



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3046

Introduced 2/19/2021, by Rep. Adam Niemerg

SYNOPSIS AS INTRODUCED:

See Index

Repeals the Reproductive Health Act. Creates the Illinois Abortion Law of 2021 containing the provisions of the Illinois Abortion Law of 1975 before its repeal by Public Act 101-13, as well as provisions: defining "viability" to include when, in the medical judgment of the attending physician based on the particular facts of the case before the attending physician, the unborn child has a fetal heartbeat; defining "fetal heartbeat" as the cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac; prohibiting abortions from being performed on persons who are not residents of Illinois; prohibiting abortions from being performed on persons without the person providing photo identification on site; providing that patients who violate the residency or identification requirements are guilty of a Class 4 felony; and physicians who who perform an abortion or the clinic at which an abortion is performed who violate the residency or identification requirements shall have their medical or operational license suspended for 5 years following the violation. Creates the Partial-birth Abortion Ban Act of 2021 and the Abortion Performance Refusal Act of 2021 containing the provisions of the Partial-birth Abortion Ban Act and the Abortion Performance Refusal Act before their repeal by Public Act 101-13. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Act 101-13. Effective immediately.

LRB102 15287 CPF 20642 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning abortion.

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

4 Article 1.

5 Section 1. It is the intention of the General Assembly of
6 the State of Illinois to reasonably regulate abortion in
7 conformance with the legal standards set forth in the
8 decisions of the United States Supreme Court of January 22,
9 1973.

10 Section 2. Unless the language or context clearly
11 indicates a different meaning is intended, the following words
12 or phrases for the purpose of this Law shall be given the
13 meaning ascribed to them:

14 (1) "Viability" means either:

15 (A) that stage of fetal development when, in the
16 medical judgment of the attending physician based on the
17 particular facts of the case before the attending
18 physician, there is a reasonable likelihood of sustained
19 survival of the fetus outside the womb, with or without
20 artificial support; or

21 (B) when, in the medical judgment of the attending
22 physician based on the particular facts of the case before

1 the attending physician, the unborn child has a fetal
2 heartbeat.

3 (2) "Physician" means any person licensed to practice
4 medicine in all its branches under the Illinois Medical
5 Practice Act of 1987, as amended.

6 (3) "Department" means the Department of Public Health,
7 State of Illinois.

8 (4) "Abortion" means the use of any instrument, medicine,
9 drug or any other substance or device to terminate the
10 pregnancy of a woman known to be pregnant with an intention
11 other than to increase the probability of a live birth, to
12 preserve the life or health of the child after live birth, or
13 to remove a dead fetus.

14 (5) "Fertilization" and "conception" each mean the
15 fertilization of a human ovum by a human sperm, which shall be
16 deemed to have occurred at the time when it is known a
17 spermatozoon has penetrated the cell membrane of the ovum.

18 (6) "Fetus" and "unborn child" each mean an individual
19 organism of the species homo sapiens from fertilization until
20 live birth.

21 (6.5) "Fetal heartbeat" means cardiac activity or the
22 steady and repetitive rhythmic contraction of the fetal heart
23 within the gestational sac.

24 (7) "Abortifacient" means any instrument, medicine, drug,
25 or any other substance or device which is known to cause fetal
26 death when employed in the usual and customary use for which it

1 is manufactured, whether or not the fetus is known to exist
2 when such substance or device is employed.

3 (8) "Born alive", "live born", and "live birth", when
4 applied to an individual organism of the species homo sapiens,
5 each mean he or she was completely expelled or extracted from
6 his or her mother and after such separation breathed or showed
7 evidence of any of the following: beating of the heart,
8 pulsation of the umbilical cord, or definite movement of
9 voluntary muscles, irrespective of the duration of pregnancy
10 and whether or not the umbilical cord has been cut or the
11 placenta is attached.

12 Section 3.1. Medical judgment. No abortion shall be
13 performed except by a physician after either (a) he determines
14 that, in his best clinical judgment, the abortion is
15 necessary, or (b) he receives a written statement or oral
16 communication by another physician, hereinafter called the
17 "referring physician", certifying that in the referring
18 physician's best clinical judgment the abortion is necessary.
19 Any person who intentionally or knowingly performs an abortion
20 contrary to the requirements of Section 3.1 commits a Class 2
21 felony.

22 Section 3.2. Nonresidents; photo ID. No abortion shall be
23 performed on a person who is not a resident of Illinois. No
24 abortion shall be performed on a person without the person

1 providing photo identification on site. Notwithstanding any
2 provision of Section 11, a patient who violates this Section
3 is guilty of a Class 4 felony and a physician who performs an
4 abortion or the clinic at which an abortion is performed, or
5 both, in violation of this Section shall have their medical or
6 operational license suspended for 5 years following the
7 violation.

8 Section 5. (1) When the fetus is viable no abortion shall
9 be performed unless in the medical judgment of the attending
10 or referring physician, based on the particular facts of the
11 case before him, it is necessary to preserve the life or health
12 of the mother. Intentional, knowing, or reckless failure to
13 conform to the requirements of subsection (1) of Section 5 is a
14 Class 2 felony.

15 (2) When the fetus is viable the physician shall certify
16 in writing, on a form prescribed by the Department under
17 Section 10 of this Law, the medical indications which, in his
18 medical judgment based on the particular facts of the case
19 before him, warrant performance of the abortion to preserve
20 the life or health of the mother.

21 Section 6. (1) (a) Any physician who intentionally
22 performs an abortion when, in his medical judgment based on
23 the particular facts of the case before him, there is a
24 reasonable likelihood of sustained survival of the fetus

1 outside the womb, with or without artificial support, shall
2 utilize that method of abortion which, of those he knows to be
3 available, is in his medical judgment most likely to preserve
4 the life and health of the fetus.

5 (b) The physician shall certify in writing, on a form
6 prescribed by the Department under Section 10 of this Act, the
7 available methods considered and the reasons for choosing the
8 method employed.

9 (c) Any physician who intentionally, knowingly, or
10 recklessly violates the provisions of Section 6(1)(a) commits
11 a Class 3 felony.

12 (2) (a) No abortion shall be performed or induced when the
13 fetus is viable unless there is in attendance a physician
14 other than the physician performing or inducing the abortion
15 who shall take control of and provide immediate medical care
16 for any child born alive as a result of the abortion. This
17 requirement shall not apply when, in the medical judgment of
18 the physician performing or inducing the abortion based on the
19 particular facts of the case before him, there exists a
20 medical emergency; in such a case, the physician shall
21 describe the basis of this judgment on the form prescribed by
22 Section 10 of this Act. Any physician who intentionally
23 performs or induces such an abortion and who intentionally,
24 knowingly, or recklessly fails to arrange for the attendance
25 of such a second physician in violation of Section 6(2)(a)
26 commits a Class 3 felony.

1 (b) Subsequent to the abortion, if a child is born alive,
2 the physician required by Section 6(2)(a) to be in attendance
3 shall exercise the same degree of professional skill, care and
4 diligence to preserve the life and health of the child as would
5 be required of a physician providing immediate medical care to
6 a child born alive in the course of a pregnancy termination
7 which was not an abortion. Any such physician who
8 intentionally, knowingly, or recklessly violates Section
9 6(2)(b) commits a Class 3 felony.

10 (3) The law of this State shall not be construed to imply
11 that any living individual organism of the species homo
12 sapiens who has been born alive is not an individual under the
13 Criminal Code of 1961 or Criminal Code of 2012.

14 (4) (a) Any physician who intentionally performs an
15 abortion when, in his medical judgment based on the particular
16 facts of the case before him, there is a reasonable
17 possibility of sustained survival of the fetus outside the
18 womb, with or without artificial support, shall utilize that
19 method of abortion which, of those he knows to be available, is
20 in his medical judgment most likely to preserve the life and
21 health of the fetus.

22 (b) The physician shall certify in writing, on a form
23 prescribed by the Department under Section 10 of this Act, the
24 available methods considered and the reasons for choosing the
25 method employed.

26 (c) Any physician who intentionally, knowingly, or

1 recklessly violates the provisions of Section 6(4)(a) commits
2 a Class 3 felony.

3 (5) Nothing in Section 6 requires a physician to employ a
4 method of abortion which, in the medical judgment of the
5 physician performing the abortion based on the particular
6 facts of the case before him, would increase medical risk to
7 the mother.

8 (6) When the fetus is viable and when there exists
9 reasonable medical certainty (a) that the particular method of
10 abortion to be employed will cause organic pain to the fetus,
11 and (b) that use of an anesthetic or analgesic would abolish or
12 alleviate organic pain to the fetus caused by the particular
13 method of abortion to be employed, then the physician who is to
14 perform the abortion or his agent or the referring physician
15 or his agent shall inform the woman upon whom the abortion is
16 to be performed that such an anesthetic or analgesic is
17 available, if he knows it to be available, for use to abolish
18 or alleviate organic pain caused to the fetus by the
19 particular method of abortion to be employed. Any person who
20 performs an abortion with knowledge that any such reasonable
21 medical certainty exists and that such an anesthetic or
22 analgesic is available, and intentionally fails to so inform
23 the woman or to ascertain that the woman has been so informed
24 commits a Class B misdemeanor. The foregoing requirements of
25 subsection (6) of Section 6 shall not apply (a) when in the
26 medical judgment of the physician who is to perform the

1 abortion or the referring physician based upon the particular
2 facts of the case before him: (i) there exists a medical
3 emergency, or (ii) the administration of such an anesthetic or
4 analgesic would decrease a possibility of sustained survival
5 of the fetus apart from the body of the mother, with or without
6 artificial support, or (b) when the physician who is to
7 perform the abortion administers an anesthetic or an analgesic
8 to the woman or the fetus and he knows there exists reasonable
9 medical certainty that such use will abolish organic pain
10 caused to the fetus during the course of the abortion.

11 (7) No person shall sell or experiment upon a fetus
12 produced by the fertilization of a human ovum by a human sperm
13 unless such experimentation is therapeutic to the fetus
14 thereby produced. Intentional violation of this Section is a
15 Class A misdemeanor. Nothing in this subsection (7) is
16 intended to prohibit the performance of in vitro
17 fertilization.

18 (8) No person shall intentionally perform an abortion with
19 knowledge that the pregnant woman is seeking the abortion
20 solely on account of the sex of the fetus. Nothing in Section
21 6(8) shall be construed to proscribe the performance of an
22 abortion on account of the sex of the fetus because of a
23 genetic disorder linked to that sex. If the application of
24 Section 6(8) to the period of pregnancy prior to viability is
25 held invalid, then such invalidity shall not affect its
26 application to the period of pregnancy subsequent to

1 viability.

2 Section 10. A report of each abortion performed shall be
3 made to the Department on forms prescribed by it. Such report
4 forms shall not identify the patient by name, but by an
5 individual number to be noted in the patient's permanent
6 record in the possession of the physician, and shall include
7 information concerning:

8 (1) Identification of the physician who performed the
9 abortion and the facility where the abortion was performed
10 and a patient identification number;

11 (2) State in which the patient resides;

12 (3) Patient's date of birth, race and marital status;

13 (4) Number of prior pregnancies;

14 (5) Date of last menstrual period;

15 (6) Type of abortion procedure performed;

16 (7) Complications and whether the abortion resulted in
17 a live birth;

18 (8) The date the abortion was performed;

19 (9) Medical indications for any abortion performed
20 when the fetus was viable;

21 (10) The information required by Sections 6(1)(b) and
22 6(4)(b) of this Act, if applicable;

23 (11) Basis for any medical judgment that a medical
24 emergency existed when required under Sections 6(2)(a) and
25 6(6) and when required to be reported in accordance with

1 this Section by any provision of this Law; and

2 (12) The pathologist's test results pursuant to
3 Section 12 of this Act.

4 Such form shall be completed by the hospital or other
5 licensed facility, signed by the physician who performed the
6 abortion or pregnancy termination, and transmitted to the
7 Department not later than 10 days following the end of the
8 month in which the abortion was performed.

9 If a complication of an abortion occurs or becomes known
10 after submission of such form, a correction using the same
11 patient identification number shall be submitted to the
12 Department within 10 days of its becoming known.

13 The Department may prescribe rules and regulations
14 regarding the administration of this Law and shall prescribe
15 regulations to secure the confidentiality of the woman's
16 identity in the information to be provided under the "Vital
17 Records Act". All reports received by the Department shall be
18 treated as confidential and the Department shall secure the
19 woman's anonymity. Such reports shall be used only for
20 statistical purposes.

21 Upon 30 days public notice, the Department is empowered to
22 require reporting of any additional information which, in the
23 sound discretion of the Department, is necessary to develop
24 statistical data relating to the protection of maternal or
25 fetal life or health, or is necessary to enforce the
26 provisions of this Law, or is necessary to develop useful

1 criteria for medical decisions. The Department shall annually
2 report to the General Assembly all statistical data gathered
3 under this Law and its recommendations to further the purpose
4 of this Law.

5 The requirement for reporting to the General Assembly
6 shall be satisfied by filing copies of the report as required
7 by Section 3.1 of the General Assembly Organization Act, and
8 filing such additional copies with the State Government Report
9 Distribution Center for the General Assembly as is required
10 under paragraph (t) of Section 7 of the State Library Act.

11 Section 10.1. Any physician who diagnoses a woman as
12 having complications resulting from an abortion shall report,
13 within a reasonable period of time, the diagnosis and a
14 summary of her physical symptoms to the Illinois Department of
15 Public Health in accordance with procedures and upon forms
16 required by such Department. The Department of Public Health
17 shall define the complications required to be reported by
18 rule. The complications defined by rule shall be those which,
19 according to contemporary medical standards, are manifested by
20 symptoms with severity equal to or greater than hemorrhaging
21 requiring transfusion, infection, incomplete abortion, or
22 punctured organs. If the physician making the diagnosis of a
23 complication knows the name or location of the facility where
24 the abortion was performed, he shall report such information
25 to the Department of Public Health.

1 Any physician who intentionally violates this Section
2 shall be subject to revocation of his license pursuant to
3 paragraph (22) of Section 22 of the Medical Practice Act of
4 1987.

5 Section 11. (1) Any person who intentionally violates any
6 provision of this Law commits a Class A misdemeanor unless a
7 specific penalty is otherwise provided. Any person who
8 intentionally falsifies any writing required by this Law
9 commits a Class A misdemeanor.

10 Intentional, knowing, reckless, or negligent violations of
11 this Law shall constitute unprofessional conduct which causes
12 public harm under Section 22 of the Medical Practice Act of
13 1987, as amended; Section 70-5 of the Nurse Practice Act, and
14 Section 21 of the Physician Assistant Practice Act of 1987, as
15 amended.

16 Intentional, knowing, reckless or negligent violations of
17 this Law will constitute grounds for refusal, denial,
18 revocation, suspension, or withdrawal of license, certificate,
19 or permit under Section 30 of the Pharmacy Practice Act, as
20 amended; Section 7 of the Ambulatory Surgical Treatment Center
21 Act, effective July 19, 1973, as amended; and Section 7 of the
22 Hospital Licensing Act.

23 (2) Any hospital or licensed facility which, or any
24 physician who intentionally, knowingly, or recklessly fails to
25 submit a complete report to the Department in accordance with

1 the provisions of Section 10 of this Law and any person who
2 intentionally, knowingly, recklessly or negligently fails to
3 maintain the confidentiality of any reports required under
4 this Law or reports required by Sections 10.1 or 12 of this Law
5 commits a Class B misdemeanor.

6 (3) Any person who sells any drug, medicine, instrument or
7 other substance which he knows to be an abortifacient and
8 which is in fact an abortifacient, unless upon prescription of
9 a physician, is guilty of a Class B misdemeanor. Any person who
10 prescribes or administers any instrument, medicine, drug or
11 other substance or device, which he knows to be an
12 abortifacient, and which is in fact an abortifacient, and
13 intentionally, knowingly or recklessly fails to inform the
14 person for whom it is prescribed or upon whom it is
15 administered that it is an abortifacient commits a Class C
16 misdemeanor.

17 (4) Any person who intentionally, knowingly or recklessly
18 performs upon a woman what he represents to that woman to be an
19 abortion when he knows or should know that she is not pregnant
20 commits a Class 2 felony and shall be answerable in civil
21 damages equal to 3 times the amount of proved damages.

22 Section 11.1. (a) The payment or receipt of a referral fee
23 in connection with the performance of an abortion is a Class 4
24 felony.

25 (b) For purposes of this Section, "referral fee" means the

1 transfer of anything of value between a doctor who performs an
2 abortion or an operator or employee of a clinic at which an
3 abortion is performed and the person who advised the woman
4 receiving the abortion to use the services of that doctor or
5 clinic.

6 Section 12. The dead fetus and all tissue removed at the
7 time of abortion shall be submitted for a gross and
8 microscopic analysis and tissue report to a board eligible or
9 certified pathologist as a matter of record in all cases. The
10 results of the analysis and report shall be given to the
11 physician who performed the abortion within 7 days of the
12 abortion and such physician shall report any complications
13 relevant to the woman's medical condition to his patient
14 within 48 hours of receiving a report if possible. Any
15 evidence of live birth or of viability shall be reported
16 within 7 days, if possible, to the Department by the
17 pathologist. Intentional failure of the pathologist to report
18 any evidence of live birth or of viability to the Department is
19 a Class B misdemeanor.

20 Section 12.1. Nothing in this Act shall prohibit the use
21 of any tissues or cells obtained from a dead fetus or dead
22 premature infant whose death did not result from an induced
23 abortion, for therapeutic purposes or scientific, research, or
24 laboratory experimentation, provided that the written consent

1 to such use is obtained from one of the parents of such fetus
2 or infant.

3 Section 13. No physician, hospital, ambulatory surgical
4 center, nor employee thereof, shall be required against his or
5 its conscience declared in writing to perform, permit or
6 participate in any abortion, and the failure or refusal to do
7 so shall not be the basis for any civil, criminal,
8 administrative or disciplinary action, proceeding, penalty or
9 punishment. If any request for an abortion is denied, the
10 patient shall be promptly notified.

11 Section 14. (1) If any provision, word, phrase or clause
12 of this Act or the application thereof to any person or
13 circumstance shall be held invalid, such invalidity shall not
14 affect the provisions, words, phrases, clauses or application
15 of this Act which can be given effect without the invalid
16 provision, word, phrase, clause, or application, and to this
17 end the provisions, words, phrases, and clauses of this Act
18 are declared to be severable.

19 (2) Within 60 days from the time this Section becomes law,
20 the Department shall issue regulations pursuant to Section 10.
21 Insofar as Section 10 requires registration under the "Vital
22 Records Act", it shall not take effect until such regulations
23 are issued. The Department shall make available the forms
24 required under Section 10 within 30 days of the time this

1 Section becomes law. No requirement that any person report
2 information to the Department shall become effective until the
3 Department has made available the forms required under Section
4 10. All other provisions of this amended Law shall take effect
5 immediately upon enactment.

6 Section 15. This Article shall be known and may be cited as
7 the "Illinois Abortion Law of 2021".

8 Article 2.

9 Section 201. Short title. This Article may be cited as the
10 Partial-birth Abortion Ban Act of 2021.

11 Section 205. Definitions. In this Act:

12 "Partial-birth abortion" means an abortion in which the
13 person performing the abortion partially vaginally delivers a
14 living human fetus or infant before killing the fetus or
15 infant and completing the delivery. The terms "fetus" and
16 "infant" are used interchangeably to refer to the biological
17 offspring of human parents.

18 Section 210. Partial-birth abortions prohibited. Any
19 person who knowingly performs a partial-birth abortion and
20 thereby kills a human fetus or infant is guilty of a Class 4
21 felony. This Section does not apply to a partial-birth

1 abortion that is necessary to save the life of a mother because
2 her life is endangered by a physical disorder, physical
3 illness, or physical injury, including a life-endangering
4 condition caused by or arising from the pregnancy itself,
5 provided that no other medical procedure would suffice for
6 that purpose.

7 Section 215. Civil action. The maternal grandparents of
8 the fetus or infant, if the mother has not attained the age of
9 18 years at the time of the abortion, may in a civil action
10 obtain appropriate relief unless the pregnancy resulted from
11 the plaintiff's criminal conduct or the plaintiff consented to
12 the abortion. The relief shall include money damages for all
13 injuries, psychological and physical, occasioned by the
14 violation of this Act and statutory damages equal to 3 times
15 the cost of the partial-birth abortion.

16 Section 220. Prosecution of woman prohibited. A woman on
17 whom a partial-birth abortion is performed may not be
18 prosecuted under this Act, for a conspiracy to violate this
19 Act, or for an offense under Article 31 of the Criminal Code of
20 1961 or Criminal Code of 2012 based on a violation of this Act,
21 nor may she be held accountable under Article 5 of the Criminal
22 Code of 1961 or Criminal Code of 2012 for an offense based on a
23 violation of this Act.

1 Article 3.

2 Section 301. Short title. This Article may be cited as the
3 Abortion Performance Refusal Act of 2021.

4 Section 305.

5 (a) No physician, nurse or other person who refuses to
6 recommend, perform or assist in the performance of an
7 abortion, whether such abortion be a crime or not, shall be
8 liable to any person for damages allegedly arising from such
9 refusal.

10 (b) No hospital that refuses to permit the performance of
11 an abortion upon its premises, whether such abortion be a
12 crime or not, shall be liable to any person for damages
13 allegedly arising from such refusal.

14 (c) Any person, association, partnership or corporation
15 that discriminates against another person in any way,
16 including, but not limited to, hiring, promotion, advancement,
17 transfer, licensing, granting of hospital privileges, or staff
18 appointments, because of that person's refusal to recommend,
19 perform or assist in the performance of an abortion, whether
20 such abortion be a crime or not, shall be answerable in civil
21 damages equal to 3 times the amount of proved damages, but in
22 no case less than \$2,000.

23 (d) The license of any hospital, doctor, nurse or any
24 other medical personnel shall not be revoked or suspended

1 because of a refusal to permit, recommend, perform or assist
2 in the performance of an abortion.

3 Article 4.

4 (775 ILCS 55/Act rep.)

5 Section 405. The Reproductive Health Act is repealed.

6 Article 5.

7 Section 505. The Ambulatory Surgical Treatment Center Act
8 is amended by adding Section 6.2 as follows:

9 (210 ILCS 5/6.2 new)

10 Sec. 6.2. Notwithstanding any other provision of this Act,
11 any corporation operating an Ambulatory Surgical Treatment
12 Center devoted primarily to providing facilities for abortion
13 must have a physician, who is licensed to practice medicine in
14 all of its branches and is actively engaged in the practice of
15 medicine at the Center, on the board of directors as a
16 condition to licensure of the Center.

17 Section 510. The Sexual Assault Survivors Emergency
18 Treatment Act is amended by adding Section 9.1 as follows:

19 (410 ILCS 70/9.1 new)

1 Sec. 9.1. Nothing in this Act shall be construed to
2 require a hospital or an approved pediatric health care
3 facility to provide any services which relate to an abortion.

4 Section 515. The Code of Civil Procedure is amended by
5 adding Section 11-107.1a as follows:

6 (735 ILCS 5/11-107.1a new)

7 Sec. 11-107.1a. Injunctive relief for the father of an
8 unborn child in an abortion related decision by the mother. In
9 any case when a married woman wishes to have an abortion
10 performed upon her, and her spouse, who is the father of the
11 unborn child, is opposed to the performance of that abortion,
12 a court may hear testimony from both parties and balance the
13 rights and interests of those parties.

14 When the interests of the husband in preventing the
15 abortion outweigh those of the wife in having an abortion
16 performed after the unborn child is viable, the court may
17 issue an injunction against the performance of the abortion
18 but only where the court makes a finding that the mother's life
19 or physical health are not in danger.

20 Article 6.

21 Section 605. The State Employees Group Insurance Act of
22 1971 is amended by changing Section 6.11 as follows:

1 (5 ILCS 375/6.11)

2 Sec. 6.11. Required health benefits; Illinois Insurance
3 Code requirements. The program of health benefits shall
4 provide the post-mastectomy care benefits required to be
5 covered by a policy of accident and health insurance under
6 Section 356t of the Illinois Insurance Code. The program of
7 health benefits shall provide the coverage required under
8 Sections 356g, 356g.5, 356g.5-1, 356m, 356u, 356w, 356x,
9 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,
10 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
11 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
12 356z.36, and 356z.41 of the Illinois Insurance Code. The
13 program of health benefits must comply with Sections 155.22a,
14 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
15 the Illinois Insurance Code. The Department of Insurance shall
16 enforce the requirements of this Section with respect to
17 Sections 370c and 370c.1 of the Illinois Insurance Code; all
18 other requirements of this Section shall be enforced by the
19 Department of Central Management Services.

20 Rulemaking authority to implement Public Act 95-1045, if
21 any, is conditioned on the rules being adopted in accordance
22 with all provisions of the Illinois Administrative Procedure
23 Act and all rules and procedures of the Joint Committee on
24 Administrative Rules; any purported rule not so adopted, for
25 whatever reason, is unauthorized.

1 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
2 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
3 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,
4 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
5 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
6 1-1-21.)

7 Section 610. The Children and Family Services Act is
8 amended by changing Section 5 as follows:

9 (20 ILCS 505/5) (from Ch. 23, par. 5005)

10 Sec. 5. Direct child welfare services; Department of
11 Children and Family Services. To provide direct child welfare
12 services when not available through other public or private
13 child care or program facilities.

14 (a) For purposes of this Section:

15 (1) "Children" means persons found within the State
16 who are under the age of 18 years. The term also includes
17 persons under age 21 who:

18 (A) were committed to the Department pursuant to
19 the Juvenile Court Act or the Juvenile Court Act of
20 1987, ~~as amended,~~ and who continue under the
21 jurisdiction of the court; or

22 (B) were accepted for care, service and training
23 by the Department prior to the age of 18 and whose best
24 interest in the discretion of the Department would be

1 served by continuing that care, service and training
2 because of severe emotional disturbances, physical
3 disability, social adjustment or any combination
4 thereof, or because of the need to complete an
5 educational or vocational training program.

6 (2) "Homeless youth" means persons found within the
7 State who are under the age of 19, are not in a safe and
8 stable living situation and cannot be reunited with their
9 families.

10 (3) "Child welfare services" means public social
11 services which are directed toward the accomplishment of
12 the following purposes:

13 (A) protecting and promoting the health, safety
14 and welfare of children, including homeless,
15 dependent, or neglected children;

16 (B) remedying, or assisting in the solution of
17 problems which may result in, the neglect, abuse,
18 exploitation, or delinquency of children;

19 (C) preventing the unnecessary separation of
20 children from their families by identifying family
21 problems, assisting families in resolving their
22 problems, and preventing the breakup of the family
23 where the prevention of child removal is desirable and
24 possible when the child can be cared for at home
25 without endangering the child's health and safety;

26 (D) restoring to their families children who have

1 been removed, by the provision of services to the
2 child and the families when the child can be cared for
3 at home without endangering the child's health and
4 safety;

5 (E) placing children in suitable adoptive homes,
6 in cases where restoration to the biological family is
7 not safe, possible, or appropriate;

8 (F) assuring safe and adequate care of children
9 away from their homes, in cases where the child cannot
10 be returned home or cannot be placed for adoption. At
11 the time of placement, the Department shall consider
12 concurrent planning, as described in subsection (1-1)
13 of this Section so that permanency may occur at the
14 earliest opportunity. Consideration should be given so
15 that if reunification fails or is delayed, the
16 placement made is the best available placement to
17 provide permanency for the child;

18 (G) (blank);

19 (H) (blank); and

20 (I) placing and maintaining children in facilities
21 that provide separate living quarters for children
22 under the age of 18 and for children 18 years of age
23 and older, unless a child 18 years of age is in the
24 last year of high school education or vocational
25 training, in an approved individual or group treatment
26 program, in a licensed shelter facility, or secure

1 child care facility. The Department is not required to
2 place or maintain children:

3 (i) who are in a foster home, or

4 (ii) who are persons with a developmental
5 disability, as defined in the Mental Health and
6 Developmental Disabilities Code, or

7 (iii) who are female children who are
8 pregnant, pregnant and parenting, or parenting, or

9 (iv) who are siblings, in facilities that
10 provide separate living quarters for children 18
11 years of age and older and for children under 18
12 years of age.

13 (b) Nothing in this Section shall be construed to
14 authorize the expenditure of public funds for the purpose of
15 performing abortions. ~~(Blank).~~

16 (c) The Department shall establish and maintain
17 tax-supported child welfare services and extend and seek to
18 improve voluntary services throughout the State, to the end
19 that services and care shall be available on an equal basis
20 throughout the State to children requiring such services.

21 (d) The Director may authorize advance disbursements for
22 any new program initiative to any agency contracting with the
23 Department. As a prerequisite for an advance disbursement, the
24 contractor must post a surety bond in the amount of the advance
25 disbursement and have a purchase of service contract approved
26 by the Department. The Department may pay up to 2 months

1 operational expenses in advance. The amount of the advance
2 disbursement shall be prorated over the life of the contract
3 or the remaining months of the fiscal year, whichever is less,
4 and the installment amount shall then be deducted from future
5 bills. Advance disbursement authorizations for new initiatives
6 shall not be made to any agency after that agency has operated
7 during 2 consecutive fiscal years. The requirements of this
8 Section concerning advance disbursements shall not apply with
9 respect to the following: payments to local public agencies
10 for child day care services as authorized by Section 5a of this
11 Act; and youth service programs receiving grant funds under
12 Section 17a-4.

13 (e) (Blank).

14 (f) (Blank).

15 (g) The Department shall establish rules and regulations
16 concerning its operation of programs designed to meet the
17 goals of child safety and protection, family preservation,
18 family reunification, and adoption, including, but not limited
19 to:

20 (1) adoption;

21 (2) foster care;

22 (3) family counseling;

23 (4) protective services;

24 (5) (blank);

25 (6) homemaker service;

26 (7) return of runaway children;

1 (8) (blank);

2 (9) placement under Section 5-7 of the Juvenile Court
3 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile
4 Court Act of 1987 in accordance with the federal Adoption
5 Assistance and Child Welfare Act of 1980; and

6 (10) interstate services.

7 Rules and regulations established by the Department shall
8 include provisions for training Department staff and the staff
9 of Department grantees, through contracts with other agencies
10 or resources, in screening techniques to identify substance
11 use disorders, as defined in the Substance Use Disorder Act,
12 approved by the Department of Human Services, as a successor
13 to the Department of Alcoholism and Substance Abuse, for the
14 purpose of identifying children and adults who should be
15 referred for an assessment at an organization appropriately
16 licensed by the Department of Human Services for substance use
17 disorder treatment.

18 (h) If the Department finds that there is no appropriate
19 program or facility within or available to the Department for
20 a youth in care and that no licensed private facility has an
21 adequate and appropriate program or none agrees to accept the
22 youth in care, the Department shall create an appropriate
23 individualized, program-oriented plan for such youth in care.
24 The plan may be developed within the Department or through
25 purchase of services by the Department to the extent that it is
26 within its statutory authority to do.

1 (i) Service programs shall be available throughout the
2 State and shall include but not be limited to the following
3 services:

- 4 (1) case management;
- 5 (2) homemakers;
- 6 (3) counseling;
- 7 (4) parent education;
- 8 (5) day care; and
- 9 (6) emergency assistance and advocacy.

10 In addition, the following services may be made available
11 to assess and meet the needs of children and families:

- 12 (1) comprehensive family-based services;
- 13 (2) assessments;
- 14 (3) respite care; and
- 15 (4) in-home health services.

16 The Department shall provide transportation for any of the
17 services it makes available to children or families or for
18 which it refers children or families.

19 (j) The Department may provide categories of financial
20 assistance and education assistance grants, and shall
21 establish rules and regulations concerning the assistance and
22 grants, to persons who adopt children with physical or mental
23 disabilities, children who are older, or other hard-to-place
24 children who (i) immediately prior to their adoption were
25 youth in care or (ii) were determined eligible for financial
26 assistance with respect to a prior adoption and who become

1 available for adoption because the prior adoption has been
2 dissolved and the parental rights of the adoptive parents have
3 been terminated or because the child's adoptive parents have
4 died. The Department may continue to provide financial
5 assistance and education assistance grants for a child who was
6 determined eligible for financial assistance under this
7 subsection (j) in the interim period beginning when the
8 child's adoptive parents died and ending with the finalization
9 of the new adoption of the child by another adoptive parent or
10 parents. The Department may also provide categories of
11 financial assistance and education assistance grants, and
12 shall establish rules and regulations for the assistance and
13 grants, to persons appointed guardian of the person under
14 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,
15 4-25~~7~~ or 5-740 of the Juvenile Court Act of 1987 for children
16 who were youth in care for 12 months immediately prior to the
17 appointment of the guardian.

18 The amount of assistance may vary, depending upon the
19 needs of the child and the adoptive parents, as set forth in
20 the annual assistance agreement. Special purpose grants are
21 allowed where the child requires special service but such
22 costs may not exceed the amounts which similar services would
23 cost the Department if it were to provide or secure them as
24 guardian of the child.

25 Any financial assistance provided under this subsection is
26 inalienable by assignment, sale, execution, attachment,

1 garnishment, or any other remedy for recovery or collection of
2 a judgment or debt.

3 (j-5) The Department shall not deny or delay the placement
4 of a child for adoption if an approved family is available
5 either outside of the Department region handling the case, or
6 outside of the State of Illinois.

7 (k) The Department shall accept for care and training any
8 child who has been adjudicated neglected or abused, or
9 dependent committed to it pursuant to the Juvenile Court Act
10 or the Juvenile Court Act of 1987.

11 (l) The Department shall offer family preservation
12 services, as defined in Section 8.2 of the Abused and
13 Neglected Child Reporting Act, to help families, including
14 adoptive and extended families. Family preservation services
15 shall be offered (i) to prevent the placement of children in
16 substitute care when the children can be cared for at home or
17 in the custody of the person responsible for the children's
18 welfare, (ii) to reunite children with their families, or
19 (iii) to maintain an adoptive placement. Family preservation
20 services shall only be offered when doing so will not endanger
21 the children's health or safety. With respect to children who
22 are in substitute care pursuant to the Juvenile Court Act of
23 1987, family preservation services shall not be offered if a
24 goal other than those of subdivisions (A), (B), or (B-1) of
25 subsection (2) of Section 2-28 of that Act has been set, except
26 that reunification services may be offered as provided in

1 paragraph (F) of subsection (2) of Section 2-28 of that Act.
2 Nothing in this paragraph shall be construed to create a
3 private right of action or claim on the part of any individual
4 or child welfare agency, except that when a child is the
5 subject of an action under Article II of the Juvenile Court Act
6 of 1987 and the child's service plan calls for services to
7 facilitate achievement of the permanency goal, the court
8 hearing the action under Article II of the Juvenile Court Act
9 of 1987 may order the Department to provide the services set
10 out in the plan, if those services are not provided with
11 reasonable promptness and if those services are available.

12 The Department shall notify the child and his family of
13 the Department's responsibility to offer and provide family
14 preservation services as identified in the service plan. The
15 child and his family shall be eligible for services as soon as
16 the report is determined to be "indicated". The Department may
17 offer services to any child or family with respect to whom a
18 report of suspected child abuse or neglect has been filed,
19 prior to concluding its investigation under Section 7.12 of
20 the Abused and Neglected Child Reporting Act. However, the
21 child's or family's willingness to accept services shall not
22 be considered in the investigation. The Department may also
23 provide services to any child or family who is the subject of
24 any report of suspected child abuse or neglect or may refer
25 such child or family to services available from other agencies
26 in the community, even if the report is determined to be

1 unfounded, if the conditions in the child's or family's home
2 are reasonably likely to subject the child or family to future
3 reports of suspected child abuse or neglect. Acceptance of
4 such services shall be voluntary. The Department may also
5 provide services to any child or family after completion of a
6 family assessment, as an alternative to an investigation, as
7 provided under the "differential response program" provided
8 for in subsection (a-5) of Section 7.4 of the Abused and
9 Neglected Child Reporting Act.

10 The Department may, at its discretion except for those
11 children also adjudicated neglected or dependent, accept for
12 care and training any child who has been adjudicated addicted,
13 as a truant minor in need of supervision or as a minor
14 requiring authoritative intervention, under the Juvenile Court
15 Act or the Juvenile Court Act of 1987, but no such child shall
16 be committed to the Department by any court without the
17 approval of the Department. On and after January 1, 2015 (the
18 effective date of Public Act 98-803) and before January 1,
19 2017, a minor charged with a criminal offense under the
20 Criminal Code of 1961 or the Criminal Code of 2012 or
21 adjudicated delinquent shall not be placed in the custody of
22 or committed to the Department by any court, except (i) a minor
23 less than 16 years of age committed to the Department under
24 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor
25 for whom an independent basis of abuse, neglect, or dependency
26 exists, which must be defined by departmental rule, or (iii) a

1 minor for whom the court has granted a supplemental petition
2 to reinstate wardship pursuant to subsection (2) of Section
3 2-33 of the Juvenile Court Act of 1987. On and after January 1,
4 2017, a minor charged with a criminal offense under the
5 Criminal Code of 1961 or the Criminal Code of 2012 or
6 adjudicated delinquent shall not be placed in the custody of
7 or committed to the Department by any court, except (i) a minor
8 less than 15 years of age committed to the Department under
9 Section 5-710 of the Juvenile Court Act of 1987, ii) a minor
10 for whom an independent basis of abuse, neglect, or dependency
11 exists, which must be defined by departmental rule, or (iii) a
12 minor for whom the court has granted a supplemental petition
13 to reinstate wardship pursuant to subsection (2) of Section
14 2-33 of the Juvenile Court Act of 1987. An independent basis
15 exists when the allegations or adjudication of abuse, neglect,
16 or dependency do not arise from the same facts, incident, or
17 circumstances which give rise to a charge or adjudication of
18 delinquency. The Department shall assign a caseworker to
19 attend any hearing involving a youth in the care and custody of
20 the Department who is placed on aftercare release, including
21 hearings involving sanctions for violation of aftercare
22 release conditions and aftercare release revocation hearings.

23 As soon as is possible after August 7, 2009 (the effective
24 date of Public Act 96-134), the Department shall develop and
25 implement a special program of family preservation services to
26 support intact, foster, and adoptive families who are

1 experiencing extreme hardships due to the difficulty and
2 stress of caring for a child who has been diagnosed with a
3 pervasive developmental disorder if the Department determines
4 that those services are necessary to ensure the health and
5 safety of the child. The Department may offer services to any
6 family whether or not a report has been filed under the Abused
7 and Neglected Child Reporting Act. The Department may refer
8 the child or family to services available from other agencies
9 in the community if the conditions in the child's or family's
10 home are reasonably likely to subject the child or family to
11 future reports of suspected child abuse or neglect. Acceptance
12 of these services shall be voluntary. The Department shall
13 develop and implement a public information campaign to alert
14 health and social service providers and the general public
15 about these special family preservation services. The nature
16 and scope of the services offered and the number of families
17 served under the special program implemented under this
18 paragraph shall be determined by the level of funding that the
19 Department annually allocates for this purpose. The term
20 "pervasive developmental disorder" under this paragraph means
21 a neurological condition, including, but not limited to,
22 Asperger's Syndrome and autism, as defined in the most recent
23 edition of the Diagnostic and Statistical Manual of Mental
24 Disorders of the American Psychiatric Association.

25 (1-1) The legislature recognizes that the best interests
26 of the child require that the child be placed in the most

1 permanent living arrangement as soon as is practically
2 possible. To achieve this goal, the legislature directs the
3 Department of Children and Family Services to conduct
4 concurrent planning so that permanency may occur at the
5 earliest opportunity. Permanent living arrangements may
6 include prevention of placement of a child outside the home of
7 the family when the child can be cared for at home without
8 endangering the child's health or safety; reunification with
9 the family, when safe and appropriate, if temporary placement
10 is necessary; or movement of the child toward the most
11 permanent living arrangement and permanent legal status.

12 When determining reasonable efforts to be made with
13 respect to a child, as described in this subsection, and in
14 making such reasonable efforts, the child's health and safety
15 shall be the paramount concern.

16 When a child is placed in foster care, the Department
17 shall ensure and document that reasonable efforts were made to
18 prevent or eliminate the need to remove the child from the
19 child's home. The Department must make reasonable efforts to
20 reunify the family when temporary placement of the child
21 occurs unless otherwise required, pursuant to the Juvenile
22 Court Act of 1987. At any time after the dispositional hearing
23 where the Department believes that further reunification
24 services would be ineffective, it may request a finding from
25 the court that reasonable efforts are no longer appropriate.
26 The Department is not required to provide further

1 reunification services after such a finding.

2 A decision to place a child in substitute care shall be
3 made with considerations of the child's health, safety, and
4 best interests. At the time of placement, consideration should
5 also be given so that if reunification fails or is delayed, the
6 placement made is the best available placement to provide
7 permanency for the child.

8 The Department shall adopt rules addressing concurrent
9 planning for reunification and permanency. The Department
10 shall consider the following factors when determining
11 appropriateness of concurrent planning:

12 (1) the likelihood of prompt reunification;

13 (2) the past history of the family;

14 (3) the barriers to reunification being addressed by
15 the family;

16 (4) the level of cooperation of the family;

17 (5) the foster parents' willingness to work with the
18 family to reunite;

19 (6) the willingness and ability of the foster family
20 to provide an adoptive home or long-term placement;

21 (7) the age of the child;

22 (8) placement of siblings.

23 (m) The Department may assume temporary custody of any
24 child if:

25 (1) it has received a written consent to such
26 temporary custody signed by the parents of the child or by

1 the parent having custody of the child if the parents are
2 not living together or by the guardian or custodian of the
3 child if the child is not in the custody of either parent,
4 or

5 (2) the child is found in the State and neither a
6 parent, guardian nor custodian of the child can be
7 located.

8 If the child is found in his or her residence without a parent,
9 guardian, custodian, or responsible caretaker, the Department
10 may, instead of removing the child and assuming temporary
11 custody, place an authorized representative of the Department
12 in that residence until such time as a parent, guardian, or
13 custodian enters the home and expresses a willingness and
14 apparent ability to ensure the child's health and safety and
15 resume permanent charge of the child, or until a relative
16 enters the home and is willing and able to ensure the child's
17 health and safety and assume charge of the child until a
18 parent, guardian, or custodian enters the home and expresses
19 such willingness and ability to ensure the child's safety and
20 resume permanent charge. After a caretaker has remained in the
21 home for a period not to exceed 12 hours, the Department must
22 follow those procedures outlined in Section 2-9, 3-11, 4-8, or
23 5-415 of the Juvenile Court Act of 1987.

24 The Department shall have the authority, responsibilities
25 and duties that a legal custodian of the child would have
26 pursuant to subsection (9) of Section 1-3 of the Juvenile

1 Court Act of 1987. Whenever a child is taken into temporary
2 custody pursuant to an investigation under the Abused and
3 Neglected Child Reporting Act, or pursuant to a referral and
4 acceptance under the Juvenile Court Act of 1987 of a minor in
5 limited custody, the Department, during the period of
6 temporary custody and before the child is brought before a
7 judicial officer as required by Section 2-9, 3-11, 4-8, or
8 5-415 of the Juvenile Court Act of 1987, shall have the
9 authority, responsibilities and duties that a legal custodian
10 of the child would have under subsection (9) of Section 1-3 of
11 the Juvenile Court Act of 1987.

12 The Department shall ensure that any child taken into
13 custody is scheduled for an appointment for a medical
14 examination.

15 A parent, guardian, or custodian of a child in the
16 temporary custody of the Department who would have custody of
17 the child if he were not in the temporary custody of the
18 Department may deliver to the Department a signed request that
19 the Department surrender the temporary custody of the child.
20 The Department may retain temporary custody of the child for
21 10 days after the receipt of the request, during which period
22 the Department may cause to be filed a petition pursuant to the
23 Juvenile Court Act of 1987. If a petition is so filed, the
24 Department shall retain temporary custody of the child until
25 the court orders otherwise. If a petition is not filed within
26 the 10-day period, the child shall be surrendered to the

1 custody of the requesting parent, guardian, or custodian not
2 later than the expiration of the 10-day period, at which time
3 the authority and duties of the Department with respect to the
4 temporary custody of the child shall terminate.

5 (m-1) The Department may place children under 18 years of
6 age in a secure child care facility licensed by the Department
7 that cares for children who are in need of secure living
8 arrangements for their health, safety, and well-being after a
9 determination is made by the facility director and the
10 Director or the Director's designate prior to admission to the
11 facility subject to Section 2-27.1 of the Juvenile Court Act
12 of 1987. This subsection (m-1) does not apply to a child who is
13 subject to placement in a correctional facility operated
14 pursuant to Section 3-15-2 of the Unified Code of Corrections,
15 unless the child is a youth in care who was placed in the care
16 of the Department before being subject to placement in a
17 correctional facility and a court of competent jurisdiction
18 has ordered placement of the child in a secure care facility.

19 (n) The Department may place children under 18 years of
20 age in licensed child care facilities when in the opinion of
21 the Department, appropriate services aimed at family
22 preservation have been unsuccessful and cannot ensure the
23 child's health and safety or are unavailable and such
24 placement would be for their best interest. Payment for board,
25 clothing, care, training and supervision of any child placed
26 in a licensed child care facility may be made by the

1 Department, by the parents or guardians of the estates of
2 those children, or by both the Department and the parents or
3 guardians, except that no payments shall be made by the
4 Department for any child placed in a licensed child care
5 facility for board, clothing, care, training and supervision
6 of such a child that exceed the average per capita cost of
7 maintaining and of caring for a child in institutions for
8 dependent or neglected children operated by the Department.
9 However, such restriction on payments does not apply in cases
10 where children require specialized care and treatment for
11 problems of severe emotional disturbance, physical disability,
12 social adjustment, or any combination thereof and suitable
13 facilities for the placement of such children are not
14 available at payment rates within the limitations set forth in
15 this Section. All reimbursements for services delivered shall
16 be absolutely inalienable by assignment, sale, attachment, or
17 garnishment or otherwise.

18 (n-1) The Department shall provide or authorize child
19 welfare services, aimed at assisting minors to achieve
20 sustainable self-sufficiency as independent adults, for any
21 minor eligible for the reinstatement of wardship pursuant to
22 subsection (2) of Section 2-33 of the Juvenile Court Act of
23 1987, whether or not such reinstatement is sought or allowed,
24 provided that the minor consents to such services and has not
25 yet attained the age of 21. The Department shall have
26 responsibility for the development and delivery of services

1 under this Section. An eligible youth may access services
2 under this Section through the Department of Children and
3 Family Services or by referral from the Department of Human
4 Services. Youth participating in services under this Section
5 shall cooperate with the assigned case manager in developing
6 an agreement identifying the services to be provided and how
7 the youth will increase skills to achieve self-sufficiency. A
8 homeless shelter is not considered appropriate housing for any
9 youth receiving child welfare services under this Section. The
10 Department shall continue child welfare services under this
11 Section to any eligible minor until the minor becomes 21 years
12 of age, no longer consents to participate, or achieves
13 self-sufficiency as identified in the minor's service plan.
14 The Department of Children and Family Services shall create
15 clear, readable notice of the rights of former foster youth to
16 child welfare services under this Section and how such
17 services may be obtained. The Department of Children and
18 Family Services and the Department of Human Services shall
19 disseminate this information statewide. The Department shall
20 adopt regulations describing services intended to assist
21 minors in achieving sustainable self-sufficiency as
22 independent adults.

23 (o) The Department shall establish an administrative
24 review and appeal process for children and families who
25 request or receive child welfare services from the Department.
26 Youth in care who are placed by private child welfare

1 agencies, and foster families with whom those youth are
2 placed, shall be afforded the same procedural and appeal
3 rights as children and families in the case of placement by the
4 Department, including the right to an initial review of a
5 private agency decision by that agency. The Department shall
6 ensure that any private child welfare agency, which accepts
7 youth in care for placement, affords those rights to children
8 and foster families. The Department shall accept for
9 administrative review and an appeal hearing a complaint made
10 by (i) a child or foster family concerning a decision
11 following an initial review by a private child welfare agency
12 or (ii) a prospective adoptive parent who alleges a violation
13 of subsection (j-5) of this Section. An appeal of a decision
14 concerning a change in the placement of a child shall be
15 conducted in an expedited manner. A court determination that a
16 current foster home placement is necessary and appropriate
17 under Section 2-28 of the Juvenile Court Act of 1987 does not
18 constitute a judicial determination on the merits of an
19 administrative appeal, filed by a former foster parent,
20 involving a change of placement decision.

21 (p) (Blank).

22 (q) The Department may receive and use, in their entirety,
23 for the benefit of children any gift, donation, or bequest of
24 money or other property which is received on behalf of such
25 children, or any financial benefits to which such children are
26 or may become entitled while under the jurisdiction or care of

1 the Department.

2 The Department shall set up and administer no-cost,
3 interest-bearing accounts in appropriate financial
4 institutions for children for whom the Department is legally
5 responsible and who have been determined eligible for
6 Veterans' Benefits, Social Security benefits, assistance
7 allotments from the armed forces, court ordered payments,
8 parental voluntary payments, Supplemental Security Income,
9 Railroad Retirement payments, Black Lung benefits, or other
10 miscellaneous payments. Interest earned by each account shall
11 be credited to the account, unless disbursed in accordance
12 with this subsection.

13 In disbursing funds from children's accounts, the
14 Department shall:

15 (1) Establish standards in accordance with State and
16 federal laws for disbursing money from children's
17 accounts. In all circumstances, the Department's
18 "Guardianship Administrator" or his or her designee must
19 approve disbursements from children's accounts. The
20 Department shall be responsible for keeping complete
21 records of all disbursements for each account for any
22 purpose.

23 (2) Calculate on a monthly basis the amounts paid from
24 State funds for the child's board and care, medical care
25 not covered under Medicaid, and social services; and
26 utilize funds from the child's account, as covered by

1 regulation, to reimburse those costs. Monthly,
2 disbursements from all children's accounts, up to 1/12 of
3 \$13,000,000, shall be deposited by the Department into the
4 General Revenue Fund and the balance over 1/12 of
5 \$13,000,000 into the DCFS Children's Services Fund.

6 (3) Maintain any balance remaining after reimbursing
7 for the child's costs of care, as specified in item (2).
8 The balance shall accumulate in accordance with relevant
9 State and federal laws and shall be disbursed to the child
10 or his or her guardian, or to the issuing agency.

11 (r) The Department shall promulgate regulations
12 encouraging all adoption agencies to voluntarily forward to
13 the Department or its agent names and addresses of all persons
14 who have applied for and have been approved for adoption of a
15 hard-to-place child or child with a disability and the names
16 of such children who have not been placed for adoption. A list
17 of such names and addresses shall be maintained by the
18 Department or its agent, and coded lists which maintain the
19 confidentiality of the person seeking to adopt the child and
20 of the child shall be made available, without charge, to every
21 adoption agency in the State to assist the agencies in placing
22 such children for adoption. The Department may delegate to an
23 agent its duty to maintain and make available such lists. The
24 Department shall ensure that such agent maintains the
25 confidentiality of the person seeking to adopt the child and
26 of the child.

1 (s) The Department of Children and Family Services may
2 establish and implement a program to reimburse Department and
3 private child welfare agency foster parents licensed by the
4 Department of Children and Family Services for damages
5 sustained by the foster parents as a result of the malicious or
6 negligent acts of foster children, as well as providing third
7 party coverage for such foster parents with regard to actions
8 of foster children to other individuals. Such coverage will be
9 secondary to the foster parent liability insurance policy, if
10 applicable. The program shall be funded through appropriations
11 from the General Revenue Fund, specifically designated for
12 such purposes.

13 (t) The Department shall perform home studies and
14 investigations and shall exercise supervision over visitation
15 as ordered by a court pursuant to the Illinois Marriage and
16 Dissolution of Marriage Act or the Adoption Act only if:

17 (1) an order entered by an Illinois court specifically
18 directs the Department to perform such services; and

19 (2) the court has ordered one or both of the parties to
20 the proceeding to reimburse the Department for its
21 reasonable costs for providing such services in accordance
22 with Department rules, or has determined that neither
23 party is financially able to pay.

24 The Department shall provide written notification to the
25 court of the specific arrangements for supervised visitation
26 and projected monthly costs within 60 days of the court order.

1 The Department shall send to the court information related to
2 the costs incurred except in cases where the court has
3 determined the parties are financially unable to pay. The
4 court may order additional periodic reports as appropriate.

5 (u) In addition to other information that must be
6 provided, whenever the Department places a child with a
7 prospective adoptive parent or parents, ~~or~~ in a licensed
8 foster home, group home, or child care institution, or in a
9 relative home, the Department shall provide to the prospective
10 adoptive parent or parents or other caretaker:

11 (1) available detailed information concerning the
12 child's educational and health history, copies of
13 immunization records (including insurance and medical card
14 information), a history of the child's previous
15 placements, if any, and reasons for placement changes
16 excluding any information that identifies or reveals the
17 location of any previous caretaker;

18 (2) a copy of the child's portion of the client
19 service plan, including any visitation arrangement, and
20 all amendments or revisions to it as related to the child;
21 and

22 (3) information containing details of the child's
23 individualized educational plan when the child is
24 receiving special education services.

25 The caretaker shall be informed of any known social or
26 behavioral information (including, but not limited to,

1 criminal background, fire setting, perpetuation of sexual
2 abuse, destructive behavior, and substance abuse) necessary to
3 care for and safeguard the children to be placed or currently
4 in the home. The Department may prepare a written summary of
5 the information required by this paragraph, which may be
6 provided to the foster or prospective adoptive parent in
7 advance of a placement. The foster or prospective adoptive
8 parent may review the supporting documents in the child's file
9 in the presence of casework staff. In the case of an emergency
10 placement, casework staff shall at least provide known
11 information verbally, if necessary, and must subsequently
12 provide the information in writing as required by this
13 subsection.

14 The information described in this subsection shall be
15 provided in writing. In the case of emergency placements when
16 time does not allow prior review, preparation, and collection
17 of written information, the Department shall provide such
18 information as it becomes available. Within 10 business days
19 after placement, the Department shall obtain from the
20 prospective adoptive parent or parents or other caretaker a
21 signed verification of receipt of the information provided.
22 Within 10 business days after placement, the Department shall
23 provide to the child's guardian ad litem a copy of the
24 information provided to the prospective adoptive parent or
25 parents or other caretaker. The information provided to the
26 prospective adoptive parent or parents or other caretaker

1 shall be reviewed and approved regarding accuracy at the
2 supervisory level.

3 (u-5) Effective July 1, 1995, only foster care placements
4 licensed as foster family homes pursuant to the Child Care Act
5 of 1969 shall be eligible to receive foster care payments from
6 the Department. Relative caregivers who, as of July 1, 1995,
7 were approved pursuant to approved relative placement rules
8 previously promulgated by the Department at 89 Ill. Adm. Code
9 335 and had submitted an application for licensure as a foster
10 family home may continue to receive foster care payments only
11 until the Department determines that they may be licensed as a
12 foster family home or that their application for licensure is
13 denied or until September 30, 1995, whichever occurs first.

14 (v) The Department shall access criminal history record
15 information as defined in the Illinois Uniform Conviction
16 Information Act and information maintained in the adjudicatory
17 and dispositional record system as defined in Section 2605-355
18 of the Department of State Police Law (20 ILCS 2605/2605-355)
19 if the Department determines the information is necessary to
20 perform its duties under the Abused and Neglected Child
21 Reporting Act, the Child Care Act of 1969, and the Children and
22 Family Services Act. The Department shall provide for
23 interactive computerized communication and processing
24 equipment that permits direct on-line communication with the
25 Department of State Police's central criminal history data
26 repository. The Department shall comply with all certification

1 requirements and provide certified operators who have been
2 trained by personnel from the Department of State Police. In
3 addition, one Office of the Inspector General investigator
4 shall have training in the use of the criminal history
5 information access system and have access to the terminal. The
6 Department of Children and Family Services and its employees
7 shall abide by rules and regulations established by the
8 Department of State Police relating to the access and
9 dissemination of this information.

10 (v-1) Prior to final approval for placement of a child,
11 the Department shall conduct a criminal records background
12 check of the prospective foster or adoptive parent, including
13 fingerprint-based checks of national crime information
14 databases. Final approval for placement shall not be granted
15 if the record check reveals a felony conviction for child
16 abuse or neglect, for spousal abuse, for a crime against
17 children, or for a crime involving violence, including rape,
18 sexual assault, or homicide, but not including other physical
19 assault or battery, or if there is a felony conviction for
20 physical assault, battery, or a drug-related offense committed
21 within the past 5 years.

22 (v-2) Prior to final approval for placement of a child,
23 the Department shall check its child abuse and neglect
24 registry for information concerning prospective foster and
25 adoptive parents, and any adult living in the home. If any
26 prospective foster or adoptive parent or other adult living in

1 the home has resided in another state in the preceding 5 years,
2 the Department shall request a check of that other state's
3 child abuse and neglect registry.

4 (w) Within 120 days of August 20, 1995 (the effective date
5 of Public Act 89-392), the Department shall prepare and submit
6 to the Governor and the General Assembly, a written plan for
7 the development of in-state licensed secure child care
8 facilities that care for children who are in need of secure
9 living arrangements for their health, safety, and well-being.
10 For purposes of this subsection, secure care facility shall
11 mean a facility that is designed and operated to ensure that
12 all entrances and exits from the facility, a building or a
13 distinct part of the building, are under the exclusive control
14 of the staff of the facility, whether or not the child has the
15 freedom of movement within the perimeter of the facility,
16 building, or distinct part of the building. The plan shall
17 include descriptions of the types of facilities that are
18 needed in Illinois; the cost of developing these secure care
19 facilities; the estimated number of placements; the potential
20 cost savings resulting from the movement of children currently
21 out-of-state who are projected to be returned to Illinois; the
22 necessary geographic distribution of these facilities in
23 Illinois; and a proposed timetable for development of such
24 facilities.

25 (x) The Department shall conduct annual credit history
26 checks to determine the financial history of children placed

1 under its guardianship pursuant to the Juvenile Court Act of
2 1987. The Department shall conduct such credit checks starting
3 when a youth in care turns 12 years old and each year
4 thereafter for the duration of the guardianship as terminated
5 pursuant to the Juvenile Court Act of 1987. The Department
6 shall determine if financial exploitation of the child's
7 personal information has occurred. If financial exploitation
8 appears to have taken place or is presently ongoing, the
9 Department shall notify the proper law enforcement agency, the
10 proper State's Attorney, or the Attorney General.

11 (y) Beginning on July 22, 2010 (the effective date of
12 Public Act 96-1189), a child with a disability who receives
13 residential and educational services from the Department shall
14 be eligible to receive transition services in accordance with
15 Article 14 of the School Code from the age of 14.5 through age
16 21, inclusive, notwithstanding the child's residential
17 services arrangement. For purposes of this subsection, "child
18 with a disability" means a child with a disability as defined
19 by the federal Individuals with Disabilities Education
20 Improvement Act of 2004.

21 (z) The Department shall access criminal history record
22 information as defined as "background information" in this
23 subsection and criminal history record information as defined
24 in the Illinois Uniform Conviction Information Act for each
25 Department employee or Department applicant. Each Department
26 employee or Department applicant shall submit his or her

1 fingerprints to the Department of State Police in the form and
2 manner prescribed by the Department of State Police. These
3 fingerprints shall be checked against the fingerprint records
4 now and hereafter filed in the Department of State Police and
5 the Federal Bureau of Investigation criminal history records
6 databases. The Department of State Police shall charge a fee
7 for conducting the criminal history record check, which shall
8 be deposited into the State Police Services Fund and shall not
9 exceed the actual cost of the record check. The Department of
10 State Police shall furnish, pursuant to positive
11 identification, all Illinois conviction information to the
12 Department of Children and Family Services.

13 For purposes of this subsection:

14 "Background information" means all of the following:

15 (i) Upon the request of the Department of Children and
16 Family Services, conviction information obtained from the
17 Department of State Police as a result of a
18 fingerprint-based criminal history records check of the
19 Illinois criminal history records database and the Federal
20 Bureau of Investigation criminal history records database
21 concerning a Department employee or Department applicant.

22 (ii) Information obtained by the Department of
23 Children and Family Services after performing a check of
24 the Department of State Police's Sex Offender Database, as
25 authorized by Section 120 of the Sex Offender Community
26 Notification Law, concerning a Department employee or

1 Department applicant.

2 (iii) Information obtained by the Department of
3 Children and Family Services after performing a check of
4 the Child Abuse and Neglect Tracking System (CANTS)
5 operated and maintained by the Department.

6 "Department employee" means a full-time or temporary
7 employee coded or certified within the State of Illinois
8 Personnel System.

9 "Department applicant" means an individual who has
10 conditional Department full-time or part-time work, a
11 contractor, an individual used to replace or supplement staff,
12 an academic intern, a volunteer in Department offices or on
13 Department contracts, a work-study student, an individual or
14 entity licensed by the Department, or an unlicensed service
15 provider who works as a condition of a contract or an agreement
16 and whose work may bring the unlicensed service provider into
17 contact with Department clients or client records.

18 (Source: P.A. 100-159, eff. 8-18-17; 100-522, eff. 9-22-17;
19 100-759, eff. 1-1-19; 100-863, eff. 8-14-18; 100-978, eff.
20 8-19-18; 101-13, eff. 6-12-19; 101-79, eff. 7-12-19; 101-81,
21 eff. 7-12-19; revised 8-1-19.)

22 Section 615. The Freedom of Information Act is amended by
23 changing Section 7.5 as follows:

24 (5 ILCS 140/7.5)

1 Sec. 7.5. Statutory exemptions. To the extent provided for
2 by the statutes referenced below, the following shall be
3 exempt from inspection and copying:

4 (a) All information determined to be confidential
5 under Section 4002 of the Technology Advancement and
6 Development Act.

7 (b) Library circulation and order records identifying
8 library users with specific materials under the Library
9 Records Confidentiality Act.

10 (c) Applications, related documents, and medical
11 records received by the Experimental Organ Transplantation
12 Procedures Board and any and all documents or other
13 records prepared by the Experimental Organ Transplantation
14 Procedures Board or its staff relating to applications it
15 has received.

16 (d) Information and records held by the Department of
17 Public Health and its authorized representatives relating
18 to known or suspected cases of sexually transmissible
19 disease or any information the disclosure of which is
20 restricted under the Illinois Sexually Transmissible
21 Disease Control Act.

22 (e) Information the disclosure of which is exempted
23 under Section 30 of the Radon Industry Licensing Act.

24 (f) Firm performance evaluations under Section 55 of
25 the Architectural, Engineering, and Land Surveying
26 Qualifications Based Selection Act.

1 (g) Information the disclosure of which is restricted
2 and exempted under Section 50 of the Illinois Prepaid
3 Tuition Act.

4 (h) Information the disclosure of which is exempted
5 under the State Officials and Employees Ethics Act, and
6 records of any lawfully created State or local inspector
7 general's office that would be exempt if created or
8 obtained by an Executive Inspector General's office under
9 that Act.

10 (i) Information contained in a local emergency energy
11 plan submitted to a municipality in accordance with a
12 local emergency energy plan ordinance that is adopted
13 under Section 11-21.5-5 of the Illinois Municipal Code.

14 (j) Information and data concerning the distribution
15 of surcharge moneys collected and remitted by carriers
16 under the Emergency Telephone System Act.

17 (k) Law enforcement officer identification information
18 or driver identification information compiled by a law
19 enforcement agency or the Department of Transportation
20 under Section 11-212 of the Illinois Vehicle Code.

21 (l) Records and information provided to a residential
22 health care facility resident sexual assault and death
23 review team or the Executive Council under the Abuse
24 Prevention Review Team Act.

25 (m) Information provided to the predatory lending
26 database created pursuant to Article 3 of the Residential

1 Real Property Disclosure Act, except to the extent
2 authorized under that Article.

3 (n) Defense budgets and petitions for certification of
4 compensation and expenses for court appointed trial
5 counsel as provided under Sections 10 and 15 of the
6 Capital Crimes Litigation Act. This subsection (n) shall
7 apply until the conclusion of the trial of the case, even
8 if the prosecution chooses not to pursue the death penalty
9 prior to trial or sentencing.

10 (o) Information that is prohibited from being
11 disclosed under Section 4 of the Illinois Health and
12 Hazardous Substances Registry Act.

13 (p) Security portions of system safety program plans,
14 investigation reports, surveys, schedules, lists, data, or
15 information compiled, collected, or prepared by or for the
16 Regional Transportation Authority under Section 2.11 of
17 the Regional Transportation Authority Act or the St. Clair
18 County Transit District under the Bi-State Transit Safety
19 Act.

20 (q) Information prohibited from being disclosed by the
21 Personnel Records ~~Record~~ Review Act.

22 (r) Information prohibited from being disclosed by the
23 Illinois School Student Records Act.

24 (s) Information the disclosure of which is restricted
25 under Section 5-108 of the Public Utilities Act.

26 (t) All identified or deidentified health information

1 in the form of health data or medical records contained
2 in, stored in, submitted to, transferred by, or released
3 from the Illinois Health Information Exchange, and
4 identified or deidentified health information in the form
5 of health data and medical records of the Illinois Health
6 Information Exchange in the possession of the Illinois
7 Health Information Exchange Office due to its
8 administration of the Illinois Health Information
9 Exchange. The terms "identified" and "deidentified" shall
10 be given the same meaning as in the Health Insurance
11 Portability and Accountability Act of 1996, Public Law
12 104-191, or any subsequent amendments thereto, and any
13 regulations promulgated thereunder.

14 (u) Records and information provided to an independent
15 team of experts under ~~the Developmental Disability and~~
16 ~~Mental Health Safety Act (also known as Brian's Law).~~

17 (v) Names and information of people who have applied
18 for or received Firearm Owner's Identification Cards under
19 the Firearm Owners Identification Card Act or applied for
20 or received a concealed carry license under the Firearm
21 Concealed Carry Act, unless otherwise authorized by the
22 Firearm Concealed Carry Act; and databases under the
23 Firearm Concealed Carry Act, records of the Concealed
24 Carry Licensing Review Board under the Firearm Concealed
25 Carry Act, and law enforcement agency objections under the
26 Firearm Concealed Carry Act.

1 (w) Personally identifiable information which is
2 exempted from disclosure under subsection (g) of Section
3 19.1 of the Toll Highway Act.

4 (x) Information which is exempted from disclosure
5 under Section 5-1014.3 of the Counties Code or Section
6 8-11-21 of the Illinois Municipal Code.

7 (y) Confidential information under the Adult
8 Protective Services Act and its predecessor enabling
9 statute, the Elder Abuse and Neglect Act, including
10 information about the identity and administrative finding
11 against any caregiver of a verified and substantiated
12 decision of abuse, neglect, or financial exploitation of
13 an eligible adult maintained in the Registry established
14 under Section 7.5 of the Adult Protective Services Act.

15 (z) Records and information provided to a fatality
16 review team or the Illinois Fatality Review Team Advisory
17 Council under Section 15 of the Adult Protective Services
18 Act.

19 (aa) Information which is exempted from disclosure
20 under Section 2.37 of the Wildlife Code.

21 (bb) Information which is or was prohibited from
22 disclosure by the Juvenile Court Act of 1987.

23 (cc) Recordings made under the Law Enforcement
24 Officer-Worn Body Camera Act, except to the extent
25 authorized under that Act.

26 (dd) Information that is prohibited from being

1 disclosed under Section 45 of the Condominium and Common
2 Interest Community Ombudsperson Act.

3 (ee) Information that is exempted from disclosure
4 under Section 30.1 of the Pharmacy Practice Act.

5 (ff) Information that is exempted from disclosure
6 under the Revised Uniform Unclaimed Property Act.

7 (gg) Information that is prohibited from being
8 disclosed under Section 7-603.5 of the Illinois Vehicle
9 Code.

10 (hh) Records that are exempt from disclosure under
11 Section 1A-16.7 of the Election Code.

12 (ii) Information which is exempted from disclosure
13 under Section 2505-800 of the Department of Revenue Law of
14 the Civil Administrative Code of Illinois.

15 (jj) Information and reports that are required to be
16 submitted to the Department of Labor by registering day
17 and temporary labor service agencies but are exempt from
18 disclosure under subsection (a-1) of Section 45 of the Day
19 and Temporary Labor Services Act.

20 (kk) Information prohibited from disclosure under the
21 Seizure and Forfeiture Reporting Act.

22 (ll) Information the disclosure of which is restricted
23 and exempted under Section 5-30.8 of the Illinois Public
24 Aid Code.

25 (mm) Records that are exempt from disclosure under
26 Section 4.2 of the Crime Victims Compensation Act.

1 (nn) Information that is exempt from disclosure under
2 Section 70 of the Higher Education Student Assistance Act.

3 (oo) Communications, notes, records, and reports
4 arising out of a peer support counseling session
5 prohibited from disclosure under the First Responders
6 Suicide Prevention Act.

7 (pp) Names and all identifying information relating to
8 an employee of an emergency services provider or law
9 enforcement agency under the First Responders Suicide
10 Prevention Act.

11 (qq) Information and records held by the Department of
12 Public Health and its authorized representatives collected
13 under the Reproductive Health Act.

14 (rr) Information that is exempt from disclosure under
15 the Cannabis Regulation and Tax Act.

16 (ss) Data reported by an employer to the Department of
17 Human Rights pursuant to Section 2-108 of the Illinois
18 Human Rights Act.

19 (tt) Recordings made under the Children's Advocacy
20 Center Act, except to the extent authorized under that
21 Act.

22 (uu) Information that is exempt from disclosure under
23 Section 50 of the Sexual Assault Evidence Submission Act.

24 (vv) Information that is exempt from disclosure under
25 subsections (f) and (j) of Section 5-36 of the Illinois
26 Public Aid Code.

1 (ww) Information that is exempt from disclosure under
2 Section 16.8 of the State Treasurer Act.

3 (xx) Information that is exempt from disclosure or
4 information that shall not be made public under the
5 Illinois Insurance Code.

6 (yy) Information prohibited from being disclosed under
7 the Illinois Educational Labor Relations Act.

8 (zz) Information prohibited from being disclosed under
9 the Illinois Public Labor Relations Act.

10 (aaa) Information prohibited from being disclosed
11 under Section 1-167 of the Illinois Pension Code.

12 (Source: P.A. 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;
13 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.
14 8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517,
15 eff. 6-1-18; 100-646, eff. 7-27-18; 100-690, eff. 1-1-19;
16 100-863, eff. 8-14-18; 100-887, eff. 8-14-18; 101-13, eff.
17 6-12-19; 101-27, eff. 6-25-19; 101-81, eff. 7-12-19; 101-221,
18 eff. 1-1-20; 101-236, eff. 1-1-20; 101-375, eff. 8-16-19;
19 101-377, eff. 8-16-19; 101-452, eff. 1-1-20; 101-466, eff.
20 1-1-20; 101-600, eff. 12-6-19; 101-620, eff. 12-20-19; 101-649,
21 eff. 7-7-20.)

22 Section 620. The Counties Code is amended by changing
23 Section 3-3013 as follows:

24 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

1 Sec. 3-3013. Preliminary investigations; blood and urine
2 analysis; summoning jury; reports. Every coroner, whenever,
3 as soon as he knows or is informed that the dead body of any
4 person is found, or lying within his county, whose death is
5 suspected of being:

6 (a) A sudden or violent death, whether apparently
7 suicidal, homicidal or accidental, including but not
8 limited to deaths apparently caused or contributed to by
9 thermal, traumatic, chemical, electrical or radiational
10 injury, or a complication of any of them, or by drowning or
11 suffocation, or as a result of domestic violence as
12 defined in the Illinois Domestic Violence Act of 1986;

13 (b) A maternal or fetal death due to abortion, or any
14 death due to a sex crime or a crime against nature;

15 (c) A death where the circumstances are suspicious,
16 obscure, mysterious or otherwise unexplained or where, in
17 the written opinion of the attending physician, the cause
18 of death is not determined;

19 (d) A death where addiction to alcohol or to any drug
20 may have been a contributory cause; or

21 (e) A death where the decedent was not attended by a
22 licensed physician;

23 shall go to the place where the dead body is, and take charge
24 of the same and shall make a preliminary investigation into
25 the circumstances of the death. In the case of death without
26 attendance by a licensed physician the body may be moved with

1 the coroner's consent from the place of death to a mortuary in
2 the same county. Coroners in their discretion shall notify
3 such physician as is designated in accordance with Section
4 3-3014 to attempt to ascertain the cause of death, either by
5 autopsy or otherwise.

6 In cases of accidental death involving a motor vehicle in
7 which the decedent was (1) the operator or a suspected
8 operator of a motor vehicle, or (2) a pedestrian 16 years of
9 age or older, the coroner shall require that a blood specimen
10 of at least 30 cc., and if medically possible a urine specimen
11 of at least 30 cc. or as much as possible up to 30 cc., be
12 withdrawn from the body of the decedent in a timely fashion
13 after the accident causing his death, by such physician as has
14 been designated in accordance with Section 3-3014, or by the
15 coroner or deputy coroner or a qualified person designated by
16 such physician, coroner, or deputy coroner. If the county does
17 not maintain laboratory facilities for making such analysis,
18 the blood and urine so drawn shall be sent to the Department of
19 State Police or any other accredited or State-certified
20 laboratory for analysis of the alcohol, carbon monoxide, and
21 dangerous or narcotic drug content of such blood and urine
22 specimens. Each specimen submitted shall be accompanied by
23 pertinent information concerning the decedent upon a form
24 prescribed by such laboratory. Any person drawing blood and
25 urine and any person making any examination of the blood and
26 urine under the terms of this Division shall be immune from all

1 liability, civil or criminal, that might otherwise be incurred
2 or imposed.

3 In all other cases coming within the jurisdiction of the
4 coroner and referred to in subparagraphs (a) through (e)
5 above, blood, and whenever possible, urine samples shall be
6 analyzed for the presence of alcohol and other drugs. When the
7 coroner suspects that drugs may have been involved in the
8 death, either directly or indirectly, a toxicological
9 examination shall be performed which may include analyses of
10 blood, urine, bile, gastric contents and other tissues. When
11 the coroner suspects a death is due to toxic substances, other
12 than drugs, the coroner shall consult with the toxicologist
13 prior to collection of samples. Information submitted to the
14 toxicologist shall include information as to height, weight,
15 age, sex and race of the decedent as well as medical history,
16 medications used by and the manner of death of decedent.

17 When the coroner or medical examiner finds that the cause
18 of death is due to homicidal means, the coroner or medical
19 examiner shall cause blood and buccal specimens (tissue may be
20 submitted if no uncontaminated blood or buccal specimen can be
21 obtained), whenever possible, to be withdrawn from the body of
22 the decedent in a timely fashion. For proper preservation of
23 the specimens, collected blood and buccal specimens shall be
24 dried and tissue specimens shall be frozen if available
25 equipment exists. As soon as possible, but no later than 30
26 days after the collection of the specimens, the coroner or

1 medical examiner shall release those specimens to the police
2 agency responsible for investigating the death. As soon as
3 possible, but no later than 30 days after the receipt from the
4 coroner or medical examiner, the police agency shall submit
5 the specimens using the agency case number to a National DNA
6 Index System (NDIS) participating laboratory within this
7 State, such as the Illinois Department of State Police,
8 Division of Forensic Services, for analysis and categorizing
9 into genetic marker groupings. The results of the analysis and
10 categorizing into genetic marker groupings shall be provided
11 to the Illinois Department of State Police and shall be
12 maintained by the Illinois Department of State Police in the
13 State central repository in the same manner, and subject to
14 the same conditions, as provided in Section 5-4-3 of the
15 Unified Code of Corrections. The requirements of this
16 paragraph are in addition to any other findings, specimens, or
17 information that the coroner or medical examiner is required
18 to provide during the conduct of a criminal investigation.

19 In all counties, in cases of apparent suicide, homicide,
20 or accidental death or in other cases, within the discretion
21 of the coroner, the coroner may summon 8 persons of lawful age
22 from those persons drawn for petit jurors in the county. The
23 summons shall command these persons to present themselves
24 personally at such a place and time as the coroner shall
25 determine, and may be in any form which the coroner shall
26 determine and may incorporate any reasonable form of request

1 for acknowledgement which the coroner deems practical and
2 provides a reliable proof of service. The summons may be
3 served by first class mail. From the 8 persons so summoned, the
4 coroner shall select 6 to serve as the jury for the inquest.
5 Inquests may be continued from time to time, as the coroner may
6 deem necessary. The 6 jurors selected in a given case may view
7 the body of the deceased. If at any continuation of an inquest
8 one or more of the original jurors shall be unable to continue
9 to serve, the coroner shall fill the vacancy or vacancies. A
10 juror serving pursuant to this paragraph shall receive
11 compensation from the county at the same rate as the rate of
12 compensation that is paid to petit or grand jurors in the
13 county. The coroner shall furnish to each juror without fee at
14 the time of his discharge a certificate of the number of days
15 in attendance at an inquest, and, upon being presented with
16 such certificate, the county treasurer shall pay to the juror
17 the sum provided for his services.

18 In counties which have a jury commission, in cases of
19 apparent suicide or homicide or of accidental death, the
20 coroner may conduct an inquest. The jury commission shall
21 provide at least 8 jurors to the coroner, from whom the coroner
22 shall select any 6 to serve as the jury for the inquest.
23 Inquests may be continued from time to time as the coroner may
24 deem necessary. The 6 jurors originally chosen in a given case
25 may view the body of the deceased. If at any continuation of an
26 inquest one or more of the 6 jurors originally chosen shall be

1 unable to continue to serve, the coroner shall fill the
2 vacancy or vacancies. At the coroner's discretion, additional
3 jurors to fill such vacancies shall be supplied by the jury
4 commission. A juror serving pursuant to this paragraph in such
5 county shall receive compensation from the county at the same
6 rate as the rate of compensation that is paid to petit or grand
7 jurors in the county.

8 In every case in which a fire is determined to be a
9 contributing factor in a death, the coroner shall report the
10 death to the Office of the State Fire Marshal. The coroner
11 shall provide a copy of the death certificate (i) within 30
12 days after filing the permanent death certificate and (ii) in
13 a manner that is agreed upon by the coroner and the State Fire
14 Marshal.

15 In every case in which a drug overdose is determined to be
16 the cause or a contributing factor in the death, the coroner or
17 medical examiner shall report the death to the Department of
18 Public Health. The Department of Public Health shall adopt
19 rules regarding specific information that must be reported in
20 the event of such a death. If possible, the coroner shall
21 report the cause of the overdose. As used in this Section,
22 "overdose" has the same meaning as it does in Section 414 of
23 the Illinois Controlled Substances Act. The Department of
24 Public Health shall issue a semiannual report to the General
25 Assembly summarizing the reports received. The Department
26 shall also provide on its website a monthly report of overdose

1 death figures organized by location, age, and any other
2 factors, the Department deems appropriate.

3 In addition, in every case in which domestic violence is
4 determined to be a contributing factor in a death, the coroner
5 shall report the death to the Department of State Police.

6 All deaths in State institutions and all deaths of wards
7 of the State or youth in care as defined in Section 4d of the
8 Children and Family Services Act in private care facilities or
9 in programs funded by the Department of Human Services under
10 its powers relating to mental health and developmental
11 disabilities or alcoholism and substance abuse or funded by
12 the Department of Children and Family Services shall be
13 reported to the coroner of the county in which the facility is
14 located. If the coroner has reason to believe that an
15 investigation is needed to determine whether the death was
16 caused by maltreatment or negligent care of the ward of the
17 State or youth in care as defined in Section 4d of the Children
18 and Family Services Act, the coroner may conduct a preliminary
19 investigation of the circumstances of such death as in cases
20 of death under circumstances set forth in paragraphs (a)
21 through (e) of this Section.

22 (Source: P.A. 100-159, eff. 8-18-17; 101-13, eff. 6-12-19.)

23 Section 625. The Ambulatory Surgical Treatment Center Act
24 is amended by changing Section 2, and 3 as follows:

1 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

2 Sec. 2. It is declared to be the public policy that the
3 State has a legitimate interest in assuring that all medical
4 procedures, including abortions, are performed under
5 circumstances that insure maximum safety. Therefore, the
6 purpose of this Act is to provide for the better protection of
7 the public health through the development, establishment, and
8 enforcement of standards (1) for the care of individuals in
9 ambulatory surgical treatment centers, and (2) for the
10 construction, maintenance and operation of ambulatory surgical
11 treatment centers, which, in light of advancing knowledge,
12 will promote safe and adequate treatment of such individuals
13 in ambulatory surgical treatment centers.

14 (Source: P.A. 101-13, eff. 6-12-19.)

15 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

16 Sec. 3. As used in this Act, unless the context otherwise
17 requires, the following words and phrases shall have the
18 meanings ascribed to them:

19 (A) "Ambulatory surgical treatment center" means any
20 institution, place or building devoted primarily to the
21 maintenance and operation of facilities for the performance of
22 surgical procedures. "Ambulatory surgical treatment center"
23 includes any place that meets and complies with the definition
24 of an ambulatory surgical treatment center under the rules
25 adopted by the Department or any facility in which a medical or

1 surgical procedure is utilized to terminate a pregnancy,
2 irrespective of whether the facility is devoted primarily to
3 this purpose. Such facility shall not provide beds or other
4 accommodations for the overnight stay of patients; however,
5 facilities devoted exclusively to the treatment of children
6 may provide accommodations and beds for their patients for up
7 to 23 hours following admission. Individual patients shall be
8 discharged in an ambulatory condition without danger to the
9 continued well being of the patients or shall be transferred
10 to a hospital.

11 The term "ambulatory surgical treatment center" does not
12 include any of the following:

13 (1) Any institution, place, building or agency
14 required to be licensed pursuant to the "Hospital
15 Licensing Act", approved July 1, 1953, as amended.

16 (2) Any person or institution required to be licensed
17 pursuant to the Nursing Home Care Act, the Specialized
18 Mental Health Rehabilitation Act of 2013, the ID/DD
19 Community Care Act, or the MC/DD Act.

20 (3) Hospitals or ambulatory surgical treatment centers
21 maintained by the State or any department or agency
22 thereof, where such department or agency has authority
23 under law to establish and enforce standards for the
24 hospitals or ambulatory surgical treatment centers under
25 its management and control.

26 (4) Hospitals or ambulatory surgical treatment centers

1 maintained by the Federal Government or agencies thereof.

2 (5) Any place, agency, clinic, or practice, public or
3 private, whether organized for profit or not, devoted
4 exclusively to the performance of dental or oral surgical
5 procedures.

6 ~~(6) Any facility in which the performance of abortion~~
7 ~~procedures, including procedures to terminate a pregnancy~~
8 ~~or to manage pregnancy loss, is limited to those performed~~
9 ~~without general, epidural, or spinal anesthesia, and which~~
10 ~~is not otherwise required to be an ambulatory surgical~~
11 ~~treatment center. For purposes of this paragraph,~~
12 ~~"general, epidural, or spinal anesthesia" does not include~~
13 ~~local anesthesia or intravenous sedation. Nothing in this~~
14 ~~paragraph shall be construed to limit any such facility~~
15 ~~from voluntarily electing to apply for licensure as an~~
16 ~~ambulatory surgical treatment center.~~

17 (B) "Person" means any individual, firm, partnership,
18 corporation, company, association, or joint stock association,
19 or the legal successor thereof.

20 (C) "Department" means the Department of Public Health of
21 the State of Illinois.

22 (D) "Director" means the Director of the Department of
23 Public Health of the State of Illinois.

24 (E) "Physician" means a person licensed to practice
25 medicine in all of its branches in the State of Illinois.

26 (F) "Dentist" means a person licensed to practice

1 dentistry under the Illinois Dental Practice Act.

2 (G) "Podiatric physician" means a person licensed to
3 practice podiatry under the Podiatric Medical Practice Act of
4 1987.

5 (Source: P.A. 101-13, eff. 6-12-19.)

6 Section 630. The Illinois Insurance Code is amended by
7 changing Section 356z.4 and adding 356z.4a as follows:

8 (215 ILCS 5/356z.4)

9 Sec. 356z.4. Coverage for contraceptives.

10 (a) (1) The General Assembly hereby finds and declares all
11 of the following:

12 (A) Illinois has a long history of expanding timely
13 access to birth control to prevent unintended pregnancy.

14 (B) The federal Patient Protection and Affordable Care
15 Act includes a contraceptive coverage guarantee as part of
16 a broader requirement for health insurance to cover key
17 preventive care services without out-of-pocket costs for
18 patients.

19 (C) The General Assembly intends to build on existing
20 State and federal law to promote gender equity and women's
21 health and to ensure greater contraceptive coverage equity
22 and timely access to all federal Food and Drug
23 Administration approved methods of birth control for all
24 individuals covered by an individual or group health

1 insurance policy in Illinois.

2 (D) Medical management techniques such as denials,
3 step therapy, or prior authorization in public and private
4 health care coverage can impede access to the most
5 effective contraceptive methods.

6 (2) As used in this subsection (a):

7 "Contraceptive services" includes consultations,
8 examinations, procedures, and medical services related to the
9 use of contraceptive methods (including natural family
10 planning) to prevent an unintended pregnancy.

11 "Medical necessity", for the purposes of this subsection
12 (a), includes, but is not limited to, considerations such as
13 severity of side effects, differences in permanence and
14 reversibility of contraceptive, and ability to adhere to the
15 appropriate use of the item or service, as determined by the
16 attending provider.

17 "Therapeutic equivalent version" means drugs, devices, or
18 products that can be expected to have the same clinical effect
19 and safety profile when administered to patients under the
20 conditions specified in the labeling and satisfy the following
21 general criteria:

22 (i) they are approved as safe and effective;

23 (ii) they are pharmaceutical equivalents in that they

24 (A) contain identical amounts of the same active drug
25 ingredient in the same dosage form and route of
26 administration and (B) meet compendial or other applicable

1 standards of strength, quality, purity, and identity;

2 (iii) they are bioequivalent in that (A) they do not
3 present a known or potential bioequivalence problem and
4 they meet an acceptable in vitro standard or (B) if they do
5 present such a known or potential problem, they are shown
6 to meet an appropriate bioequivalence standard;

7 (iv) they are adequately labeled; and

8 (v) they are manufactured in compliance with Current
9 Good Manufacturing Practice regulations.

10 (3) An individual or group policy of accident and health
11 insurance amended, delivered, issued, or renewed in this State
12 after the effective date of this amendatory Act of the 99th
13 General Assembly shall provide coverage for all of the
14 following services and contraceptive methods:

15 (A) All contraceptive drugs, devices, and other
16 products approved by the United States Food and Drug
17 Administration. This includes all over-the-counter
18 contraceptive drugs, devices, and products approved by the
19 United States Food and Drug Administration, excluding male
20 condoms. The following apply:

21 (i) If the United States Food and Drug
22 Administration has approved one or more therapeutic
23 equivalent versions of a contraceptive drug, device,
24 or product, a policy is not required to include all
25 such therapeutic equivalent versions in its formulary,
26 so long as at least one is included and covered without

1 cost-sharing and in accordance with this Section.

2 (ii) If an individual's attending provider
3 recommends a particular service or item approved by
4 the United States Food and Drug Administration based
5 on a determination of medical necessity with respect
6 to that individual, the plan or issuer must cover that
7 service or item without cost sharing. The plan or
8 issuer must defer to the determination of the
9 attending provider.

10 (iii) If a drug, device, or product is not
11 covered, plans and issuers must have an easily
12 accessible, transparent, and sufficiently expedient
13 process that is not unduly burdensome on the
14 individual or a provider or other individual acting as
15 a patient's authorized representative to ensure
16 coverage without cost sharing.

17 (iv) This coverage must provide for the dispensing
18 of 12 months' worth of contraception at one time.

19 (B) Voluntary sterilization procedures.

20 (C) Contraceptive services, patient education, and
21 counseling on contraception.

22 (D) Follow-up services related to the drugs, devices,
23 products, and procedures covered under this Section,
24 including, but not limited to, management of side effects,
25 counseling for continued adherence, and device insertion
26 and removal.

1 (4) Except as otherwise provided in this subsection (a), a
2 policy subject to this subsection (a) shall not impose a
3 deductible, coinsurance, copayment, or any other cost-sharing
4 requirement on the coverage provided. The provisions of this
5 paragraph do not apply to coverage of voluntary male
6 sterilization procedures to the extent such coverage would
7 disqualify a high-deductible health plan from eligibility for
8 a health savings account pursuant to the federal Internal
9 Revenue Code, 26 U.S.C. 223.

10 (5) Except as otherwise authorized under this subsection
11 (a), a policy shall not impose any restrictions or delays on
12 the coverage required under this subsection (a).

13 (6) If, at any time, the Secretary of the United States
14 Department of Health and Human Services, or its successor
15 agency, promulgates rules or regulations to be published in
16 the Federal Register or publishes a comment in the Federal
17 Register or issues an opinion, guidance, or other action that
18 would require the State, pursuant to any provision of the
19 Patient Protection and Affordable Care Act (Public Law
20 111-148), including, but not limited to, 42 U.S.C.
21 18031(d)(3)(B) or any successor provision, to defray the cost
22 of any coverage outlined in this subsection (a), then this
23 subsection (a) is inoperative with respect to all coverage
24 outlined in this subsection (a) other than that authorized
25 under Section 1902 of the Social Security Act, 42 U.S.C.
26 1396a, and the State shall not assume any obligation for the

1 cost of the coverage set forth in this subsection (a).

2 (b) This subsection (b) shall become operative if and only
3 if subsection (a) becomes inoperative.

4 An individual or group policy of accident and health
5 insurance amended, delivered, issued, or renewed in this State
6 after the date this subsection (b) becomes operative that
7 provides coverage for outpatient services and outpatient
8 prescription drugs or devices must provide coverage for the
9 insured and any dependent of the insured covered by the policy
10 for all outpatient contraceptive services and all outpatient
11 contraceptive drugs and devices approved by the Food and Drug
12 Administration. Coverage required under this Section may not
13 impose any deductible, coinsurance, waiting period, or other
14 cost-sharing or limitation that is greater than that required
15 for any outpatient service or outpatient prescription drug or
16 device otherwise covered by the policy.

17 Nothing in this subsection (b) shall be construed to
18 require an insurance company to cover services related to
19 permanent sterilization that requires a surgical procedure.

20 As used in this subsection (b), "outpatient contraceptive
21 service" means consultations, examinations, procedures, and
22 medical services, provided on an outpatient basis and related
23 to the use of contraceptive methods (including natural family
24 planning) to prevent an unintended pregnancy.

25 (c) Nothing in this Section shall be construed to require
26 an insurance company to cover services related to an abortion

1 as the term "abortion" is defined in the Illinois Abortion Law
2 of 2021. ~~(Blank).~~

3 (d) If a plan or issuer utilizes a network of providers,
4 nothing in this Section shall be construed to require coverage
5 or to prohibit the plan or issuer from imposing cost-sharing
6 for items or services described in this Section that are
7 provided or delivered by an out-of-network provider, unless
8 the plan or issuer does not have in its network a provider who
9 is able to or is willing to provide the applicable items or
10 services.

11 (Source: P.A. 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19.)

12 (215 ILCS 5/356z.4a rep.)

13 Section 632. The Illinois Insurance Code is amended by
14 repealing Section 356z.4a.

15 Section 635. The Health Maintenance Organization Act is
16 amended by changing Section 5-3 as follows:

17 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

18 Sec. 5-3. Insurance Code provisions.

19 (a) Health Maintenance Organizations shall be subject to
20 the provisions of Sections 133, 134, 136, 137, 139, 140,
21 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
22 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
23 355.3, 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2,

1 356z.4, ~~356z.4a~~, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
2 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,
3 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, ~~356z.30~~,
4 ~~356z.30a~~, ~~356z.32~~, 356z.33, 356z.35, 356z.36, 356z.41, 364,
5 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e,
6 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409,
7 412, 444, and 444.1, paragraph (c) of subsection (2) of
8 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
9 XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois Insurance
10 Code.

11 (b) For purposes of the Illinois Insurance Code, except
12 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
13 Health Maintenance Organizations in the following categories
14 are deemed to be "domestic companies":

15 (1) a corporation authorized under the Dental Service
16 Plan Act or the Voluntary Health Services Plans Act;

17 (2) a corporation organized under the laws of this
18 State; or

19 (3) a corporation organized under the laws of another
20 state, 30% or more of the enrollees of which are residents
21 of this State, except a corporation subject to
22 substantially the same requirements in its state of
23 organization as is a "domestic company" under Article VIII
24 1/2 of the Illinois Insurance Code.

25 (c) In considering the merger, consolidation, or other
26 acquisition of control of a Health Maintenance Organization

1 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

2 (1) the Director shall give primary consideration to
3 the continuation of benefits to enrollees and the
4 financial conditions of the acquired Health Maintenance
5 Organization after the merger, consolidation, or other
6 acquisition of control takes effect;

7 (2) (i) the criteria specified in subsection (1) (b) of
8 Section 131.8 of the Illinois Insurance Code shall not
9 apply and (ii) the Director, in making his determination
10 with respect to the merger, consolidation, or other
11 acquisition of control, need not take into account the
12 effect on competition of the merger, consolidation, or
13 other acquisition of control;

14 (3) the Director shall have the power to require the
15 following information:

16 (A) certification by an independent actuary of the
17 adequacy of the reserves of the Health Maintenance
18 Organization sought to be acquired;

19 (B) pro forma financial statements reflecting the
20 combined balance sheets of the acquiring company and
21 the Health Maintenance Organization sought to be
22 acquired as of the end of the preceding year and as of
23 a date 90 days prior to the acquisition, as well as pro
24 forma financial statements reflecting projected
25 combined operation for a period of 2 years;

26 (C) a pro forma business plan detailing an

1 acquiring party's plans with respect to the operation
2 of the Health Maintenance Organization sought to be
3 acquired for a period of not less than 3 years; and

4 (D) such other information as the Director shall
5 require.

6 (d) The provisions of Article VIII 1/2 of the Illinois
7 Insurance Code and this Section 5-3 shall apply to the sale by
8 any health maintenance organization of greater than 10% of its
9 enrollee population (including without limitation the health
10 maintenance organization's right, title, and interest in and
11 to its health care certificates).

12 (e) In considering any management contract or service
13 agreement subject to Section 141.1 of the Illinois Insurance
14 Code, the Director (i) shall, in addition to the criteria
15 specified in Section 141.2 of the Illinois Insurance Code,
16 take into account the effect of the management contract or
17 service agreement on the continuation of benefits to enrollees
18 and the financial condition of the health maintenance
19 organization to be managed or serviced, and (ii) need not take
20 into account the effect of the management contract or service
21 agreement on competition.

22 (f) Except for small employer groups as defined in the
23 Small Employer Rating, Renewability and Portability Health
24 Insurance Act and except for medicare supplement policies as
25 defined in Section 363 of the Illinois Insurance Code, a
26 Health Maintenance Organization may by contract agree with a

1 group or other enrollment unit to effect refunds or charge
2 additional premiums under the following terms and conditions:

3 (i) the amount of, and other terms and conditions with
4 respect to, the refund or additional premium are set forth
5 in the group or enrollment unit contract agreed in advance
6 of the period for which a refund is to be paid or
7 additional premium is to be charged (which period shall
8 not be less than one year); and

9 (ii) the amount of the refund or additional premium
10 shall not exceed 20% of the Health Maintenance
11 Organization's profitable or unprofitable experience with
12 respect to the group or other enrollment unit for the
13 period (and, for purposes of a refund or additional
14 premium, the profitable or unprofitable experience shall
15 be calculated taking into account a pro rata share of the
16 Health Maintenance Organization's administrative and
17 marketing expenses, but shall not include any refund to be
18 made or additional premium to be paid pursuant to this
19 subsection (f)). The Health Maintenance Organization and
20 the group or enrollment unit may agree that the profitable
21 or unprofitable experience may be calculated taking into
22 account the refund period and the immediately preceding 2
23 plan years.

24 The Health Maintenance Organization shall include a
25 statement in the evidence of coverage issued to each enrollee
26 describing the possibility of a refund or additional premium,

1 and upon request of any group or enrollment unit, provide to
2 the group or enrollment unit a description of the method used
3 to calculate (1) the Health Maintenance Organization's
4 profitable experience with respect to the group or enrollment
5 unit and the resulting refund to the group or enrollment unit
6 or (2) the Health Maintenance Organization's unprofitable
7 experience with respect to the group or enrollment unit and
8 the resulting additional premium to be paid by the group or
9 enrollment unit.

10 In no event shall the Illinois Health Maintenance
11 Organization Guaranty Association be liable to pay any
12 contractual obligation of an insolvent organization to pay any
13 refund authorized under this Section.

14 (g) Rulemaking authority to implement Public Act 95-1045,
15 if any, is conditioned on the rules being adopted in
16 accordance with all provisions of the Illinois Administrative
17 Procedure Act and all rules and procedures of the Joint
18 Committee on Administrative Rules; any purported rule not so
19 adopted, for whatever reason, is unauthorized.

20 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
21 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
22 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
23 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
24 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
25 1-1-20; 101-625, eff. 1-1-21.)

1 Section 640. The Voluntary Health Services Plans Act is
2 amended by changing Section 10 as follows:

3 (215 ILCS 165/10) (from Ch. 32, par. 604)

4 Sec. 10. Application of Insurance Code provisions. Health
5 services plan corporations and all persons interested therein
6 or dealing therewith shall be subject to the provisions of
7 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
8 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
9 356g, 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x,
10 356y, 356z.1, 356z.2, 356z.4, ~~356z.4a~~, 356z.5, 356z.6, 356z.8,
11 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
12 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
13 ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33, 356z.41, 364.01, 367.2,
14 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
15 paragraphs (7) and (15) of Section 367 of the Illinois
16 Insurance Code.

17 Rulemaking authority to implement Public Act 95-1045, if
18 any, is conditioned on the rules being adopted in accordance
19 with all provisions of the Illinois Administrative Procedure
20 Act and all rules and procedures of the Joint Committee on
21 Administrative Rules; any purported rule not so adopted, for
22 whatever reason, is unauthorized.

23 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
24 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
25 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,

1 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
2 101-625, eff. 1-1-21.)

3 Section 645. The Medical Practice Act of 1987 is amended
4 by changing Section 22 and 36 as follows:

5 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

7 Sec. 22. Disciplinary action.

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

15 (1) Performance of an elective abortion in any place,
16 locale, facility, or institution other than: (Blank).

17 (a) a facility licensed pursuant to the Ambulatory
18 Surgical Treatment Center Act;

19 (b) an institution licensed under the Hospital
20 Licensing Act;

21 (c) an ambulatory surgical treatment center or
22 hospitalization or care facility maintained by the
23 State or any agency thereof, where such department or
24 agency has authority under law to establish and

1 enforce standards for the ambulatory surgical
2 treatment centers, hospitalization, or care facilities
3 under its management and control;

4 (d) ambulatory surgical treatment centers or
5 hospitalization or care facilities maintained by the
6 federal government; or

7 (e) ambulatory surgical treatment centers or
8 hospitalization or care facilities maintained by any
9 university or college established under the laws of
10 this State and supported principally by public funds
11 raised by taxation.

12 (2) Performance of an abortion procedure in a willful
13 and wanton manner on a woman who was not pregnant at the
14 time the abortion procedure was performed. ~~(Blank).~~

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

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

22 (5) Engaging in dishonorable, unethical, or
23 unprofessional conduct of a character likely to deceive,
24 defraud or harm the public.

25 (6) Obtaining any fee by fraud, deceit, or
26 misrepresentation.

1 (7) Habitual or excessive use or abuse of drugs
2 defined in law as controlled substances, of alcohol, or of
3 any other substances which results in the inability to
4 practice with reasonable judgment, skill, or safety.

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

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

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

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

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

1 participants.

2 (13) Violation of any provision of this Act or of the
3 Medical Practice Act prior to the repeal of that Act, or
4 violation of the rules, or a final administrative action
5 of the Secretary, after consideration of the
6 recommendation of the Disciplinary Board.

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

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

14 (16) Abandonment of a patient.

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

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

24 (19) Offering, undertaking, or agreeing to cure or
25 treat disease by a secret method, procedure, treatment, or
26 medicine, or the treating, operating, or prescribing for

1 any human condition by a method, means, or procedure which
2 the licensee refuses to divulge upon demand of the
3 Department.

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

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

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

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

25 (24) Solicitation of professional patronage by any
26 corporation, agents or persons, or profiting from those

1 representing themselves to be agents of the licensee.

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

11 (26) A pattern of practice or other behavior which
12 demonstrates incapacity or incompetence to practice under
13 this Act.

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

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

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

23 (30) Willfully or negligently violating the
24 confidentiality between physician and patient except as
25 required by law.

26 (31) The use of any false, fraudulent, or deceptive

1 statement in any document connected with practice under
2 this Act.

3 (32) Aiding and abetting an individual not licensed
4 under this Act in the practice of a profession licensed
5 under this Act.

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

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

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

1 to acts or conduct which would constitute grounds for
2 action as defined in this Section.

3 (36) Failure to report to the Department any adverse
4 judgment, settlement, or award arising from a liability
5 claim related to acts or conduct similar to acts or
6 conduct which would constitute grounds for action as
7 defined in this Section.

8 (37) Failure to provide copies of medical records as
9 required by law.

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

15 (39) Violating the Health Care Worker Self-Referral
16 Act.

17 (40) Willful failure to provide notice when notice is
18 required under the Parental Notice of Abortion Act of
19 1995.

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

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

26 (43) Repeated failure to adequately collaborate with a

1 licensed advanced practice registered nurse.

2 (44) Violating the Compassionate Use of Medical
3 Cannabis Program Act.

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

8 (46) Repeated failure to adequately collaborate with a
9 licensed prescribing psychologist.

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

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

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

24 (50) Repeated failure to adequately collaborate with a
25 physician assistant.

26 Except for actions involving the ground numbered (26), all

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

1 included within any period of time limiting the commencement
2 of disciplinary action by the Department.

3 The entry of an order or judgment by any circuit court
4 establishing that any person holding a license under this Act
5 is a person in need of mental treatment operates as a
6 suspension of that license. That person may resume his or her
7 ~~their~~ practice only upon the entry of a Departmental order
8 based upon a finding by the Disciplinary Board that the person
9 has ~~they have~~ been determined to be recovered from mental
10 illness by the court and upon the Disciplinary Board's
11 recommendation that the person ~~they~~ be permitted to resume his
12 or her ~~their~~ practice.

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

21 The Department, upon the recommendation of the
22 Disciplinary Board, shall adopt rules which set forth
23 standards to be used in determining:

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

26 (b) what constitutes dishonorable, unethical, or

1 unprofessional conduct of a character likely to deceive,
2 defraud, or harm the public;

3 (c) what constitutes immoral conduct in the commission
4 of any act, including, but not limited to, commission of
5 an act of sexual misconduct related to the licensee's
6 practice; and

7 (d) what constitutes gross negligence in the practice
8 of medicine.

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

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

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

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

1 granted pursuant to Sections 9, 17, or 19 of this Act, or,
2 continued, reinstated, renewed, disciplined or supervised,
3 subject to such terms, conditions, or restrictions who shall
4 fail to comply with such terms, conditions, or restrictions,
5 or to complete a required program of care, counseling, or
6 treatment, as determined by the Chief Medical Coordinator or
7 Deputy Medical Coordinators, shall be referred to the
8 Secretary for a determination as to whether the licensee shall
9 have his or her ~~their~~ license suspended immediately, pending a
10 hearing by the Disciplinary Board. In instances in which the
11 Secretary immediately suspends a license under this Section, a
12 hearing upon such person's license must be convened by the
13 Disciplinary Board within 15 days after such suspension and
14 completed without appreciable delay. The Disciplinary Board
15 shall have the authority to review the subject physician's
16 record of treatment and counseling regarding the impairment,
17 to the extent permitted by applicable federal statutes and
18 regulations safeguarding the confidentiality of medical
19 records.

20 An individual licensed under this Act, affected under this
21 Section, shall be afforded an opportunity to demonstrate to
22 the Disciplinary Board that he or she ~~they~~ can resume practice
23 in compliance with acceptable and prevailing standards under
24 the provisions of his or her ~~their~~ license.

25 The Department may promulgate rules for the imposition of
26 fines in disciplinary cases, not to exceed \$10,000 for each

1 violation of this Act. Fines may be imposed in conjunction
2 with other forms of disciplinary action, but shall not be the
3 exclusive disposition of any disciplinary action arising out
4 of conduct resulting in death or injury to a patient. Any funds
5 collected from such fines shall be deposited in the Illinois
6 State Medical Disciplinary Fund.

7 All fines imposed under this Section shall be paid within
8 60 days after the effective date of the order imposing the fine
9 or in accordance with the terms set forth in the order imposing
10 the fine.

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

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

1 (1) based solely upon the recommendation of the
2 physician to an eligible patient regarding, or
3 prescription for, or treatment with, an investigational
4 drug, biological product, or device; or

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

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

19 (Source: P.A. 100-429, eff. 8-25-17; 100-513, eff. 1-1-18;
20 100-605, eff. 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff.
21 1-1-19; 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363,
22 eff. 8-9-19; revised 9-20-19.)

23 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

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

25 Sec. 36. Investigation; notice.

1 (a) Upon the motion of either the Department or the
2 Disciplinary Board or upon the verified complaint in writing
3 of any person setting forth facts which, if proven, would
4 constitute grounds for suspension or revocation under Section
5 22 of this Act, the Department shall investigate the actions
6 of any person, so accused, who holds or represents that he or
7 she holds a license. Such person is hereinafter called the
8 accused.

9 (b) The Department shall, before suspending, revoking,
10 placing on probationary status, or taking any other
11 disciplinary action as the Department may deem proper with
12 regard to any license at least 30 days prior to the date set
13 for the hearing, notify the accused in writing of any charges
14 made and the time and place for a hearing of the charges before
15 the Disciplinary Board, direct him or her to file his or her
16 written answer thereto to the Disciplinary Board under oath
17 within 20 days after the service on him or her of such notice
18 and inform him or her that if he or she fails to file such
19 answer default will be taken against him or her and his or her
20 license may be suspended, revoked, placed on probationary
21 status, or have other disciplinary action, including limiting
22 the scope, nature or extent of his or her practice, as the
23 Department may deem proper taken with regard thereto. The
24 Department shall, at least 14 days prior to the date set for
25 the hearing, notify in writing any person who filed a
26 complaint against the accused of the time and place for the

1 hearing of the charges against the accused before the
2 Disciplinary Board and inform such person whether he or she
3 may provide testimony at the hearing.

4 (c) Where a physician has been found, upon complaint and
5 investigation of the Department, and after hearing, to have
6 performed an abortion procedure in a wilful and wanton manner
7 upon a woman who was not pregnant at the time such abortion
8 procedure was performed, the Department shall automatically
9 revoke the license of such physician to practice medicine in
10 Illinois. ~~(Blank).~~

11 (d) Such written notice and any notice in such proceedings
12 thereafter may be served by personal delivery, email to the
13 respondent's email address of record, or mail to the
14 respondent's address of record.

15 (e) All information gathered by the Department during its
16 investigation including information subpoenaed under Section
17 23 or 38 of this Act and the investigative file shall be kept
18 for the confidential use of the Secretary, Disciplinary Board,
19 the Medical Coordinators, persons employed by contract to
20 advise the Medical Coordinator or the Department, the
21 Disciplinary Board's attorneys, the medical investigative
22 staff, and authorized clerical staff, as provided in this Act
23 and shall be afforded the same status as is provided
24 information concerning medical studies in Part 21 of Article
25 VIII of the Code of Civil Procedure, except that the
26 Department may disclose information and documents to a

1 federal, State, or local law enforcement agency pursuant to a
2 subpoena in an ongoing criminal investigation to a health care
3 licensing body of this State or another state or jurisdiction
4 pursuant to an official request made by that licensing body.
5 Furthermore, information and documents disclosed to a federal,
6 State, or local law enforcement agency may be used by that
7 agency only for the investigation and prosecution of a
8 criminal offense or, in the case of disclosure to a health care
9 licensing body, only for investigations and disciplinary
10 action proceedings with regard to a license issued by that
11 licensing body.

12 (Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;
13 revised 9-20-19.)

14 Section 650. The Nurse Practice Act is amended by changing
15 Section 65-35 and 65-43 as follows:

16 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

17 (Section scheduled to be repealed on January 1, 2028)

18 Sec. 65-35. Written collaborative agreements.

19 (a) A written collaborative agreement is required for all
20 advanced practice registered nurses engaged in clinical
21 practice prior to meeting the requirements of Section 65-43,
22 except for advanced practice registered nurses who are
23 privileged to practice in a hospital, hospital affiliate, or
24 ambulatory surgical treatment center.

1 (a-5) If an advanced practice registered nurse engages in
2 clinical practice outside of a hospital, hospital affiliate,
3 or ambulatory surgical treatment center in which he or she is
4 privileged to practice, the advanced practice registered nurse
5 must have a written collaborative agreement, except as set
6 forth in Section 65-43.

7 (b) A written collaborative agreement shall describe the
8 relationship of the advanced practice registered nurse with
9 the collaborating physician and shall describe the categories
10 of care, treatment, or procedures to be provided by the
11 advanced practice registered nurse. A collaborative agreement
12 with a podiatric physician must be in accordance with
13 subsection (c-5) or (c-15) of this Section. A collaborative
14 agreement with a dentist must be in accordance with subsection
15 (c-10) of this Section. A collaborative agreement with a
16 podiatric physician must be in accordance with subsection
17 (c-5) of this Section. Collaboration does not require an
18 employment relationship between the collaborating physician
19 and the advanced practice registered nurse.

20 The collaborative relationship under an agreement shall
21 not be construed to require the personal presence of a
22 collaborating physician at the place where services are
23 rendered. Methods of communication shall be available for
24 consultation with the collaborating physician in person or by
25 telecommunications or electronic communications as set forth
26 in the written agreement.

1 (b-5) Absent an employment relationship, a written
2 collaborative agreement may not (1) restrict the categories of
3 patients of an advanced practice registered nurse within the
4 scope of the advanced practice registered nurses training and
5 experience, (2) limit third party payors or government health
6 programs, such as the medical assistance program or Medicare
7 with which the advanced practice registered nurse contracts,
8 or (3) limit the geographic area or practice location of the
9 advanced practice registered nurse in this State.

10 (c) In the case of anesthesia services provided by a
11 certified registered nurse anesthetist, an anesthesiologist, a
12 physician, a dentist, or a podiatric physician must
13 participate through discussion of and agreement with the
14 anesthesia plan and remain physically present and available on
15 the premises during the delivery of anesthesia services for
16 diagnosis, consultation, and treatment of emergency medical
17 conditions.

18 (c-5) A certified registered nurse anesthetist, who
19 provides anesthesia services outside of a hospital or
20 ambulatory surgical treatment center shall enter into a
21 written collaborative agreement with an anesthesiologist or
22 the physician licensed to practice medicine in all its
23 branches or the podiatric physician performing the procedure.
24 Outside of a hospital or ambulatory surgical treatment center,
25 the certified registered nurse anesthetist may provide only
26 those services that the collaborating podiatric physician is

1 authorized to provide pursuant to the Podiatric Medical
2 Practice Act of 1987 and rules adopted thereunder. A certified
3 registered nurse anesthetist may select, order, and administer
4 medication, including controlled substances, and apply
5 appropriate medical devices for delivery of anesthesia
6 services under the anesthesia plan agreed with by the
7 anesthesiologist or the operating physician or operating
8 podiatric physician.

9 (c-10) A certified registered nurse anesthetist who
10 provides anesthesia services in a dental office shall enter
11 into a written collaborative agreement with an
12 anesthesiologist or the physician licensed to practice
13 medicine in all its branches or the operating dentist
14 performing the procedure. The agreement shall describe the
15 working relationship of the certified registered nurse
16 anesthetist and dentist and shall authorize the categories of
17 care, treatment, or procedures to be performed by the
18 certified registered nurse anesthetist. In a collaborating
19 dentist's office, the certified registered nurse anesthetist
20 may only provide those services that the operating dentist
21 with the appropriate permit is authorized to provide pursuant
22 to the Illinois Dental Practice Act and rules adopted
23 thereunder. For anesthesia services, an anesthesiologist,
24 physician, or operating dentist shall participate through
25 discussion of and agreement with the anesthesia plan and shall
26 remain physically present and be available on the premises

1 during the delivery of anesthesia services for diagnosis,
2 consultation, and treatment of emergency medical conditions. A
3 certified registered nurse anesthetist may select, order, and
4 administer medication, including controlled substances, and
5 apply appropriate medical devices for delivery of anesthesia
6 services under the anesthesia plan agreed with by the
7 operating dentist.

8 (c-15) An advanced practice registered nurse who had a
9 written collaborative agreement with a podiatric physician
10 immediately before the effective date of Public Act 100-513
11 may continue in that collaborative relationship or enter into
12 a new written collaborative relationship with a podiatric
13 physician under the requirements of this Section and Section
14 65-40, as those Sections existed immediately before the
15 amendment of those Sections by Public Act 100-513 with regard
16 to a written collaborative agreement between an advanced
17 practice registered nurse and a podiatric physician.

18 (d) A copy of the signed, written collaborative agreement
19 must be available to the Department upon request from both the
20 advanced practice registered nurse and the collaborating
21 physician, dentist, or podiatric physician.

22 (e) Nothing in this Act shall be construed to limit the
23 delegation of tasks or duties by a physician to a licensed
24 practical nurse, a registered professional nurse, or other
25 persons in accordance with Section 54.2 of the Medical
26 Practice Act of 1987. Nothing in this Act shall be construed to

1 limit the method of delegation that may be authorized by any
2 means, including, but not limited to, oral, written,
3 electronic, standing orders, protocols, guidelines, or verbal
4 orders.

5 (e-5) Nothing in this Act shall be construed to authorize
6 an advanced practice registered nurse to provide health care
7 services required by law or rule to be performed by a
8 physician, including those acts to be performed by a physician
9 in Section 3.1 of the Illinois Abortion Law of 2021. ~~The scope~~
10 ~~of practice of an advanced practice registered nurse does not~~
11 ~~include operative surgery. Nothing in this Section shall be~~
12 ~~construed to preclude an advanced practice registered nurse~~
13 ~~from assisting in surgery.~~

14 (f) An advanced practice registered nurse shall inform
15 each collaborating physician, dentist, or podiatric physician
16 of all collaborative agreements he or she has signed and
17 provide a copy of these to any collaborating physician,
18 dentist, or podiatric physician upon request.

19 (g) (Blank).

20 (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18;
21 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

22 (225 ILCS 65/65-43)

23 (Section scheduled to be repealed on January 1, 2028)

24 Sec. 65-43. Full practice authority.

25 (a) An Illinois-licensed advanced practice registered

1 nurse certified as a nurse practitioner, nurse midwife, or
2 clinical nurse specialist shall be deemed by law to possess
3 the ability to practice without a written collaborative
4 agreement as set forth in this Section.

5 (b) An advanced practice registered nurse certified as a
6 nurse midwife, clinical nurse specialist, or nurse
7 practitioner who files with the Department a notarized
8 attestation of completion of at least 250 hours of continuing
9 education or training and at least 4,000 hours of clinical
10 experience after first attaining national certification shall
11 not require a written collaborative agreement, except as
12 specified in subsection (c). Documentation of successful
13 completion shall be provided to the Department upon request.

14 Continuing education or training hours required by
15 subsection (b) shall be in the advanced practice registered
16 nurse's area of certification as set forth by Department rule.

17 The clinical experience must be in the advanced practice
18 registered nurse's area of certification. The clinical
19 experience shall be in collaboration with a physician or
20 physicians. Completion of the clinical experience must be
21 attested to by the collaborating physician or physicians and
22 the advanced practice registered nurse.

23 (c) The scope of practice of an advanced practice
24 registered nurse with full practice authority includes:

25 (1) all matters included in subsection (c) of Section
26 65-30 of this Act;

1 (2) practicing without a written collaborative
2 agreement in all practice settings consistent with
3 national certification;

4 (3) authority to prescribe both legend drugs and
5 Schedule II through V controlled substances; this
6 authority includes prescription of, selection of, orders
7 for, administration of, storage of, acceptance of samples
8 of, and dispensing over the counter medications, legend
9 drugs, and controlled substances categorized as any
10 Schedule II through V controlled substances, as defined in
11 Article II of the Illinois Controlled Substances Act, and
12 other preparations, including, but not limited to,
13 botanical and herbal remedies;

14 (4) prescribing benzodiazepines or Schedule II
15 narcotic drugs, such as opioids, only in a consultation
16 relationship with a physician; this consultation
17 relationship shall be recorded in the Prescription
18 Monitoring Program website, pursuant to Section 316 of the
19 Illinois Controlled Substances Act, by the physician and
20 advanced practice registered nurse with full practice
21 authority and is not required to be filed with the
22 Department; the specific Schedule II narcotic drug must be
23 identified by either brand name or generic name; the
24 specific Schedule II narcotic drug, such as an opioid, may
25 be administered by oral dosage or topical or transdermal
26 application; delivery by injection or other route of

1 administration is not permitted; at least monthly, the
2 advanced practice registered nurse and the physician must
3 discuss the condition of any patients for whom a
4 benzodiazepine or opioid is prescribed; nothing in this
5 subsection shall be construed to require a prescription by
6 an advanced practice registered nurse with full practice
7 authority to require a physician name;

8 (5) authority to obtain an Illinois controlled
9 substance license and a federal Drug Enforcement
10 Administration number; and

11 (6) use of only local anesthetic.

12 The scope of practice of an advanced practice registered
13 nurse does not include operative surgery. ~~Nothing in this~~
14 ~~Section shall be construed to preclude an advanced practice~~
15 ~~registered nurse from assisting in surgery.~~

16 (d) The Department may adopt rules necessary to administer
17 this Section, including, but not limited to, requiring the
18 completion of forms and the payment of fees.

19 (e) Nothing in this Act shall be construed to authorize an
20 advanced practice registered nurse with full practice
21 authority to provide health care services required by law or
22 rule to be performed by a physician, including, but not
23 limited to, those acts to be performed by a physician in
24 Section 3.1 of the Illinois Abortion Law of 2021.

25 (Source: P.A. 100-513, eff. 1-1-18; 101-13, eff. 6-12-19.)

1 Section 653. The Physician Assistant Practice Act of 1987
2 is amended by changing Section 7.5 as follows:

3 (225 ILCS 95/7.5)

4 (Section scheduled to be repealed on January 1, 2028)

5 Sec. 7.5. Written collaborative agreements; prescriptive
6 authority.

7 (a) A written collaborative agreement is required for all
8 physician assistants to practice in the State, except as
9 provided in Section 7.7 of this Act.

10 (1) A written collaborative agreement shall describe
11 the working relationship of the physician assistant with
12 the collaborating physician and shall describe the
13 categories of care, treatment, or procedures to be
14 provided by the physician assistant. The written
15 collaborative agreement shall promote the exercise of
16 professional judgment by the physician assistant
17 commensurate with his or her education and experience. The
18 services to be provided by the physician assistant shall
19 be services that the collaborating physician is authorized
20 to and generally provides to his or her patients in the
21 normal course of his or her clinical medical practice. The
22 written collaborative agreement need not describe the
23 exact steps that a physician assistant must take with
24 respect to each specific condition, disease, or symptom
25 but must specify which authorized procedures require the

1 presence of the collaborating physician as the procedures
2 are being performed. The relationship under a written
3 collaborative agreement shall not be construed to require
4 the personal presence of a physician at the place where
5 services are rendered. Methods of communication shall be
6 available for consultation with the collaborating
7 physician in person or by telecommunications or electronic
8 communications as set forth in the written collaborative
9 agreement. For the purposes of this Act, "generally
10 provides to his or her patients in the normal course of his
11 or her clinical medical practice" means services, not
12 specific tasks or duties, the collaborating physician
13 routinely provides individually or through delegation to
14 other persons so that the physician has the experience and
15 ability to collaborate and provide consultation.

16 (2) The written collaborative agreement shall be
17 adequate if a physician does each of the following:

18 (A) Participates in the joint formulation and
19 joint approval of orders or guidelines with the
20 physician assistant and he or she periodically reviews
21 such orders and the services provided patients under
22 such orders in accordance with accepted standards of
23 medical practice and physician assistant practice.

24 (B) Provides consultation at least once a month.

25 (3) A copy of the signed, written collaborative
26 agreement must be available to the Department upon request

1 from both the physician assistant and the collaborating
2 physician.

3 (4) A physician assistant shall inform each
4 collaborating physician of all written collaborative
5 agreements he or she has signed and provide a copy of these
6 to any collaborating physician upon request.

7 (b) A collaborating physician may, but is not required to,
8 delegate prescriptive authority to a physician assistant as
9 part of a written collaborative agreement. This authority may,
10 but is not required to, include prescription of, selection of,
11 orders for, administration of, storage of, acceptance of
12 samples of, and dispensing medical devices, over the counter
13 medications, legend drugs, medical gases, and controlled
14 substances categorized as Schedule II through V controlled
15 substances, as defined in Article II of the Illinois
16 Controlled Substances Act, and other preparations, including,
17 but not limited to, botanical and herbal remedies. The
18 collaborating physician must have a valid, current Illinois
19 controlled substance license and federal registration with the
20 Drug Enforcement Administration ~~Agency~~ to delegate the
21 authority to prescribe controlled substances.

22 (1) To prescribe Schedule II, III, IV, or V controlled
23 substances under this Section, a physician assistant must
24 obtain a mid-level practitioner controlled substances
25 license. Medication orders issued by a physician assistant
26 shall be reviewed periodically by the collaborating

1 physician.

2 (2) The collaborating physician shall file with the
3 Department notice of delegation of prescriptive authority
4 to a physician assistant and termination of delegation,
5 specifying the authority delegated or terminated. Upon
6 receipt of this notice delegating authority to prescribe
7 controlled substances, the physician assistant shall be
8 eligible to register for a mid-level practitioner
9 controlled substances license under Section 303.05 of the
10 Illinois Controlled Substances Act. Nothing in this Act
11 shall be construed to limit the delegation of tasks or
12 duties by the collaborating physician to a nurse or other
13 appropriately trained persons in accordance with Section
14 54.2 of the Medical Practice Act of 1987.

15 (3) In addition to the requirements of this subsection
16 (b), a collaborating physician may, but is not required
17 to, delegate authority to a physician assistant to
18 prescribe Schedule II controlled substances, if all of the
19 following conditions apply:

20 (A) Specific Schedule II controlled substances by
21 oral dosage or topical or transdermal application may
22 be delegated, provided that the delegated Schedule II
23 controlled substances are routinely prescribed by the
24 collaborating physician. This delegation must identify
25 the specific Schedule II controlled substances by
26 either brand name or generic name. Schedule II

1 controlled substances to be delivered by injection or
2 other route of administration may not be delegated.

3 (B) (Blank).

4 (C) Any prescription must be limited to no more
5 than a 30-day supply, with any continuation authorized
6 only after prior approval of the collaborating
7 physician.

8 (D) The physician assistant must discuss the
9 condition of any patients for whom a controlled
10 substance is prescribed monthly with the collaborating
11 physician.

12 (E) The physician assistant meets the education
13 requirements of Section 303.05 of the Illinois
14 Controlled Substances Act.

15 (c) Nothing in this Act shall be construed to limit the
16 delegation of tasks or duties by a physician to a licensed
17 practical nurse, a registered professional nurse, or other
18 persons. Nothing in this Act shall be construed to limit the
19 method of delegation that may be authorized by any means,
20 including, but not limited to, oral, written, electronic,
21 standing orders, protocols, guidelines, or verbal orders.
22 Nothing in this Act shall be construed to authorize a
23 physician assistant to provide health care services required
24 by law or rule to be performed by a physician. ~~Nothing in this~~
25 ~~Act shall be construed to authorize the delegation or~~
26 ~~performance of operative surgery. Nothing in this Section~~

1 ~~shall be construed to preclude a physician assistant from~~
2 ~~assisting in surgery.~~

3 (c-5) Nothing in this Section shall be construed to apply
4 to any medication authority, including Schedule II controlled
5 substances of a licensed physician assistant for care provided
6 in a hospital, hospital affiliate, or ambulatory surgical
7 treatment center pursuant to Section 7.7 of this Act.

8 (d) (Blank).

9 (e) Nothing in this Section shall be construed to prohibit
10 generic substitution.

11 (Source: P.A. 100-453, eff. 8-25-17; 101-13, eff. 6-12-19;
12 revised 8-24-20.)

13 Section 655. The Vital Records Act is amended by changing
14 Section 1 as follows:

15 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

16 Sec. 1. As used in this Act, unless the context otherwise
17 requires:

18 (1) "Vital records" means records of births, deaths, fetal
19 deaths, marriages, dissolution of marriages, and data related
20 thereto.

21 (2) "System of vital records" includes the registration,
22 collection, preservation, amendment, and certification of
23 vital records, and activities related thereto.

24 (3) "Filing" means the presentation of a certificate,

1 report, or other record provided for in this Act, of a birth,
2 death, fetal death, adoption, marriage, or dissolution of
3 marriage, for registration by the Office of Vital Records.

4 (4) "Registration" means the acceptance by the Office of
5 Vital Records and the incorporation in its official records of
6 certificates, reports, or other records provided for in this
7 Act, of births, deaths, fetal deaths, adoptions, marriages, or
8 dissolution of marriages.

9 (5) "Live birth" means the complete expulsion or
10 extraction from its mother of a product of human conception,
11 irrespective of the duration of pregnancy, which after such
12 separation breathes or shows any other evidence of life such
13 as beating of the heart, pulsation of the umbilical cord, or
14 definite movement of voluntary muscles, whether or not the
15 umbilical cord has been cut or the placenta is attached.

16 (6) "Fetal death" means death prior to the complete
17 expulsion or extraction from ~~the uterus~~ its mother of a
18 product of human conception, irrespective of the duration of
19 pregnancy, ~~and which is not due to an abortion as defined in~~
20 ~~Section 1-10 of the Reproductive Health Act.~~ ; ~~The~~ the death is
21 indicated by the fact that after such separation the fetus
22 does not breathe or show any other evidence of life such as
23 beating of the heart, pulsation of the umbilical cord, or
24 definite movement of voluntary muscles.

25 (7) "Dead body" means a lifeless human body or parts of
26 such body or bones thereof from the state of which it may

1 reasonably be concluded that death has occurred.

2 (8) "Final disposition" means the burial, cremation, or
3 other disposition of a dead human body or fetus or parts
4 thereof.

5 (9) "Physician" means a person licensed to practice
6 medicine in Illinois or any other state.

7 (10) "Institution" means any establishment, public or
8 private, which provides in-patient medical, surgical, or
9 diagnostic care or treatment, or nursing, custodial, or
10 domiciliary care to 2 or more unrelated individuals, or to
11 which persons are committed by law.

12 (11) "Department" means the Department of Public Health of
13 the State of Illinois.

14 (12) "Director" means the Director of the Illinois
15 Department of Public Health.

16 (13) "Licensed health care professional" means a person
17 licensed to practice as a physician, advanced practice
18 registered nurse, or physician assistant in Illinois or any
19 other state.

20 (14) "Licensed mental health professional" means a person
21 who is licensed or registered to provide mental health
22 services by the Department of Financial and Professional
23 Regulation or a board of registration duly authorized to
24 register or grant licenses to persons engaged in the practice
25 of providing mental health services in Illinois or any other
26 state.

1 (15) "Intersex condition" means a condition in which a
2 person is born with a reproductive or sexual anatomy or
3 chromosome pattern that does not fit typical definitions of
4 male or female.

5 (16) "Homeless person" means an individual who meets the
6 definition of "homeless" under Section 103 of the federal
7 McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) or an
8 individual residing in any of the living situations described
9 in 42 U.S.C. 11434a(2).

10 (Source: P.A. 100-360, eff. 1-1-18; 100-506, eff. 1-1-18;
11 100-863, eff. 8-14-18; 101-13, eff. 6-12-19.)

12 Section 660. The Environmental Protection Act is amended
13 by changing Section 56.1 as follows:

14 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

15 Sec. 56.1. Acts prohibited.

16 (A) No person shall:

17 (a) Cause or allow the disposal of any potentially
18 infectious medical waste. Sharps may be disposed in any
19 landfill permitted by the Agency under Section 21 of this
20 Act to accept municipal waste for disposal, if both:

21 (1) the infectious potential has been eliminated
22 from the sharps by treatment; and

23 (2) the sharps are packaged in accordance with
24 Board regulations.

1 (b) Cause or allow the delivery of any potentially
2 infectious medical waste for transport, storage,
3 treatment, or transfer except in accordance with Board
4 regulations.

5 (c) Beginning July 1, 1992, cause or allow the
6 delivery of any potentially infectious medical waste to a
7 person or facility for storage, treatment, or transfer
8 that does not have a permit issued by the agency to receive
9 potentially infectious medical waste, unless no permit is
10 required under subsection (g) (1).

11 (d) Beginning July 1, 1992, cause or allow the
12 delivery or transfer of any potentially infectious medical
13 waste for transport unless:

14 (1) the transporter has a permit issued by the
15 Agency to transport potentially infectious medical
16 waste, or the transporter is exempt from the permit
17 requirement set forth in subsection (f) (1).

18 (2) a potentially infectious medical waste
19 manifest is completed for the waste if a manifest is
20 required under subsection (h).

21 (e) Cause or allow the acceptance of any potentially
22 infectious medical waste for purposes of transport,
23 storage, treatment, or transfer except in accordance with
24 Board regulations.

25 (f) Beginning July 1, 1992, conduct any potentially
26 infectious medical waste transportation operation:

1 (1) Without a permit issued by the Agency to
2 transport potentially infectious medical waste. No
3 permit is required under this provision (f) (1) for:

4 (A) a person transporting potentially
5 infectious medical waste generated solely by that
6 person's activities;

7 (B) noncommercial transportation of less than
8 50 pounds of potentially infectious medical waste
9 at any one time; or

10 (C) the U.S. Postal Service.

11 (2) In violation of any condition of any permit
12 issued by the Agency under this Act.

13 (3) In violation of any regulation adopted by the
14 Board.

15 (4) In violation of any order adopted by the Board
16 under this Act.

17 (g) Beginning July 1, 1992, conduct any potentially
18 infectious medical waste treatment, storage, or transfer
19 operation:

20 (1) without a permit issued by the Agency that
21 specifically authorizes the treatment, storage, or
22 transfer of potentially infectious medical waste. No
23 permit is required under this subsection (g) or
24 subsection (d) (1) of Section 21 for any:

25 (A) Person conducting a potentially infectious
26 medical waste treatment, storage, or transfer

1 operation for potentially infectious medical waste
2 generated by the person's own activities that are
3 treated, stored, or transferred within the site
4 where the potentially infectious medical waste is
5 generated.

6 (B) Hospital that treats, stores, or transfers
7 only potentially infectious medical waste
8 generated by its own activities or by members of
9 its medical staff.

10 (C) Sharps collection station that is operated
11 in accordance with Section 56.7.

12 (2) in violation of any condition of any permit
13 issued by the Agency under this Act.

14 (3) in violation of any regulation adopted by the
15 Board.

16 (4) In violation of any order adopted by the Board
17 under this Act.

18 (h) Transport potentially infectious medical waste
19 unless the transporter carries a completed potentially
20 infectious medical waste manifest. No manifest is required
21 for the transportation of:

22 (1) potentially infectious medical waste being
23 transported by generators who generated the waste by
24 their own activities, when the potentially infectious
25 medical waste is transported within or between sites
26 or facilities owned, controlled, or operated by that

1 person;

2 (2) less than 50 pounds of potentially infectious
3 medical waste at any one time for a noncommercial
4 transportation activity; or

5 (3) potentially infectious medical waste by the
6 U.S. Postal Service.

7 (i) Offer for transportation, transport, deliver,
8 receive or accept potentially infectious medical waste for
9 which a manifest is required, unless the manifest
10 indicates that the fee required under Section 56.4 of this
11 Act has been paid.

12 (j) Beginning January 1, 1994, conduct a potentially
13 infectious medical waste treatment operation at an
14 incinerator in existence on the effective date of this
15 Title in violation of emission standards established for
16 these incinerators under Section 129 of the Clean Air Act
17 (42 USC 7429), as amended.

18 (k) Beginning July 1, 2015, knowingly mix household
19 sharps, including, but not limited to, hypodermic,
20 intravenous, or other medical needles or syringes or other
21 medical household waste containing used or unused sharps,
22 including, but not limited to, hypodermic, intravenous, or
23 other medical needles or syringes or other sharps, with
24 any other material intended for collection as a recyclable
25 material by a residential hauler.

26 (l) Beginning on July 1, 2015, knowingly place

1 household sharps into a container intended for collection
2 by a residential hauler for processing at a recycling
3 center.

4 (B) In making its orders and determinations relative to
5 penalties, if any, to be imposed for violating subdivision
6 (A) (a) of this Section, the Board, in addition to the factors
7 in Sections 33(c) and 42(h) of this Act, or the Court shall
8 take into consideration whether the owner or operator of the
9 landfill reasonably relied on written statements from the
10 person generating or treating the waste that the waste is not
11 potentially infectious medical waste.

12 ~~(C) Notwithstanding subsection (A) or any other provision~~
13 ~~of law, including the Vital Records Act, tissue and products~~
14 ~~from an abortion, as defined in Section 1-10 of the~~
15 ~~Reproductive Health Act, or a miscarriage may be buried,~~
16 ~~entombed, or cremated.~~

17 (Source: P.A. 101-13, eff. 6-12-19.)

18 Section 665. The Criminal Code of 2012 is amended by
19 changing Section 9-1.2, 9-2.1, 9-3.2, and 12-3.1 as follows:

20 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

21 Sec. 9-1.2. Intentional Homicide of an Unborn Child.

22 (a) A person commits the offense of intentional homicide
23 of an unborn child if, in performing acts which cause the death
24 of an unborn child, he without lawful justification:

1 (1) either intended to cause the death of or do great
2 bodily harm to the pregnant ~~individual~~ woman or her unborn
3 child or knew that such acts would cause death or great
4 bodily harm to the pregnant ~~individual~~ woman or her unborn
5 child; or

6 (2) knew that his acts created a strong probability of
7 death or great bodily harm to the pregnant ~~individual~~
8 woman or her unborn child; and

9 (3) knew that the ~~individual~~ woman was pregnant.

10 (b) For purposes of this Section, (1) "unborn child" shall
11 mean any individual of the human species from ~~the implantation~~
12 ~~of an embryo~~ fertilization until birth, and (2) "person" shall
13 not include the pregnant woman whose unborn child is killed.

14 (c) This Section shall not apply to acts which cause the
15 death of an unborn child if those acts were committed during
16 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
17 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2021, as
18 amended, to which the pregnant ~~individual~~ woman has consented.
19 This Section shall not apply to acts which were committed
20 pursuant to usual and customary standards of medical practice
21 during diagnostic testing or therapeutic treatment.

22 (d) Penalty. The sentence for intentional homicide of an
23 unborn child shall be the same as for first degree murder,
24 except that:

25 (1) the death penalty may not be imposed;

26 (2) if the person committed the offense while armed

1 with a firearm, 15 years shall be added to the term of
2 imprisonment imposed by the court;

3 (3) if, during the commission of the offense, the
4 person personally discharged a firearm, 20 years shall be
5 added to the term of imprisonment imposed by the court;

6 (4) if, during the commission of the offense, the
7 person personally discharged a firearm that proximately
8 caused great bodily harm, permanent disability, permanent
9 disfigurement, or death to another person, 25 years or up
10 to a term of natural life shall be added to the term of
11 imprisonment imposed by the court.

12 (e) The provisions of this Act shall not be construed to
13 prohibit the prosecution of any person under any other
14 provision of law.

15 (Source: P.A. 101-13, eff. 6-12-19.)

16 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

17 Sec. 9-2.1. Voluntary Manslaughter of an Unborn Child. (a)
18 A person who kills an unborn child without lawful
19 justification commits voluntary manslaughter of an unborn
20 child if at the time of the killing he is acting under a sudden
21 and intense passion resulting from serious provocation by
22 another whom the offender endeavors to kill, but he
23 negligently or accidentally causes the death of the unborn
24 child.

25 Serious provocation is conduct sufficient to excite an

1 intense passion in a reasonable person.

2 (b) A person who intentionally or knowingly kills an
3 unborn child commits voluntary manslaughter of an unborn child
4 if at the time of the killing he believes the circumstances to
5 be such that, if they existed, would justify or exonerate the
6 killing under the principles stated in Article 7 of this Code,
7 but his belief is unreasonable.

8 (c) Sentence. Voluntary Manslaughter of an unborn child is
9 a Class 1 felony.

10 (d) For purposes of this Section, (1) "unborn child" shall
11 mean any individual of the human species from ~~the implantation~~
12 ~~of an embryo~~ fertilization until birth, and (2) "person" shall
13 not include the pregnant ~~individual~~ woman whose unborn child
14 is killed.

15 (e) This Section shall not apply to acts which cause the
16 death of an unborn child if those acts were committed during
17 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
18 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2021, as
19 amended, to which the pregnant ~~individual~~ woman has consented.
20 This Section shall not apply to acts which were committed
21 pursuant to usual and customary standards of medical practice
22 during diagnostic testing or therapeutic treatment.

23 (Source: P.A. 101-13, eff. 6-12-19.)

24 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

25 Sec. 9-3.2. Involuntary manslaughter and reckless homicide

1 of an unborn child.

2 (a) A person who unintentionally kills an unborn child
3 without lawful justification commits involuntary manslaughter
4 of an unborn child if his acts whether lawful or unlawful which
5 cause the death are such as are likely to cause death or great
6 bodily harm to some individual, and he performs them
7 recklessly, except in cases in which the cause of death
8 consists of the driving of a motor vehicle, in which case the
9 person commits reckless homicide of an unborn child.

10 (b) Sentence.

11 (1) Involuntary manslaughter of an unborn child is a
12 Class 3 felony.

13 (2) Reckless homicide of an unborn child is a Class 3
14 felony.

15 (c) For purposes of this Section, (1) "unborn child" shall
16 mean any individual of the human species from fertilization
17 ~~the implantation of an embryo~~ until birth, and (2) "person"
18 shall not include the pregnant woman ~~individual~~ whose unborn
19 child is killed.

20 (d) This Section shall not apply to acts which cause the
21 death of an unborn child if those acts were committed during
22 any abortion, as defined in Section 2 of the Illinois Abortion
23 Law of 2021, as amended ~~Section 1-10 of the Reproductive~~
24 ~~Health Act,,~~ to which the pregnant woman ~~individual~~ has
25 consented. This Section shall not apply to acts which were
26 committed pursuant to usual and customary standards of medical

1 practice during diagnostic testing or therapeutic treatment.

2 (e) The provisions of this Section shall not be construed
3 to prohibit the prosecution of any person under any other
4 provision of law, nor shall it be construed to preclude any
5 civil cause of action.

6 (Source: P.A. 101-13, eff. 6-12-19; revised 7-23-19.)

7 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

8 Sec. 12-3.1. Battery of an unborn child; aggravated
9 battery of an unborn child.

10 (a) A person commits battery of an unborn child if he or
11 she knowingly without legal justification and by any means
12 causes bodily harm to an unborn child.

13 (a-5) A person commits aggravated battery of an unborn
14 child when, in committing a battery of an unborn child, he or
15 she knowingly causes great bodily harm or permanent disability
16 or disfigurement to an unborn child.

17 (b) For purposes of this Section, (1) "unborn child" shall
18 mean any individual of the human species from ~~the implantation~~
19 ~~of an embryo~~ fertilization until birth, and (2) "person" shall
20 not include the pregnant ~~individual~~ woman whose unborn child
21 is harmed.

22 (c) Sentence. Battery of an unborn child is a Class A
23 misdemeanor. Aggravated battery of an unborn child is a Class
24 2 felony.

25 (d) This Section shall not apply to acts which cause

1 bodily harm to an unborn child if those acts were committed
2 during any abortion, as defined in ~~Section 1-10 of the~~
3 ~~Reproductive Health Act,~~ Section 2 of the Illinois Abortion
4 Law of 2021, as amended, to which the pregnant ~~individual~~
5 woman has consented. This Section shall not apply to acts
6 which were committed pursuant to usual and customary standards
7 of medical practice during diagnostic testing or therapeutic
8 treatment.

9 (Source: P.A. 101-13, eff. 6-12-19.)

10 Section 670. The Code of Civil Procedure is amended by
11 changing Section 8-802 as follows:

12 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

13 Sec. 8-802. Physician and patient. No physician or surgeon
14 shall be permitted to disclose any information he or she may
15 have acquired in attending any patient in a professional
16 character, necessary to enable him or her professionally to
17 serve the patient, except only (1) in trials for homicide when
18 the disclosure relates directly to the fact or immediate
19 circumstances of the homicide, (2) in actions, civil or
20 criminal, against the physician for malpractice, (3) with the
21 expressed consent of the patient, or in case of his or her
22 death or disability, of his or her personal representative or
23 other person authorized to sue for personal injury or of the
24 beneficiary of an insurance policy on his or her life, health,

1 or physical condition, or as authorized by Section 8-2001.5,
2 (4) in all actions brought by or against the patient, his or
3 her personal representative, a beneficiary under a policy of
4 insurance, or the executor or administrator of his or her
5 estate wherein the patient's physical or mental condition is
6 an issue, (5) upon an issue as to the validity of a document as
7 a will of the patient, (6) ~~(blank)~~ in any criminal action where
8 the charge is either first degree murder by abortion,
9 attempted abortion or abortion, (7) in actions, civil or
10 criminal, arising from the filing of a report in compliance
11 with the Abused and Neglected Child Reporting Act, (8) to any
12 department, agency, institution or facility which has custody
13 of the patient pursuant to State statute or any court order of
14 commitment, (9) in prosecutions where written results of blood
15 alcohol tests are admissible pursuant to Section 11-501.4 of
16 the Illinois Vehicle Code, (10) in prosecutions where written
17 results of blood alcohol tests are admissible under Section
18 5-11a of the Boat Registration and Safety Act, (11) in
19 criminal actions arising from the filing of a report of
20 suspected terrorist offense in compliance with Section
21 29D-10(p)(7) of the Criminal Code of 2012, (12) upon the
22 issuance of a subpoena pursuant to Section 38 of the Medical
23 Practice Act of 1987; the issuance of a subpoena pursuant to
24 Section 25.1 of the Illinois Dental Practice Act; the issuance
25 of a subpoena pursuant to Section 22 of the Nursing Home
26 Administrators Licensing and Disciplinary Act; or the issuance

1 of a subpoena pursuant to Section 25.5 of the Workers'
2 Compensation Act, (13) upon the issuance of a grand jury
3 subpoena pursuant to Article 112 of the Code of Criminal
4 Procedure of 1963, or (14) to or through a health information
5 exchange, as that term is defined in Section 2 of the Mental
6 Health and Developmental Disabilities Confidentiality Act, in
7 accordance with State or federal law.

8 Upon disclosure under item (13) of this Section, in any
9 criminal action where the charge is domestic battery,
10 aggravated domestic battery, or an offense under Article 11 of
11 the Criminal Code of 2012 or where the patient is under the age
12 of 18 years or upon the request of the patient, the State's
13 Attorney shall petition the court for a protective order
14 pursuant to Supreme Court Rule 415.

15 In the event of a conflict between the application of this
16 Section and the Mental Health and Developmental Disabilities
17 Confidentiality Act to a specific situation, the provisions of
18 the Mental Health and Developmental Disabilities
19 Confidentiality Act shall control.

20 (Source: P.A. 101-13, eff. 6-12-19.)

21 Section 673. The Health Care Right of Conscience Act is
22 amended by changing Section 3 as follows:

23 (745 ILCS 70/3) (from Ch. 111 1/2, par. 5303)

24 Sec. 3. Definitions. As used in this Act, unless the

1 context clearly otherwise requires:

2 (a) "Health care" means any phase of patient care,
3 including but not limited to, testing; diagnosis;
4 prognosis; ancillary research; instructions; family
5 planning, counselling, referrals, or any other advice in
6 connection with the use or procurement of contraceptives
7 and sterilization or abortion procedures; medication; or
8 surgery or other care or treatment rendered by a physician
9 or physicians, nurses, paraprofessionals or health care
10 facility, intended for the physical, emotional, and mental
11 well-being of persons; ~~or an abortion as defined by the~~
12 ~~Reproductive Health Act;~~

13 (b) "Physician" means any person who is licensed by
14 the State of Illinois under the Medical Practice Act of
15 1987;

16 (c) "Health care personnel" means any nurse, nurses'
17 aide, medical school student, professional,
18 paraprofessional or any other person who furnishes, or
19 assists in the furnishing of, health care services;

20 (d) "Health care facility" means any public or private
21 hospital, clinic, center, medical school, medical training
22 institution, laboratory or diagnostic facility,
23 physician's office, infirmary, dispensary, ambulatory
24 surgical treatment center or other institution or location
25 wherein health care services are provided to any person,
26 including physician organizations and associations,

1 networks, joint ventures, and all other combinations of
2 those organizations;

3 (e) "Conscience" means a sincerely held set of moral
4 convictions arising from belief in and relation to God, or
5 which, though not so derived, arises from a place in the
6 life of its possessor parallel to that filled by God among
7 adherents to religious faiths;

8 (f) "Health care payer" means a health maintenance
9 organization, insurance company, management services
10 organization, or any other entity that pays for or
11 arranges for the payment of any health care or medical
12 care service, procedure, or product; and

13 (g) "Undue delay" means unreasonable delay that causes
14 impairment of the patient's health.

15 The above definitions include not only the traditional
16 combinations and forms of these persons and organizations but
17 also all new and emerging forms and combinations of these
18 persons and organizations.

19 (Source: P.A. 101-13, eff. 6-12-19.)

20 Section 675. The Rights of Married Persons Act is amended
21 by changing Section 15 as follows:

22 (750 ILCS 65/15) (from Ch. 40, par. 1015)

23 Sec. 15. (a)(1) The expenses of the family and of the
24 education of the children shall be chargeable upon the

1 property of both husband and wife, or of either of them, in
2 favor of creditors therefor, and in relation thereto they may
3 be sued jointly or separately.

4 (2) No creditor, who has a claim against a spouse or former
5 spouse for an expense incurred by that spouse or former spouse
6 which is not a family expense, shall maintain an action
7 against the other spouse or former spouse for that expense
8 except:

9 (A) an expense for which the other spouse or former spouse
10 agreed, in writing, to be liable; or

11 (B) an expense for goods or merchandise purchased by or in
12 the possession of the other spouse or former spouse, or for
13 services ordered by the other spouse or former spouse.

14 (3) Any creditor who maintains an action in violation of
15 this subsection (a) for an expense other than a family expense
16 against a spouse or former spouse other than the spouse or
17 former spouse who incurred the expense, shall be liable to the
18 other spouse or former spouse for his or her costs, expenses
19 and attorney's fees incurred in defending the action.

20 (4) No creditor shall, with respect to any claim against a
21 spouse or former spouse for which the creditor is prohibited
22 under this subsection (a) from maintaining an action against
23 the other spouse or former spouse, engage in any collection
24 efforts against the other spouse or former spouse, including,
25 but not limited to, informal or formal collection attempts,
26 referral of the claim to a collector or collection agency for

1 collection from the other spouse or former spouse, or making
2 any representation to a credit reporting agency that the other
3 spouse or former spouse is any way liable for payment of the
4 claim.

5 (b) ~~(Blank)~~. No spouse shall be liable for any expense
6 incurred by the other spouse when an abortion is performed on
7 such spouse, without the consent of such other spouse, unless
8 the physician who performed the abortion certifies that such
9 abortion is necessary to preserve the life of the spouse who
10 obtained such abortion.

11 (c) ~~(Blank)~~. No parent shall be liable for any expense
12 incurred by his or her minor child when an abortion is
13 performed on such minor child without the consent of both
14 parents of such child, if they both have custody, or the parent
15 having custody, or legal guardian of such child, unless the
16 physician who performed the abortion certifies that such
17 abortion is necessary to preserve the life of the minor child
18 who obtained such abortion.

19 (Source: P.A. 101-13, eff. 6-12-19.)

20 Article 7.

21 Section 705. Effective date. This Act takes effect upon
22 becoming law.

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735 ILCS 5/11-107.1a new

8

5 ILCS 375/6.11

9

20 ILCS 505/5 from Ch. 23, par. 5005

10

5 ILCS 140/7.5

11

55 ILCS 5/3-3013 from Ch. 34, par. 3-3013

12

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13

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14

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16

215 ILCS 125/5-3 from Ch. 111 1/2, par. 1411.2

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215 ILCS 165/10 from Ch. 32, par. 604

18

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

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23

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720 ILCS 5/9-1.2 from Ch. 38, par. 9-1.2

- 1 720 ILCS 5/9-2.1 from Ch. 38, par. 9-2.1
- 2 720 ILCS 5/9-3.2 from Ch. 38, par. 9-3.2
- 3 720 ILCS 5/12-3.1 from Ch. 38, par. 12-3.1
- 4 735 ILCS 5/8-802 from Ch. 110, par. 8-802
- 5 745 ILCS 70/3 from Ch. 111 1/2, par. 5303
- 6 750 ILCS 65/15 from Ch. 40, par. 1015