
11 temporary custody, or guardianship of the Department of
12 Children and Family Services.

13 "Primary care services" means health care services that
14 include screening, counseling, immunizations, medication, and
15 treatment of illness and conditions customarily provided by
16 licensed health care professionals in an out-patient setting,
17 eye care services, excluding advanced optometric procedures,
18 provided by optometrists, and services provided by
19 chiropractic physicians according to the scope of practice of
20 chiropractic physicians under the Medical Practice Act of
21 1987. "Primary care services" does not include invasive care,
22 beyond standard injections, laceration care, or non-surgical
23 fracture care.

24 (Source: P.A. 99-173, eff. 7-29-15; 100-378, eff. 1-1-18;
25 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

1 (750 ILCS 70/Act rep.)

2 Section 20. The Parental Notice of Abortion Act of 1995 is
3 repealed.

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.