



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3053

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. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Act 101-13. Provides that, subsequent to an abortion, if a child is born alive, the physician required to be in attendance shall exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as would be required of a physician providing immediate medical care to a child born alive at the same gestational age. Effective immediately.

LRB102 11392 CPF 16725 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 that stage of fetal development
15 when, in the medical judgment of the attending physician based
16 on the particular facts of the case before him, there is a
17 reasonable likelihood of sustained survival of the fetus
18 outside the womb, with or without artificial support.

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

22 (3) "Department" means the Department of Public Health,

1 State of Illinois.

2 (4) "Abortion" means the use of any instrument, medicine,
3 drug or any other substance or device to terminate the
4 pregnancy of a woman known to be pregnant with an intention
5 other than to increase the probability of a live birth, to
6 preserve the life or health of the child after live birth, or
7 to remove a dead fetus.

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

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

15 (7) "Abortifacient" means any instrument, medicine, drug,
16 or any other substance or device which is known to cause fetal
17 death when employed in the usual and customary use for which it
18 is manufactured, whether or not the fetus is known to exist
19 when such substance or device is employed.

20 (8) "Born alive", "live born", and "live birth", when
21 applied to an individual organism of the species homo sapiens,
22 each mean he or she was completely expelled or extracted from
23 his or her mother and after such separation breathed or showed
24 evidence of any of the following: beating of the heart,
25 pulsation of the umbilical cord, or definite movement of
26 voluntary muscles, irrespective of the duration of pregnancy

1 and whether or not the umbilical cord has been cut or the
2 placenta is attached.

3 Section 3.1. Medical Judgment. No abortion shall be
4 performed except by a physician after either (a) he determines
5 that, in his best clinical judgment, the abortion is
6 necessary, or (b) he receives a written statement or oral
7 communication by another physician, hereinafter called the
8 "referring physician", certifying that in the referring
9 physician's best clinical judgment the abortion is necessary.
10 Any person who intentionally or knowingly performs an abortion
11 contrary to the requirements of Section 3.1 commits a Class 2
12 felony.

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

20 (2) When the fetus is viable the physician shall certify
21 in writing, on a form prescribed by the Department under
22 Section 10 of this Law, the medical indications which, in his
23 medical judgment based on the particular facts of the case
24 before him, warrant performance of the abortion to preserve

1 the life or health of the mother.

2 Section 6. (1) (a) Any physician who intentionally
3 performs an abortion when, in his medical judgment based on
4 the particular facts of the case before him, there is a
5 reasonable likelihood of sustained survival of the fetus
6 outside the womb, with or without artificial support, shall
7 utilize that method of abortion which, of those he knows to be
8 available, is in his medical judgment most likely to preserve
9 the life and health of the fetus.

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

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

17 (2) (a) No abortion shall be performed or induced when the
18 fetus is viable unless there is in attendance a physician
19 other than the physician performing or inducing the abortion
20 who shall take control of and provide immediate medical care
21 for any child born alive as a result of the abortion. This
22 requirement shall not apply when, in the medical judgment of
23 the physician performing or inducing the abortion based on the
24 particular facts of the case before him, there exists a
25 medical emergency; in such a case, the physician shall

1 describe the basis of this judgment on the form prescribed by
2 Section 10 of this Act. Any physician who intentionally
3 performs or induces such an abortion and who intentionally,
4 knowingly, or recklessly fails to arrange for the attendance
5 of such a second physician in violation of Section 6(2)(a)
6 commits a Class 3 felony.

7 (b) Subsequent to the abortion, if a child is born alive,
8 the physician required by Section 6(2)(a) to be in attendance
9 shall exercise the same degree of professional skill, care and
10 diligence to preserve the life and health of the child as would
11 be required of a physician providing immediate medical care to
12 a child born alive at the same gestational age. Any such
13 physician who intentionally, knowingly, or recklessly violates
14 Section 6(2)(b) commits a Class 3 felony.

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

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

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

5 (c) Any physician who intentionally, knowingly, or
6 recklessly violates the provisions of Section 6(4) (a) commits
7 a Class 3 felony.

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

13 (6) When the fetus is viable and when there exists
14 reasonable medical certainty (a) that the particular method of
15 abortion to be employed will cause organic pain to the fetus,
16 and (b) that use of an anesthetic or analgesic would abolish or
17 alleviate organic pain to the fetus caused by the particular
18 method of abortion to be employed, then the physician who is to
19 perform the abortion or his agent or the referring physician
20 or his agent shall inform the woman upon whom the abortion is
21 to be performed that such an anesthetic or analgesic is
22 available, if he knows it to be available, for use to abolish
23 or alleviate organic pain caused to the fetus by the
24 particular method of abortion to be employed. Any person who
25 performs an abortion with knowledge that any such reasonable
26 medical certainty exists and that such an anesthetic or

1 analgesic is available, and intentionally fails to so inform
2 the woman or to ascertain that the woman has been so informed
3 commits a Class B misdemeanor. The foregoing requirements of
4 subsection (6) of Section 6 shall not apply (a) when in the
5 medical judgment of the physician who is to perform the
6 abortion or the referring physician based upon the particular
7 facts of the case before him: (i) there exists a medical
8 emergency, or (ii) the administration of such an anesthetic or
9 analgesic would decrease a possibility of sustained survival
10 of the fetus apart from the body of the mother, with or without
11 artificial support, or (b) when the physician who is to
12 perform the abortion administers an anesthetic or an analgesic
13 to the woman or the fetus and he knows there exists reasonable
14 medical certainty that such use will abolish organic pain
15 caused to the fetus during the course of the abortion.

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

23 (8) No person shall intentionally perform an abortion with
24 knowledge that the pregnant woman is seeking the abortion
25 solely on account of the sex of the fetus. Nothing in Section
26 6(8) shall be construed to proscribe the performance of an

1 abortion on account of the sex of the fetus because of a
2 genetic disorder linked to that sex. If the application of
3 Section 6(8) to the period of pregnancy prior to viability is
4 held invalid, then such invalidity shall not affect its
5 application to the period of pregnancy subsequent to
6 viability.

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

13 (1) Identification of the physician who performed the
14 abortion and the facility where the abortion was performed
15 and a patient identification number;

16 (2) State in which the patient resides;

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

18 (4) Number of prior pregnancies;

19 (5) Date of last menstrual period;

20 (6) Type of abortion procedure performed;

21 (7) Complications and whether the abortion resulted in
22 a live birth;

23 (8) The date the abortion was performed;

24 (9) Medical indications for any abortion performed
25 when the fetus was viable;

1 (10) The information required by Sections 6(1)(b) and
2 6(4)(b) of this Act, if applicable;

3 (11) Basis for any medical judgment that a medical
4 emergency existed when required under Sections 6(2)(a) and
5 6(6) and when required to be reported in accordance with
6 this Section by any provision of this Law; and

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

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

14 In the event that a complication of an abortion occurs or
15 becomes known after submission of such form, a correction
16 using the same patient identification number shall be
17 submitted to the Department within 10 days of its becoming
18 known.

19 The Department may prescribe rules and regulations
20 regarding the administration of this Law and shall prescribe
21 regulations to secure the confidentiality of the woman's
22 identity in the information to be provided under the "Vital
23 Records Act". All reports received by the Department shall be
24 treated as confidential and the Department shall secure the
25 woman's anonymity. Such reports shall be used only for
26 statistical purposes.

1 Upon 30 days public notice, the Department is empowered to
2 require reporting of any additional information which, in the
3 sound discretion of the Department, is necessary to develop
4 statistical data relating to the protection of maternal or
5 fetal life or health, or is necessary to enforce the
6 provisions of this Law, or is necessary to develop useful
7 criteria for medical decisions. The Department shall annually
8 report to the General Assembly all statistical data gathered
9 under this Law and its recommendations to further the purpose
10 of this Law.

11 The requirement for reporting to the General Assembly
12 shall be satisfied by filing copies of the report as required
13 by Section 3.1 of the General Assembly Organization Act, and
14 filing such additional copies with the State Government Report
15 Distribution Center for the General Assembly as is required
16 under paragraph (t) of Section 7 of the State Library Act.

17 Section 10.1. Any physician who diagnoses a woman as
18 having complications resulting from an abortion shall report,
19 within a reasonable period of time, the diagnosis and a
20 summary of her physical symptoms to the Illinois Department of
21 Public Health in accordance with procedures and upon forms
22 required by such Department. The Department of Public Health
23 shall define the complications required to be reported by
24 rule. The complications defined by rule shall be those which,
25 according to contemporary medical standards, are manifested by

1 symptoms with severity equal to or greater than hemorrhaging
2 requiring transfusion, infection, incomplete abortion, or
3 punctured organs. If the physician making the diagnosis of a
4 complication knows the name or location of the facility where
5 the abortion was performed, he shall report such information
6 to the Department of Public Health.

7 Any physician who intentionally violates this Section
8 shall be subject to revocation of his license pursuant to
9 paragraph (22) of Section 22 of the Medical Practice Act of
10 1987.

11 Section 11. (1) Any person who intentionally violates any
12 provision of this Law commits a Class A misdemeanor unless a
13 specific penalty is otherwise provided. Any person who
14 intentionally falsifies any writing required by this Law
15 commits a Class A misdemeanor.

16 Intentional, knowing, reckless, or negligent violations of
17 this Law shall constitute unprofessional conduct which causes
18 public harm under Section 22 of the Medical Practice Act of
19 1987, as amended; Section 70-5 of the Nurse Practice Act, and
20 Section 21 of the Physician Assistant Practice Act of 1987, as
21 amended.

22 Intentional, knowing, reckless or negligent violations of
23 this Law will constitute grounds for refusal, denial,
24 revocation, suspension, or withdrawal of license, certificate,
25 or permit under Section 30 of the Pharmacy Practice Act, as

1 amended; Section 7 of the Ambulatory Surgical Treatment Center
2 Act, effective July 19, 1973, as amended; and Section 7 of the
3 Hospital Licensing Act.

4 (2) Any hospital or licensed facility which, or any
5 physician who intentionally, knowingly, or recklessly fails to
6 submit a complete report to the Department in accordance with
7 the provisions of Section 10 of this Law and any person who
8 intentionally, knowingly, recklessly or negligently fails to
9 maintain the confidentiality of any reports required under
10 this Law or reports required by Sections 10.1 or 12 of this Law
11 commits a Class B misdemeanor.

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

23 (4) Any person who intentionally, knowingly or recklessly
24 performs upon a woman what he represents to that woman to be an
25 abortion when he knows or should know that she is not pregnant
26 commits a Class 2 felony and shall be answerable in civil

1 damages equal to 3 times the amount of proved damages.

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

5 (b) For purposes of this Section, "referral fee" means the
6 transfer of anything of value between a doctor who performs an
7 abortion or an operator or employee of a clinic at which an
8 abortion is performed and the person who advised the woman
9 receiving the abortion to use the services of that doctor or
10 clinic.

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

1 Section 12.1. Nothing in this Act shall prohibit the use
2 of any tissues or cells obtained from a dead fetus or dead
3 premature infant whose death did not result from an induced
4 abortion, for therapeutic purposes or scientific, research, or
5 laboratory experimentation, provided that the written consent
6 to such use is obtained from one of the parents of such fetus
7 or infant.

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

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

1 (210 ILCS 5/6.2 new)

2 Sec. 6.2. Notwithstanding any other provision of this Act,
3 any corporation operating an Ambulatory Surgical Treatment
4 Center devoted primarily to providing facilities for abortion
5 must have a physician, who is licensed to practice medicine in
6 all of its branches and is actively engaged in the practice of
7 medicine at the Center, on the board of directors as a
8 condition to licensure of the Center.

9 Section 310. The Sexual Assault Survivors Emergency
10 Treatment Act is amended by adding Section 9.1 as follows:

11 (410 ILCS 70/9.1 new)

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

15 Section 315. The Code of Civil Procedure is amended by
16 adding Section 11-107.1a as follows:

17 (735 ILCS 5/11-107.1a new)

18 Sec. 11-107.1a. Injunctive relief for the father of an
19 unborn child in an abortion related decision by the mother. In
20 any case when a married woman wishes to have an abortion
21 performed upon her, and her spouse, who is the father of the
22 unborn child, is opposed to the performance of that abortion,

1 a court may hear testimony from both parties and balance the
2 rights and interests of those parties.

3 When the interests of the husband in preventing the
4 abortion outweigh those of the wife in having an abortion
5 performed after the unborn child is viable, the court may
6 issue an injunction against the performance of the abortion
7 but only where the court makes a finding that the mother's life
8 or physical health are not in danger.

9 Article 4.

10 Section 405. The State Employees Group Insurance Act of
11 1971 is amended by changing Section 6.11 as follows:

12 (5 ILCS 375/6.11)

13 Sec. 6.11. Required health benefits; Illinois Insurance
14 Code requirements. The program of health benefits shall
15 provide the post-mastectomy care benefits required to be
16 covered by a policy of accident and health insurance under
17 Section 356t of the Illinois Insurance Code. The program of
18 health benefits shall provide the coverage required under
19 Sections 356g, 356g.5, 356g.5-1, 356m, 356u, 356w, 356x,
20 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,
21 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
22 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
23 356z.36, and 356z.41 of the Illinois Insurance Code. The

1 program of health benefits must comply with Sections 155.22a,
2 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
3 the Illinois Insurance Code. The Department of Insurance shall
4 enforce the requirements of this Section with respect to
5 Sections 370c and 370c.1 of the Illinois Insurance Code; all
6 other requirements of this Section shall be enforced by the
7 Department of Central Management Services.

8 Rulemaking authority to implement Public Act 95-1045, if
9 any, is conditioned on the rules being adopted in accordance
10 with all provisions of the Illinois Administrative Procedure
11 Act and all rules and procedures of the Joint Committee on
12 Administrative Rules; any purported rule not so adopted, for
13 whatever reason, is unauthorized.

14 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
15 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
16 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,
17 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
18 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
19 1-1-21.)

20 Section 410. The Children and Family Services Act is
21 amended by changing Section 5 as follows:

22 (20 ILCS 505/5) (from Ch. 23, par. 5005)

23 Sec. 5. Direct child welfare services; Department of
24 Children and Family Services. To provide direct child welfare

1 services when not available through other public or private
2 child care or program facilities.

3 (a) For purposes of this Section:

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

7 (A) were committed to the Department pursuant to
8 the Juvenile Court Act or the Juvenile Court Act of
9 1987, ~~as amended,~~ and who continue under the
10 jurisdiction of the court; or

11 (B) were accepted for care, service and training
12 by the Department prior to the age of 18 and whose best
13 interest in the discretion of the Department would be
14 served by continuing that care, service and training
15 because of severe emotional disturbances, physical
16 disability, social adjustment or any combination
17 thereof, or because of the need to complete an
18 educational or vocational training program.

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

23 (3) "Child welfare services" means public social
24 services which are directed toward the accomplishment of
25 the following purposes:

26 (A) protecting and promoting the health, safety

1 and welfare of children, including homeless,
2 dependent, or neglected children;

3 (B) remedying, or assisting in the solution of
4 problems which may result in, the neglect, abuse,
5 exploitation, or delinquency of children;

6 (C) preventing the unnecessary separation of
7 children from their families by identifying family
8 problems, assisting families in resolving their
9 problems, and preventing the breakup of the family
10 where the prevention of child removal is desirable and
11 possible when the child can be cared for at home
12 without endangering the child's health and safety;

13 (D) restoring to their families children who have
14 been removed, by the provision of services to the
15 child and the families when the child can be cared for
16 at home without endangering the child's health and
17 safety;

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

21 (F) assuring safe and adequate care of children
22 away from their homes, in cases where the child cannot
23 be returned home or cannot be placed for adoption. At
24 the time of placement, the Department shall consider
25 concurrent planning, as described in subsection (1-1)
26 of this Section so that permanency may occur at the

1 earliest opportunity. Consideration should be given so
2 that if reunification fails or is delayed, the
3 placement made is the best available placement to
4 provide permanency for the child;

5 (G) (blank);

6 (H) (blank); and

7 (I) placing and maintaining children in facilities
8 that provide separate living quarters for children
9 under the age of 18 and for children 18 years of age
10 and older, unless a child 18 years of age is in the
11 last year of high school education or vocational
12 training, in an approved individual or group treatment
13 program, in a licensed shelter facility, or secure
14 child care facility. The Department is not required to
15 place or maintain children:

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

17 (ii) who are persons with a developmental
18 disability, as defined in the Mental Health and
19 Developmental Disabilities Code, or

20 (iii) who are female children who are
21 pregnant, pregnant and parenting, or parenting, or

22 (iv) who are siblings, in facilities that
23 provide separate living quarters for children 18
24 years of age and older and for children under 18
25 years of age.

26 (b) Nothing in this Section shall be construed to

1 authorize the expenditure of public funds for the purpose of
2 performing abortions. ~~(Blank).~~

3 (c) The Department shall establish and maintain
4 tax-supported child welfare services and extend and seek to
5 improve voluntary services throughout the State, to the end
6 that services and care shall be available on an equal basis
7 throughout the State to children requiring such services.

8 (d) The Director may authorize advance disbursements for
9 any new program initiative to any agency contracting with the
10 Department. As a prerequisite for an advance disbursement, the
11 contractor must post a surety bond in the amount of the advance
12 disbursement and have a purchase of service contract approved
13 by the Department. The Department may pay up to 2 months
14 operational expenses in advance. The amount of the advance
15 disbursement shall be prorated over the life of the contract
16 or the remaining months of the fiscal year, whichever is less,
17 and the installment amount shall then be deducted from future
18 bills. Advance disbursement authorizations for new initiatives
19 shall not be made to any agency after that agency has operated
20 during 2 consecutive fiscal years. The requirements of this
21 Section concerning advance disbursements shall not apply with
22 respect to the following: payments to local public agencies
23 for child day care services as authorized by Section 5a of this
24 Act; and youth service programs receiving grant funds under
25 Section 17a-4.

26 (e) (Blank).

1 (f) (Blank).

2 (g) The Department shall establish rules and regulations
3 concerning its operation of programs designed to meet the
4 goals of child safety and protection, family preservation,
5 family reunification, and adoption, including, but not limited
6 to:

7 (1) adoption;

8 (2) foster care;

9 (3) family counseling;

10 (4) protective services;

11 (5) (blank);

12 (6) homemaker service;

13 (7) return of runaway children;

14 (8) (blank);

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

19 (10) interstate services.

20 Rules and regulations established by the Department shall
21 include provisions for training Department staff and the staff
22 of Department grantees, through contracts with other agencies
23 or resources, in screening techniques to identify substance
24 use disorders, as defined in the Substance Use Disorder Act,
25 approved by the Department of Human Services, as a successor
26 to the Department of Alcoholism and Substance Abuse, for the

1 purpose of identifying children and adults who should be
2 referred for an assessment at an organization appropriately
3 licensed by the Department of Human Services for substance use
4 disorder treatment.

5 (h) If the Department finds that there is no appropriate
6 program or facility within or available to the Department for
7 a youth in care and that no licensed private facility has an
8 adequate and appropriate program or none agrees to accept the
9 youth in care, the Department shall create an appropriate
10 individualized, program-oriented plan for such youth in care.
11 The plan may be developed within the Department or through
12 purchase of services by the Department to the extent that it is
13 within its statutory authority to do.

14 (i) Service programs shall be available throughout the
15 State and shall include but not be limited to the following
16 services:

- 17 (1) case management;
- 18 (2) homemakers;
- 19 (3) counseling;
- 20 (4) parent education;
- 21 (5) day care; and
- 22 (6) emergency assistance and advocacy.

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

- 25 (1) comprehensive family-based services;
- 26 (2) assessments;

1 (3) respite care; and

2 (4) in-home health services.

3 The Department shall provide transportation for any of the
4 services it makes available to children or families or for
5 which it refers children or families.

6 (j) The Department may provide categories of financial
7 assistance and education assistance grants, and shall
8 establish rules and regulations concerning the assistance and
9 grants, to persons who adopt children with physical or mental
10 disabilities, children who are older, or other hard-to-place
11 children who (i) immediately prior to their adoption were
12 youth in care or (ii) were determined eligible for financial
13 assistance with respect to a prior adoption and who become
14 available for adoption because the prior adoption has been
15 dissolved and the parental rights of the adoptive parents have
16 been terminated or because the child's adoptive parents have
17 died. The Department may continue to provide financial
18 assistance and education assistance grants for a child who was
19 determined eligible for financial assistance under this
20 subsection (j) in the interim period beginning when the
21 child's adoptive parents died and ending with the finalization
22 of the new adoption of the child by another adoptive parent or
23 parents. The Department may also provide categories of
24 financial assistance and education assistance grants, and
25 shall establish rules and regulations for the assistance and
26 grants, to persons appointed guardian of the person under

1 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,
2 4-25, or 5-740 of the Juvenile Court Act of 1987 for children
3 who were youth in care for 12 months immediately prior to the
4 appointment of the guardian.

5 The amount of assistance may vary, depending upon the
6 needs of the child and the adoptive parents, as set forth in
7 the annual assistance agreement. Special purpose grants are
8 allowed where the child requires special service but such
9 costs may not exceed the amounts which similar services would
10 cost the Department if it were to provide or secure them as
11 guardian of the child.

12 Any financial assistance provided under this subsection is
13 inalienable by assignment, sale, execution, attachment,
14 garnishment, or any other remedy for recovery or collection of
15 a judgment or debt.

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

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

24 (l) The Department shall offer family preservation
25 services, as defined in Section 8.2 of the Abused and
26 Neglected Child Reporting Act, to help families, including

1 adoptive and extended families. Family preservation services
2 shall be offered (i) to prevent the placement of children in
3 substitute care when the children can be cared for at home or
4 in the custody of the person responsible for the children's
5 welfare, (ii) to reunite children with their families, or
6 (iii) to maintain an adoptive placement. Family preservation
7 services shall only be offered when doing so will not endanger
8 the children's health or safety. With respect to children who
9 are in substitute care pursuant to the Juvenile Court Act of
10 1987, family preservation services shall not be offered if a
11 goal other than those of subdivisions (A), (B), or (B-1) of
12 subsection (2) of Section 2-28 of that Act has been set, except
13 that reunification services may be offered as provided in
14 paragraph (F) of subsection (2) of Section 2-28 of that Act.
15 Nothing in this paragraph shall be construed to create a
16 private right of action or claim on the part of any individual
17 or child welfare agency, except that when a child is the
18 subject of an action under Article II of the Juvenile Court Act
19 of 1987 and the child's service plan calls for services to
20 facilitate achievement of the permanency goal, the court
21 hearing the action under Article II of the Juvenile Court Act
22 of 1987 may order the Department to provide the services set
23 out in the plan, if those services are not provided with
24 reasonable promptness and if those services are available.

25 The Department shall notify the child and his family of
26 the Department's responsibility to offer and provide family

1 preservation services as identified in the service plan. The
2 child and his family shall be eligible for services as soon as
3 the report is determined to be "indicated". The Department may
4 offer services to any child or family with respect to whom a
5 report of suspected child abuse or neglect has been filed,
6 prior to concluding its investigation under Section 7.12 of
7 the Abused and Neglected Child Reporting Act. However, the
8 child's or family's willingness to accept services shall not
9 be considered in the investigation. The Department may also
10 provide services to any child or family who is the subject of
11 any report of suspected child abuse or neglect or may refer
12 such child or family to services available from other agencies
13 in the community, even if the report is determined to be
14 unfounded, if the conditions in the child's or family's home
15 are reasonably likely to subject the child or family to future
16 reports of suspected child abuse or neglect. Acceptance of
17 such services shall be voluntary. The Department may also
18 provide services to any child or family after completion of a
19 family assessment, as an alternative to an investigation, as
20 provided under the "differential response program" provided
21 for in subsection (a-5) of Section 7.4 of the Abused and
22 Neglected Child Reporting Act.

23 The Department may, at its discretion except for those
24 children also adjudicated neglected or dependent, accept for
25 care and training any child who has been adjudicated addicted,
26 as a truant minor in need of supervision or as a minor

1 requiring authoritative intervention, under the Juvenile Court
2 Act or the Juvenile Court Act of 1987, but no such child shall
3 be committed to the Department by any court without the
4 approval of the Department. On and after January 1, 2015 (the
5 effective date of Public Act 98-803) and before January 1,
6 2017, a minor charged with a criminal offense under the
7 Criminal Code of 1961 or the Criminal Code of 2012 or
8 adjudicated delinquent shall not be placed in the custody of
9 or committed to the Department by any court, except (i) a minor
10 less than 16 years of age committed to the Department under
11 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor
12 for whom an independent basis of abuse, neglect, or dependency
13 exists, which must be defined by departmental rule, or (iii) a
14 minor for whom the court has granted a supplemental petition
15 to reinstate wardship pursuant to subsection (2) of Section
16 2-33 of the Juvenile Court Act of 1987. On and after January 1,
17 2017, a minor charged with a criminal offense under the
18 Criminal Code of 1961 or the Criminal Code of 2012 or
19 adjudicated delinquent shall not be placed in the custody of
20 or committed to the Department by any court, except (i) a minor
21 less than 15 years of age committed to the Department under
22 Section 5-710 of the Juvenile Court Act of 1987, ii) a minor
23 for whom an independent basis of abuse, neglect, or dependency
24 exists, which must be defined by departmental rule, or (iii) a
25 minor for whom the court has granted a supplemental petition
26 to reinstate wardship pursuant to subsection (2) of Section

1 2-33 of the Juvenile Court Act of 1987. An independent basis
2 exists when the allegations or adjudication of abuse, neglect,
3 or dependency do not arise from the same facts, incident, or
4 circumstances which give rise to a charge or adjudication of
5 delinquency. The Department shall assign a caseworker to
6 attend any hearing involving a youth in the care and custody of
7 the Department who is placed on aftercare release, including
8 hearings involving sanctions for violation of aftercare
9 release conditions and aftercare release revocation hearings.

10 As soon as is possible after August 7, 2009 (the effective
11 date of Public Act 96-134), the Department shall develop and
12 implement a special program of family preservation services to
13 support intact, foster, and adoptive families who are
14 experiencing extreme hardships due to the difficulty and
15 stress of caring for a child who has been diagnosed with a
16 pervasive developmental disorder if the Department determines
17 that those services are necessary to ensure the health and
18 safety of the child. The Department may offer services to any
19 family whether or not a report has been filed under the Abused
20 and Neglected Child Reporting Act. The Department may refer
21 the child or family to services available from other agencies
22 in the community if the conditions in the child's or family's
23 home are reasonably likely to subject the child or family to
24 future reports of suspected child abuse or neglect. Acceptance
25 of these services shall be voluntary. The Department shall
26 develop and implement a public information campaign to alert

1 health and social service providers and the general public
2 about these special family preservation services. The nature
3 and scope of the services offered and the number of families
4 served under the special program implemented under this
5 paragraph shall be determined by the level of funding that the
6 Department annually allocates for this purpose. The term
7 "pervasive developmental disorder" under this paragraph means
8 a neurological condition, including, but not limited to,
9 Asperger's Syndrome and autism, as defined in the most recent
10 edition of the Diagnostic and Statistical Manual of Mental
11 Disorders of the American Psychiatric Association.

12 (1-1) The legislature recognizes that the best interests
13 of the child require that the child be placed in the most
14 permanent living arrangement as soon as is practically
15 possible. To achieve this goal, the legislature directs the
16 Department of Children and Family Services to conduct
17 concurrent planning so that permanency may occur at the
18 earliest opportunity. Permanent living arrangements may
19 include prevention of placement of a child outside the home of
20 the family when the child can be cared for at home without
21 endangering the child's health or safety; reunification with
22 the family, when safe and appropriate, if temporary placement
23 is necessary; or movement of the child toward the most
24 permanent living arrangement and permanent legal status.

25 When determining reasonable efforts to be made with
26 respect to a child, as described in this subsection, and in

1 making such reasonable efforts, the child's health and safety
2 shall be the paramount concern.

3 When a child is placed in foster care, the Department
4 shall ensure and document that reasonable efforts were made to
5 prevent or eliminate the need to remove the child from the
6 child's home. The Department must make reasonable efforts to
7 reunify the family when temporary placement of the child
8 occurs unless otherwise required, pursuant to the Juvenile
9 Court Act of 1987. At any time after the dispositional hearing
10 where the Department believes that further reunification
11 services would be ineffective, it may request a finding from
12 the court that reasonable efforts are no longer appropriate.
13 The Department is not required to provide further
14 reunification services after such a finding.

15 A decision to place a child in substitute care shall be
16 made with considerations of the child's health, safety, and
17 best interests. At the time of placement, consideration should
18 also be given so that if reunification fails or is delayed, the
19 placement made is the best available placement to provide
20 permanency for the child.

21 The Department shall adopt rules addressing concurrent
22 planning for reunification and permanency. The Department
23 shall consider the following factors when determining
24 appropriateness of concurrent planning:

- 25 (1) the likelihood of prompt reunification;
26 (2) the past history of the family;

1 (3) the barriers to reunification being addressed by
2 the family;

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

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

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

8 (7) the age of the child;

9 (8) placement of siblings.

10 (m) The Department may assume temporary custody of any
11 child if:

12 (1) it has received a written consent to such
13 temporary custody signed by the parents of the child or by
14 the parent having custody of the child if the parents are
15 not living together or by the guardian or custodian of the
16 child if the child is not in the custody of either parent,
17 or

18 (2) the child is found in the State and neither a
19 parent, guardian nor custodian of the child can be
20 located.

21 If the child is found in his or her residence without a parent,
22 guardian, custodian, or responsible caretaker, the Department
23 may, instead of removing the child and assuming temporary
24 custody, place an authorized representative of the Department
25 in that residence until such time as a parent, guardian, or
26 custodian enters the home and expresses a willingness and

1 apparent ability to ensure the child's health and safety and
2 resume permanent charge of the child, or until a relative
3 enters the home and is willing and able to ensure the child's
4 health and safety and assume charge of the child until a
5 parent, guardian, or custodian enters the home and expresses
6 such willingness and ability to ensure the child's safety and
7 resume permanent charge. After a caretaker has remained in the
8 home for a period not to exceed 12 hours, the Department must
9 follow those procedures outlined in Section 2-9, 3-11, 4-8, or
10 5-415 of the Juvenile Court Act of 1987.

11 The Department shall have the authority, responsibilities
12 and duties that a legal custodian of the child would have
13 pursuant to subsection (9) of Section 1-3 of the Juvenile
14 Court Act of 1987. Whenever a child is taken into temporary
15 custody pursuant to an investigation under the Abused and
16 Neglected Child Reporting Act, or pursuant to a referral and
17 acceptance under the Juvenile Court Act of 1987 of a minor in
18 limited custody, the Department, during the period of
19 temporary custody and before the child is brought before a
20 judicial officer as required by Section 2-9, 3-11, 4-8, or
21 5-415 of the Juvenile Court Act of 1987, shall have the
22 authority, responsibilities and duties that a legal custodian
23 of the child would have under subsection (9) of Section 1-3 of
24 the Juvenile Court Act of 1987.

25 The Department shall ensure that any child taken into
26 custody is scheduled for an appointment for a medical

1 examination.

2 A parent, guardian, or custodian of a child in the
3 temporary custody of the Department who would have custody of
4 the child if he were not in the temporary custody of the
5 Department may deliver to the Department a signed request that
6 the Department surrender the temporary custody of the child.
7 The Department may retain temporary custody of the child for
8 10 days after the receipt of the request, during which period
9 the Department may cause to be filed a petition pursuant to the
10 Juvenile Court Act of 1987. If a petition is so filed, the
11 Department shall retain temporary custody of the child until
12 the court orders otherwise. If a petition is not filed within
13 the 10-day period, the child shall be surrendered to the
14 custody of the requesting parent, guardian, or custodian not
15 later than the expiration of the 10-day period, at which time
16 the authority and duties of the Department with respect to the
17 temporary custody of the child shall terminate.

18 (m-1) The Department may place children under 18 years of
19 age in a secure child care facility licensed by the Department
20 that cares for children who are in need of secure living
21 arrangements for their health, safety, and well-being after a
22 determination is made by the facility director and the
23 Director or the Director's designate prior to admission to the
24 facility subject to Section 2-27.1 of the Juvenile Court Act
25 of 1987. This subsection (m-1) does not apply to a child who is
26 subject to placement in a correctional facility operated

1 pursuant to Section 3-15-2 of the Unified Code of Corrections,
2 unless the child is a youth in care who was placed in the care
3 of the Department before being subject to placement in a
4 correctional facility and a court of competent jurisdiction
5 has ordered placement of the child in a secure care facility.

6 (n) The Department may place children under 18 years of
7 age in licensed child care facilities when in the opinion of
8 the Department, appropriate services aimed at family
9 preservation have been unsuccessful and cannot ensure the
10 child's health and safety or are unavailable and such
11 placement would be for their best interest. Payment for board,
12 clothing, care, training and supervision of any child placed
13 in a licensed child care facility may be made by the
14 Department, by the parents or guardians of the estates of
15 those children, or by both the Department and the parents or
16 guardians, except that no payments shall be made by the
17 Department for any child placed in a licensed child care
18 facility for board, clothing, care, training and supervision
19 of such a child that exceed the average per capita cost of
20 maintaining and of caring for a child in institutions for
21 dependent or neglected children operated by the Department.
22 However, such restriction on payments does not apply in cases
23 where children require specialized care and treatment for
24 problems of severe emotional disturbance, physical disability,
25 social adjustment, or any combination thereof and suitable
26 facilities for the placement of such children are not

1 available at payment rates within the limitations set forth in
2 this Section. All reimbursements for services delivered shall
3 be absolutely inalienable by assignment, sale, attachment, or
4 garnishment or otherwise.

5 (n-1) The Department shall provide or authorize child
6 welfare services, aimed at assisting minors to achieve
7 sustainable self-sufficiency as independent adults, for any
8 minor eligible for the reinstatement of wardship pursuant to
9 subsection (2) of Section 2-33 of the Juvenile Court Act of
10 1987, whether or not such reinstatement is sought or allowed,
11 provided that the minor consents to such services and has not
12 yet attained the age of 21. The Department shall have
13 responsibility for the development and delivery of services
14 under this Section. An eligible youth may access services
15 under this Section through the Department of Children and
16 Family Services or by referral from the Department of Human
17 Services. Youth participating in services under this Section
18 shall cooperate with the assigned case manager in developing
19 an agreement identifying the services to be provided and how
20 the youth will increase skills to achieve self-sufficiency. A
21 homeless shelter is not considered appropriate housing for any
22 youth receiving child welfare services under this Section. The
23 Department shall continue child welfare services under this
24 Section to any eligible minor until the minor becomes 21 years
25 of age, no longer consents to participate, or achieves
26 self-sufficiency as identified in the minor's service plan.

1 The Department of Children and Family Services shall create
2 clear, readable notice of the rights of former foster youth to
3 child welfare services under this Section and how such
4 services may be obtained. The Department of Children and
5 Family Services and the Department of Human Services shall
6 disseminate this information statewide. The Department shall
7 adopt regulations describing services intended to assist
8 minors in achieving sustainable self-sufficiency as
9 independent adults.

10 (o) The Department shall establish an administrative
11 review and appeal process for children and families who
12 request or receive child welfare services from the Department.
13 Youth in care who are placed by private child welfare
14 agencies, and foster families with whom those youth are
15 placed, shall be afforded the same procedural and appeal
16 rights as children and families in the case of placement by the
17 Department, including the right to an initial review of a
18 private agency decision by that agency. The Department shall
19 ensure that any private child welfare agency, which accepts
20 youth in care for placement, affords those rights to children
21 and foster families. The Department shall accept for
22 administrative review and an appeal hearing a complaint made
23 by (i) a child or foster family concerning a decision
24 following an initial review by a private child welfare agency
25 or (ii) a prospective adoptive parent who alleges a violation
26 of subsection (j-5) of this Section. An appeal of a decision

1 concerning a change in the placement of a child shall be
2 conducted in an expedited manner. A court determination that a
3 current foster home placement is necessary and appropriate
4 under Section 2-28 of the Juvenile Court Act of 1987 does not
5 constitute a judicial determination on the merits of an
6 administrative appeal, filed by a former foster parent,
7 involving a change of placement decision.

8 (p) (Blank).

9 (q) The Department may receive and use, in their entirety,
10 for the benefit of children any gift, donation, or bequest of
11 money or other property which is received on behalf of such
12 children, or any financial benefits to which such children are
13 or may become entitled while under the jurisdiction or care of
14 the Department.

15 The Department shall set up and administer no-cost,
16 interest-bearing accounts in appropriate financial
17 institutions for children for whom the Department is legally
18 responsible and who have been determined eligible for
19 Veterans' Benefits, Social Security benefits, assistance
20 allotments from the armed forces, court ordered payments,
21 parental voluntary payments, Supplemental Security Income,
22 Railroad Retirement payments, Black Lung benefits, or other
23 miscellaneous payments. Interest earned by each account shall
24 be credited to the account, unless disbursed in accordance
25 with this subsection.

26 In disbursing funds from children's accounts, the

1 Department shall:

2 (1) Establish standards in accordance with State and
3 federal laws for disbursing money from children's
4 accounts. In all circumstances, the Department's
5 "Guardianship Administrator" or his or her designee must
6 approve disbursements from children's accounts. The
7 Department shall be responsible for keeping complete
8 records of all disbursements for each account for any
9 purpose.

10 (2) Calculate on a monthly basis the amounts paid from
11 State funds for the child's board and care, medical care
12 not covered under Medicaid, and social services; and
13 utilize funds from the child's account, as covered by
14 regulation, to reimburse those costs. Monthly,
15 disbursements from all children's accounts, up to 1/12 of
16 \$13,000,000, shall be deposited by the Department into the
17 General Revenue Fund and the balance over 1/12 of
18 \$13,000,000 into the DCFS Children's Services Fund.

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

24 (r) The Department shall promulgate regulations
25 encouraging all adoption agencies to voluntarily forward to
26 the Department or its agent names and addresses of all persons

1 who have applied for and have been approved for adoption of a
2 hard-to-place child or child with a disability and the names
3 of such children who have not been placed for adoption. A list
4 of such names and addresses shall be maintained by the
5 Department or its agent, and coded lists which maintain the
6 confidentiality of the person seeking to adopt the child and
7 of the child shall be made available, without charge, to every
8 adoption agency in the State to assist the agencies in placing
9 such children for adoption. The Department may delegate to an
10 agent its duty to maintain and make available such lists. The
11 Department shall ensure that such agent maintains the
12 confidentiality of the person seeking to adopt the child and
13 of the child.

14 (s) The Department of Children and Family Services may
15 establish and implement a program to reimburse Department and
16 private child welfare agency foster parents licensed by the
17 Department of Children and Family Services for damages
18 sustained by the foster parents as a result of the malicious or
19 negligent acts of foster children, as well as providing third
20 party coverage for such foster parents with regard to actions
21 of foster children to other individuals. Such coverage will be
22 secondary to the foster parent liability insurance policy, if
23 applicable. The program shall be funded through appropriations
24 from the General Revenue Fund, specifically designated for
25 such purposes.

26 (t) The Department shall perform home studies and

1 investigations and shall exercise supervision over visitation
2 as ordered by a court pursuant to the Illinois Marriage and
3 Dissolution of Marriage Act or the Adoption Act only if:

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

6 (2) the court has ordered one or both of the parties to
7 the proceeding to reimburse the Department for its
8 reasonable costs for providing such services in accordance
9 with Department rules, or has determined that neither
10 party is financially able to pay.

11 The Department shall provide written notification to the
12 court of the specific arrangements for supervised visitation
13 and projected monthly costs within 60 days of the court order.
14 The Department shall send to the court information related to
15 the costs incurred except in cases where the court has
16 determined the parties are financially unable to pay. The
17 court may order additional periodic reports as appropriate.

18 (u) In addition to other information that must be
19 provided, whenever the Department places a child with a
20 prospective adoptive parent or parents, ~~or~~ in a licensed
21 foster home, group home, or child care institution, or in a
22 relative home, the Department shall provide to the prospective
23 adoptive parent or parents or other caretaker:

24 (1) available detailed information concerning the
25 child's educational and health history, copies of
26 immunization records (including insurance and medical card

1 information), a history of the child's previous
2 placements, if any, and reasons for placement changes
3 excluding any information that identifies or reveals the
4 location of any previous caretaker;

5 (2) a copy of the child's portion of the client
6 service plan, including any visitation arrangement, and
7 all amendments or revisions to it as related to the child;
8 and

9 (3) information containing details of the child's
10 individualized educational plan when the child is
11 receiving special education services.

12 The caretaker shall be informed of any known social or
13 behavioral information (including, but not limited to,
14 criminal background, fire setting, perpetuation of sexual
15 abuse, destructive behavior, and substance abuse) necessary to
16 care for and safeguard the children to be placed or currently
17 in the home. The Department may prepare a written summary of
18 the information required by this paragraph, which may be
19 provided to the foster or prospective adoptive parent in
20 advance of a placement. The foster or prospective adoptive
21 parent may review the supporting documents in the child's file
22 in the presence of casework staff. In the case of an emergency
23 placement, casework staff shall at least provide known
24 information verbally, if necessary, and must subsequently
25 provide the information in writing as required by this
26 subsection.

1 The information described in this subsection shall be
2 provided in writing. In the case of emergency placements when
3 time does not allow prior review, preparation, and collection
4 of written information, the Department shall provide such
5 information as it becomes available. Within 10 business days
6 after placement, the Department shall obtain from the
7 prospective adoptive parent or parents or other caretaker a
8 signed verification of receipt of the information provided.
9 Within 10 business days after placement, the Department shall
10 provide to the child's guardian ad litem a copy of the
11 information provided to the prospective adoptive parent or
12 parents or other caretaker. The information provided to the
13 prospective adoptive parent or parents or other caretaker
14 shall be reviewed and approved regarding accuracy at the
15 supervisory level.

16 (u-5) Effective July 1, 1995, only foster care placements
17 licensed as foster family homes pursuant to the Child Care Act
18 of 1969 shall be eligible to receive foster care payments from
19 the Department. Relative caregivers who, as of July 1, 1995,
20 were approved pursuant to approved relative placement rules
21 previously promulgated by the Department at 89 Ill. Adm. Code
22 335 and had submitted an application for licensure as a foster
23 family home may continue to receive foster care payments only
24 until the Department determines that they may be licensed as a
25 foster family home or that their application for licensure is
26 denied or until September 30, 1995, whichever occurs first.

1 (v) The Department shall access criminal history record
2 information as defined in the Illinois Uniform Conviction
3 Information Act and information maintained in the adjudicatory
4 and dispositional record system as defined in Section 2605-355
5 of the Department of State Police Law (20 ILCS 2605/2605-355)
6 if the Department determines the information is necessary to
7 perform its duties under the Abused and Neglected Child
8 Reporting Act, the Child Care Act of 1969, and the Children and
9 Family Services Act. The Department shall provide for
10 interactive computerized communication and processing
11 equipment that permits direct on-line communication with the
12 Department of State Police's central criminal history data
13 repository. The Department shall comply with all certification
14 requirements and provide certified operators who have been
15 trained by personnel from the Department of State Police. In
16 addition, one Office of the Inspector General investigator
17 shall have training in the use of the criminal history
18 information access system and have access to the terminal. The
19 Department of Children and Family Services and its employees
20 shall abide by rules and regulations established by the
21 Department of State Police relating to the access and
22 dissemination of this information.

23 (v-1) Prior to final approval for placement of a child,
24 the Department shall conduct a criminal records background
25 check of the prospective foster or adoptive parent, including
26 fingerprint-based checks of national crime information

1 databases. Final approval for placement shall not be granted
2 if the record check reveals a felony conviction for child
3 abuse or neglect, for spousal abuse, for a crime against
4 children, or for a crime involving violence, including rape,
5 sexual assault, or homicide, but not including other physical
6 assault or battery, or if there is a felony conviction for
7 physical assault, battery, or a drug-related offense committed
8 within the past 5 years.

9 (v-2) Prior to final approval for placement of a child,
10 the Department shall check its child abuse and neglect
11 registry for information concerning prospective foster and
12 adoptive parents, and any adult living in the home. If any
13 prospective foster or adoptive parent or other adult living in
14 the home has resided in another state in the preceding 5 years,
15 the Department shall request a check of that other state's
16 child abuse and neglect registry.

17 (w) Within 120 days of August 20, 1995 (the effective date
18 of Public Act 89-392), the Department shall prepare and submit
19 to the Governor and the General Assembly, a written plan for
20 the development of in-state licensed secure child care
21 facilities that care for children who are in need of secure
22 living arrangements for their health, safety, and well-being.
23 For purposes of this subsection, secure care facility shall
24 mean a facility that is designed and operated to ensure that
25 all entrances and exits from the facility, a building or a
26 distinct part of the building, are under the exclusive control

1 of the staff of the facility, whether or not the child has the
2 freedom of movement within the perimeter of the facility,
3 building, or distinct part of the building. The plan shall
4 include descriptions of the types of facilities that are
5 needed in Illinois; the cost of developing these secure care
6 facilities; the estimated number of placements; the potential
7 cost savings resulting from the movement of children currently
8 out-of-state who are projected to be returned to Illinois; the
9 necessary geographic distribution of these facilities in
10 Illinois; and a proposed timetable for development of such
11 facilities.

12 (x) The Department shall conduct annual credit history
13 checks to determine the financial history of children placed
14 under its guardianship pursuant to the Juvenile Court Act of
15 1987. The Department shall conduct such credit checks starting
16 when a youth in care turns 12 years old and each year
17 thereafter for the duration of the guardianship as terminated
18 pursuant to the Juvenile Court Act of 1987. The Department
19 shall determine if financial exploitation of the child's
20 personal information has occurred. If financial exploitation
21 appears to have taken place or is presently ongoing, the
22 Department shall notify the proper law enforcement agency, the
23 proper State's Attorney, or the Attorney General.

24 (y) Beginning on July 22, 2010 (the effective date of
25 Public Act 96-1189), a child with a disability who receives
26 residential and educational services from the Department shall

1 be eligible to receive transition services in accordance with
2 Article 14 of the School Code from the age of 14.5 through age
3 21, inclusive, notwithstanding the child's residential
4 services arrangement. For purposes of this subsection, "child
5 with a disability" means a child with a disability as defined
6 by the federal Individuals with Disabilities Education
7 Improvement Act of 2004.

8 (z) The Department shall access criminal history record
9 information as defined as "background information" in this
10 subsection and criminal history record information as defined
11 in the Illinois Uniform Conviction Information Act for each
12 Department employee or Department applicant. Each Department
13 employee or Department applicant shall submit his or her
14 fingerprints to the Department of State Police in the form and
15 manner prescribed by the Department of State Police. These
16 fingerprints shall be checked against the fingerprint records
17 now and hereafter filed in the Department of State Police and
18 the Federal Bureau of Investigation criminal history records
19 databases. The Department of State Police shall charge a fee
20 for conducting the criminal history record check, which shall
21 be deposited into the State Police Services Fund and shall not
22 exceed the actual cost of the record check. The Department of
23 State Police shall furnish, pursuant to positive
24 identification, all Illinois conviction information to the
25 Department of Children and Family Services.

26 For purposes of this subsection:

1 "Background information" means all of the following:

2 (i) Upon the request of the Department of Children and
3 Family Services, conviction information obtained from the
4 Department of State Police as a result of a
5 fingerprint-based criminal history records check of the
6 Illinois criminal history records database and the Federal
7 Bureau of Investigation criminal history records database
8 concerning a Department employee or Department applicant.

9 (ii) Information obtained by the Department of
10 Children and Family Services after performing a check of
11 the Department of State Police's Sex Offender Database, as
12 authorized by Section 120 of the Sex Offender Community
13 Notification Law, concerning a Department employee or
14 Department applicant.

15 (iii) Information obtained by the Department of
16 Children and Family Services after performing a check of
17 the Child Abuse and Neglect Tracking System (CANTS)
18 operated and maintained by the Department.

19 "Department employee" means a full-time or temporary
20 employee coded or certified within the State of Illinois
21 Personnel System.

22 "Department applicant" means an individual who has
23 conditional Department full-time or part-time work, a
24 contractor, an individual used to replace or supplement staff,
25 an academic intern, a volunteer in Department offices or on
26 Department contracts, a work-study student, an individual or

1 entity licensed by the Department, or an unlicensed service
2 provider who works as a condition of a contract or an agreement
3 and whose work may bring the unlicensed service provider into
4 contact with Department clients or client records.

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

9 Section 415. The Freedom of Information Act is amended by
10 changing Section 7.5 as follows:

11 (5 ILCS 140/7.5)

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

15 (a) All information determined to be confidential
16 under Section 4002 of the Technology Advancement and
17 Development Act.

18 (b) Library circulation and order records identifying
19 library users with specific materials under the Library
20 Records Confidentiality Act.

21 (c) Applications, related documents, and medical
22 records received by the Experimental Organ Transplantation
23 Procedures Board and any and all documents or other
24 records prepared by the Experimental Organ Transplantation

1 Procedures Board or its staff relating to applications it
2 has received.

3 (d) Information and records held by the Department of
4 Public Health and its authorized representatives relating
5 to known or suspected cases of sexually transmissible
6 disease or any information the disclosure of which is
7 restricted under the Illinois Sexually Transmissible
8 Disease Control Act.

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

11 (f) Firm performance evaluations under Section 55 of
12 the Architectural, Engineering, and Land Surveying
13 Qualifications Based Selection Act.

14 (g) Information the disclosure of which is restricted
15 and exempted under Section 50 of the Illinois Prepaid
16 Tuition Act.

17 (h) Information the disclosure of which is exempted
18 under the State Officials and Employees Ethics Act, and
19 records of any lawfully created State or local inspector
20 general's office that would be exempt if created or
21 obtained by an Executive Inspector General's office under
22 that Act.

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

1 (j) Information and data concerning the distribution
2 of surcharge moneys collected and remitted by carriers
3 under the Emergency Telephone System Act.

4 (k) Law enforcement officer identification information
5 or driver identification information compiled by a law
6 enforcement agency or the Department of Transportation
7 under Section 11-212 of the Illinois Vehicle Code.

8 (l) Records and information provided to a residential
9 health care facility resident sexual assault and death
10 review team or the Executive Council under the Abuse
11 Prevention Review Team Act.

12 (m) Information provided to the predatory lending
13 database created pursuant to Article 3 of the Residential
14 Real Property Disclosure Act, except to the extent
15 authorized under that Article.

16 (n) Defense budgets and petitions for certification of
17 compensation and expenses for court appointed trial
18 counsel as provided under Sections 10 and 15 of the
19 Capital Crimes Litigation Act. This subsection (n) shall
20 apply until the conclusion of the trial of the case, even
21 if the prosecution chooses not to pursue the death penalty
22 prior to trial or sentencing.

23 (o) Information that is prohibited from being
24 disclosed under Section 4 of the Illinois Health and
25 Hazardous Substances Registry Act.

26 (p) Security portions of system safety program plans,

1 investigation reports, surveys, schedules, lists, data, or
2 information compiled, collected, or prepared by or for the
3 Regional Transportation Authority under Section 2.11 of
4 the Regional Transportation Authority Act or the St. Clair
5 County Transit District under the Bi-State Transit Safety
6 Act.

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

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

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

13 (t) All identified or deidentified health information
14 in the form of health data or medical records contained
15 in, stored in, submitted to, transferred by, or released
16 from the Illinois Health Information Exchange, and
17 identified or deidentified health information in the form
18 of health data and medical records of the Illinois Health
19 Information Exchange in the possession of the Illinois
20 Health Information Exchange Office due to its
21 administration of the Illinois Health Information
22 Exchange. The terms "identified" and "deidentified" shall
23 be given the same meaning as in the Health Insurance
24 Portability and Accountability Act of 1996, Public Law
25 104-191, or any subsequent amendments thereto, and any
26 regulations promulgated thereunder.

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

4 (v) Names and information of people who have applied
5 for or received Firearm Owner's Identification Cards under
6 the Firearm Owners Identification Card Act or applied for
7 or received a concealed carry license under the Firearm
8 Concealed Carry Act, unless otherwise authorized by the
9 Firearm Concealed Carry Act; and databases under the
10 Firearm Concealed Carry Act, records of the Concealed
11 Carry Licensing Review Board under the Firearm Concealed
12 Carry Act, and law enforcement agency objections under the
13 Firearm Concealed Carry Act.

14 (w) Personally identifiable information which is
15 exempted from disclosure under subsection (g) of Section
16 19.1 of the Toll Highway Act.

17 (x) Information which is exempted from disclosure
18 under Section 5-1014.3 of the Counties Code or Section
19 8-11-21 of the Illinois Municipal Code.

20 (y) Confidential information under the Adult
21 Protective Services Act and its predecessor enabling
22 statute, the Elder Abuse and Neglect Act, including
23 information about the identity and administrative finding
24 against any caregiver of a verified and substantiated
25 decision of abuse, neglect, or financial exploitation of
26 an eligible adult maintained in the Registry established

1 under Section 7.5 of the Adult Protective Services Act.

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

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

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

10 (cc) Recordings made under the Law Enforcement
11 Officer-Worn Body Camera Act, except to the extent
12 authorized under that Act.

13 (dd) Information that is prohibited from being
14 disclosed under Section 45 of the Condominium and Common
15 Interest Community Ombudsperson Act.

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

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

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

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

25 (ii) Information which is exempted from disclosure
26 under Section 2505-800 of the Department of Revenue Law of

1 the Civil Administrative Code of Illinois.

2 (jj) Information and reports that are required to be
3 submitted to the Department of Labor by registering day
4 and temporary labor service agencies but are exempt from
5 disclosure under subsection (a-1) of Section 45 of the Day
6 and Temporary Labor Services Act.

7 (kk) Information prohibited from disclosure under the
8 Seizure and Forfeiture Reporting Act.

9 (ll) Information the disclosure of which is restricted
10 and exempted under Section 5-30.8 of the Illinois Public
11 Aid Code.

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

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

16 (oo) Communications, notes, records, and reports
17 arising out of a peer support counseling session
18 prohibited from disclosure under the First Responders
19 Suicide Prevention Act.

20 (pp) Names and all identifying information relating to
21 an employee of an emergency services provider or law
22 enforcement agency under the First Responders Suicide
23 Prevention Act.

24 (qq) (Blank). ~~Information and records held by the~~
25 ~~Department of Public Health and its authorized~~
26 ~~representatives collected under the Reproductive Health~~

1 ~~Act.~~

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

4 (ss) Data reported by an employer to the Department of
5 Human Rights pursuant to Section 2-108 of the Illinois
6 Human Rights Act.

7 (tt) Recordings made under the Children's Advocacy
8 Center Act, except to the extent authorized under that
9 Act.

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

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

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

17 (xx) Information that is exempt from disclosure or
18 information that shall not be made public under the
19 Illinois Insurance Code.

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

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

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

26 (Source: P.A. 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;

1 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.
2 8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517,
3 eff. 6-1-18; 100-646, eff. 7-27-18; 100-690, eff. 1-1-19;
4 100-863, eff. 8-14-18; 100-887, eff. 8-14-18; 101-13, eff.
5 6-12-19; 101-27, eff. 6-25-19; 101-81, eff. 7-12-19; 101-221,
6 eff. 1-1-20; 101-236, eff. 1-1-20; 101-375, eff. 8-16-19;
7 101-377, eff. 8-16-19; 101-452, eff. 1-1-20; 101-466, eff.
8 1-1-20; 101-600, eff. 12-6-19; 101-620, eff 12-20-19; 101-649,
9 eff. 7-7-20.)

10 Section 420. The Counties Code is amended by changing
11 Section 3-3013 as follows:

12 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

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

18 (a) A sudden or violent death, whether apparently
19 suicidal, homicidal or accidental, including but not
20 limited to deaths apparently caused or contributed to by
21 thermal, traumatic, chemical, electrical or radiational
22 injury, or a complication of any of them, or by drowning or
23 suffocation, or as a result of domestic violence as
24 defined in the Illinois Domestic Violence Act of 1986;

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

3 (c) A death where the circumstances are suspicious,
4 obscure, mysterious or otherwise unexplained or where, in
5 the written opinion of the attending physician, the cause
6 of death is not determined;

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

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

11 shall go to the place where the dead body is, and take charge
12 of the same and shall make a preliminary investigation into
13 the circumstances of the death. In the case of death without
14 attendance by a licensed physician the body may be moved with
15 the coroner's consent from the place of death to a mortuary in
16 the same county. Coroners in their discretion shall notify
17 such physician as is designated in accordance with Section
18 3-3014 to attempt to ascertain the cause of death, either by
19 autopsy or otherwise.

20 In cases of accidental death involving a motor vehicle in
21 which the decedent was (1) the operator or a suspected
22 operator of a motor vehicle, or (2) a pedestrian 16 years of
23 age or older, the coroner shall require that a blood specimen
24 of at least 30 cc., and if medically possible a urine specimen
25 of at least 30 cc. or as much as possible up to 30 cc., be
26 withdrawn from the body of the decedent in a timely fashion

1 after the accident causing his death, by such physician as has
2 been designated in accordance with Section 3-3014, or by the
3 coroner or deputy coroner or a qualified person designated by
4 such physician, coroner, or deputy coroner. If the county does
5 not maintain laboratory facilities for making such analysis,
6 the blood and urine so drawn shall be sent to the Department of
7 State Police or any other accredited or State-certified
8 laboratory for analysis of the alcohol, carbon monoxide, and
9 dangerous or narcotic drug content of such blood and urine
10 specimens. Each specimen submitted shall be accompanied by
11 pertinent information concerning the decedent upon a form
12 prescribed by such laboratory. Any person drawing blood and
13 urine and any person making any examination of the blood and
14 urine under the terms of this Division shall be immune from all
15 liability, civil or criminal, that might otherwise be incurred
16 or imposed.

17 In all other cases coming within the jurisdiction of the
18 coroner and referred to in subparagraphs (a) through (e)
19 above, blood, and whenever possible, urine samples shall be
20 analyzed for the presence of alcohol and other drugs. When the
21 coroner suspects that drugs may have been involved in the
22 death, either directly or indirectly, a toxicological
23 examination shall be performed which may include analyses of
24 blood, urine, bile, gastric contents and other tissues. When
25 the coroner suspects a death is due to toxic substances, other
26 than drugs, the coroner shall consult with the toxicologist

1 prior to collection of samples. Information submitted to the
2 toxicologist shall include information as to height, weight,
3 age, sex and race of the decedent as well as medical history,
4 medications used by and the manner of death of decedent.

5 When the coroner or medical examiner finds that the cause
6 of death is due to homicidal means, the coroner or medical
7 examiner shall cause blood and buccal specimens (tissue may be
8 submitted if no uncontaminated blood or buccal specimen can be
9 obtained), whenever possible, to be withdrawn from the body of
10 the decedent in a timely fashion. For proper preservation of
11 the specimens, collected blood and buccal specimens shall be
12 dried and tissue specimens shall be frozen if available
13 equipment exists. As soon as possible, but no later than 30
14 days after the collection of the specimens, the coroner or
15 medical examiner shall release those specimens to the police
16 agency responsible for investigating the death. As soon as
17 possible, but no later than 30 days after the receipt from the
18 coroner or medical examiner, the police agency shall submit
19 the specimens using the agency case number to a National DNA
20 Index System (NDIS) participating laboratory within this
21 State, such as the Illinois Department of State Police,
22 Division of Forensic Services, for analysis and categorizing
23 into genetic marker groupings. The results of the analysis and
24 categorizing into genetic marker groupings shall be provided
25 to the Illinois Department of State Police and shall be
26 maintained by the Illinois Department of State Police in the

1 State central repository in the same manner, and subject to
2 the same conditions, as provided in Section 5-4-3 of the
3 Unified Code of Corrections. The requirements of this
4 paragraph are in addition to any other findings, specimens, or
5 information that the coroner or medical examiner is required
6 to provide during the conduct of a criminal investigation.

7 In all counties, in cases of apparent suicide, homicide,
8 or accidental death or in other cases, within the discretion
9 of the coroner, the coroner may summon 8 persons of lawful age
10 from those persons drawn for petit jurors in the county. The
11 summons shall command these persons to present themselves
12 personally at such a place and time as the coroner shall
13 determine, and may be in any form which the coroner shall
14 determine and may incorporate any reasonable form of request
15 for acknowledgement which the coroner deems practical and
16 provides a reliable proof of service. The summons may be
17 served by first class mail. From the 8 persons so summoned, the
18 coroner shall select 6 to serve as the jury for the inquest.
19 Inquests may be continued from time to time, as the coroner may
20 deem necessary. The 6 jurors selected in a given case may view
21 the body of the deceased. If at any continuation of an inquest
22 one or more of the original jurors shall be unable to continue
23 to serve, the coroner shall fill the vacancy or vacancies. A
24 juror serving pursuant to this paragraph shall receive
25 compensation from the county at the same rate as the rate of
26 compensation that is paid to petit or grand jurors in the

1 county. The coroner shall furnish to each juror without fee at
2 the time of his discharge a certificate of the number of days
3 in attendance at an inquest, and, upon being presented with
4 such certificate, the county treasurer shall pay to the juror
5 the sum provided for his services.

6 In counties which have a jury commission, in cases of
7 apparent suicide or homicide or of accidental death, the
8 coroner may conduct an inquest. The jury commission shall
9 provide at least 8 jurors to the coroner, from whom the coroner
10 shall select any 6 to serve as the jury for the inquest.
11 Inquests may be continued from time to time as the coroner may
12 deem necessary. The 6 jurors originally chosen in a given case
13 may view the body of the deceased. If at any continuation of an
14 inquest one or more of the 6 jurors originally chosen shall be
15 unable to continue to serve, the coroner shall fill the
16 vacancy or vacancies. At the coroner's discretion, additional
17 jurors to fill such vacancies shall be supplied by the jury
18 commission. A juror serving pursuant to this paragraph in such
19 county shall receive compensation from the county at the same
20 rate as the rate of compensation that is paid to petit or grand
21 jurors in the county.

22 In every case in which a fire is determined to be a
23 contributing factor in a death, the coroner shall report the
24 death to the Office of the State Fire Marshal. The coroner
25 shall provide a copy of the death certificate (i) within 30
26 days after filing the permanent death certificate and (ii) in

1 a manner that is agreed upon by the coroner and the State Fire
2 Marshal.

3 In every case in which a drug overdose is determined to be
4 the cause or a contributing factor in the death, the coroner or
5 medical examiner shall report the death to the Department of
6 Public Health. The Department of Public Health shall adopt
7 rules regarding specific information that must be reported in
8 the event of such a death. If possible, the coroner shall
9 report the cause of the overdose. As used in this Section,
10 "overdose" has the same meaning as it does in Section 414 of
11 the Illinois Controlled Substances Act. The Department of
12 Public Health shall issue a semiannual report to the General
13 Assembly summarizing the reports received. The Department
14 shall also provide on its website a monthly report of overdose
15 death figures organized by location, age, and any other
16 factors, the Department deems appropriate.

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

20 All deaths in State institutions and all deaths of wards
21 of the State or youth in care as defined in Section 4d of the
22 Children and Family Services Act in private care facilities or
23 in programs funded by the Department of Human Services under
24 its powers relating to mental health and developmental
25 disabilities or alcoholism and substance abuse or funded by
26 the Department of Children and Family Services shall be

1 reported to the coroner of the county in which the facility is
2 located. If the coroner has reason to believe that an
3 investigation is needed to determine whether the death was
4 caused by maltreatment or negligent care of the ward of the
5 State or youth in care as defined in Section 4d of the Children
6 and Family Services Act, the coroner may conduct a preliminary
7 investigation of the circumstances of such death as in cases
8 of death under circumstances set forth in paragraphs (a)
9 through (e) of this Section.

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

11 Section 425. The Ambulatory Surgical Treatment Center Act
12 is amended by changing Section 2, and 3 as follows:

13 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

14 Sec. 2. It is declared to be the public policy that the
15 State has a legitimate interest in assuring that all medical
16 procedures, including abortions, are performed under
17 circumstances that insure maximum safety. Therefore, the
18 purpose of this Act is to provide for the better protection of
19 the public health through the development, establishment, and
20 enforcement of standards (1) for the care of individuals in
21 ambulatory surgical treatment centers, and (2) for the
22 construction, maintenance and operation of ambulatory surgical
23 treatment centers, which, in light of advancing knowledge,
24 will promote safe and adequate treatment of such individuals

1 in ambulatory surgical treatment centers.

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

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

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

7 (A) "Ambulatory surgical treatment center" means any
8 institution, place or building devoted primarily to the
9 maintenance and operation of facilities for the performance of
10 surgical procedures. "Ambulatory surgical treatment center"
11 includes any place that meets and complies with the definition
12 of an ambulatory surgical treatment center under the rules
13 adopted by the Department or any facility in which a medical or
14 surgical procedure is utilized to terminate a pregnancy,
15 irrespective of whether the facility is devoted primarily to
16 this purpose. Such facility shall not provide beds or other
17 accommodations for the overnight stay of patients; however,
18 facilities devoted exclusively to the treatment of children
19 may provide accommodations and beds for their patients for up
20 to 23 hours following admission. Individual patients shall be
21 discharged in an ambulatory condition without danger to the
22 continued well being of the patients or shall be transferred
23 to a hospital.

24 The term "ambulatory surgical treatment center" does not
25 include any of the following:

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

4 (2) Any person or institution required to be licensed
5 pursuant to the Nursing Home Care Act, the Specialized
6 Mental Health Rehabilitation Act of 2013, the ID/DD
7 Community Care Act, or the MC/DD Act.

8 (3) Hospitals or ambulatory surgical treatment centers
9 maintained by the State or any department or agency
10 thereof, where such department or agency has authority
11 under law to establish and enforce standards for the
12 hospitals or ambulatory surgical treatment centers under
13 its management and control.

14 (4) Hospitals or ambulatory surgical treatment centers
15 maintained by the Federal Government or agencies thereof.

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

20 ~~(6) Any facility in which the performance of abortion~~
21 ~~procedures, including procedures to terminate a pregnancy~~
22 ~~or to manage pregnancy loss, is limited to those performed~~
23 ~~without general, epidural, or spinal anesthesia, and which~~
24 ~~is not otherwise required to be an ambulatory surgical~~
25 ~~treatment center. For purposes of this paragraph,~~
26 ~~"general, epidural, or spinal anesthesia" does not include~~

~~1 local anesthesia or intravenous sedation. Nothing in this~~
~~2 paragraph shall be construed to limit any such facility~~
~~3 from voluntarily electing to apply for licensure as an~~
~~4 ambulatory surgical treatment center.~~

5 (B) "Person" means any individual, firm, partnership,
6 corporation, company, association, or joint stock association,
7 or the legal successor thereof.

8 (C) "Department" means the Department of Public Health of
9 the State of Illinois.

10 (D) "Director" means the Director of the Department of
11 Public Health of the State of Illinois.

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

14 (F) "Dentist" means a person licensed to practice
15 dentistry under the Illinois Dental Practice Act.

16 (G) "Podiatric physician" means a person licensed to
17 practice podiatry under the Podiatric Medical Practice Act of
18 1987.

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

20 Section 430. The Illinois Insurance Code is amended by
21 changing Section 356z.4 and adding 356z.4a as follows:

22 (215 ILCS 5/356z.4)

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

24 (a) (1) The General Assembly hereby finds and declares all

1 of the following:

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

4 (B) The federal Patient Protection and Affordable Care
5 Act includes a contraceptive coverage guarantee as part of
6 a broader requirement for health insurance to cover key
7 preventive care services without out-of-pocket costs for
8 patients.

9 (C) The General Assembly intends to build on existing
10 State and federal law to promote gender equity and women's
11 health and to ensure greater contraceptive coverage equity
12 and timely access to all federal Food and Drug
13 Administration approved methods of birth control for all
14 individuals covered by an individual or group health
15 insurance policy in Illinois.

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

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

21 "Contraceptive services" includes consultations,
22 examinations, procedures, and medical services related to the
23 use of contraceptive methods (including natural family
24 planning) to prevent an unintended pregnancy.

25 "Medical necessity", for the purposes of this subsection
26 (a), includes, but is not limited to, considerations such as

1 severity of side effects, differences in permanence and
2 reversibility of contraceptive, and ability to adhere to the
3 appropriate use of the item or service, as determined by the
4 attending provider.

5 "Therapeutic equivalent version" means drugs, devices, or
6 products that can be expected to have the same clinical effect
7 and safety profile when administered to patients under the
8 conditions specified in the labeling and satisfy the following
9 general criteria:

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

11 (ii) they are pharmaceutical equivalents in that they
12 (A) contain identical amounts of the same active drug
13 ingredient in the same dosage form and route of
14 administration and (B) meet compendial or other applicable
15 standards of strength, quality, purity, and identity;

16 (iii) they are bioequivalent in that (A) they do not
17 present a known or potential bioequivalence problem and
18 they meet an acceptable in vitro standard or (B) if they do
19 present such a known or potential problem, they are shown
20 to meet an appropriate bioequivalence standard;

21 (iv) they are adequately labeled; and

22 (v) they are manufactured in compliance with Current
23 Good Manufacturing Practice regulations.

24 (3) An individual or group policy of accident and health
25 insurance amended, delivered, issued, or renewed in this State
26 after the effective date of this amendatory Act of the 99th

1 General Assembly shall provide coverage for all of the
2 following services and contraceptive methods:

3 (A) All contraceptive drugs, devices, and other
4 products approved by the United States Food and Drug
5 Administration. This includes all over-the-counter
6 contraceptive drugs, devices, and products approved by the
7 United States Food and Drug Administration, excluding male
8 condoms. The following apply:

9 (i) If the United States Food and Drug
10 Administration has approved one or more therapeutic
11 equivalent versions of a contraceptive drug, device,
12 or product, a policy is not required to include all
13 such therapeutic equivalent versions in its formulary,
14 so long as at least one is included and covered without
15 cost-sharing and in accordance with this Section.

16 (ii) If an individual's attending provider
17 recommends a particular service or item approved by
18 the United States Food and Drug Administration based
19 on a determination of medical necessity with respect
20 to that individual, the plan or issuer must cover that
21 service or item without cost sharing. The plan or
22 issuer must defer to the determination of the
23 attending provider.

24 (iii) If a drug, device, or product is not
25 covered, plans and issuers must have an easily
26 accessible, transparent, and sufficiently expedient

1 process that is not unduly burdensome on the
2 individual or a provider or other individual acting as
3 a patient's authorized representative to ensure
4 coverage without cost sharing.

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

7 (B) Voluntary sterilization procedures.

8 (C) Contraceptive services, patient education, and
9 counseling on contraception.

10 (D) Follow-up services related to the drugs, devices,
11 products, and procedures covered under this Section,
12 including, but not limited to, management of side effects,
13 counseling for continued adherence, and device insertion
14 and removal.

15 (4) Except as otherwise provided in this subsection (a), a
16 policy subject to this subsection (a) shall not impose a
17 deductible, coinsurance, copayment, or any other cost-sharing
18 requirement on the coverage provided. The provisions of this
19 paragraph do not apply to coverage of voluntary male
20 sterilization procedures to the extent such coverage would
21 disqualify a high-deductible health plan from eligibility for
22 a health savings account pursuant to the federal Internal
23 Revenue Code, 26 U.S.C. 223.

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

1 (6) If, at any time, the Secretary of the United States
2 Department of Health and Human Services, or its successor
3 agency, promulgates rules or regulations to be published in
4 the Federal Register or publishes a comment in the Federal
5 Register or issues an opinion, guidance, or other action that
6 would require the State, pursuant to any provision of the
7 Patient Protection and Affordable Care Act (Public Law
8 111-148), including, but not limited to, 42 U.S.C.
9 18031(d)(3)(B) or any successor provision, to defray the cost
10 of any coverage outlined in this subsection (a), then this
11 subsection (a) is inoperative with respect to all coverage
12 outlined in this subsection (a) other than that authorized
13 under Section 1902 of the Social Security Act, 42 U.S.C.
14 1396a, and the State shall not assume any obligation for the
15 cost of the coverage set forth in this subsection (a).

16 (b) This subsection (b) shall become operative if and only
17 if subsection (a) becomes inoperative.

18 An individual or group policy of accident and health
19 insurance amended, delivered, issued, or renewed in this State
20 after the date this subsection (b) becomes operative that
21 provides coverage for outpatient services and outpatient
22 prescription drugs or devices must provide coverage for the
23 insured and any dependent of the insured covered by the policy
24 for all outpatient contraceptive services and all outpatient
25 contraceptive drugs and devices approved by the Food and Drug
26 Administration. Coverage required under this Section may not

1 impose any deductible, coinsurance, waiting period, or other
2 cost-sharing or limitation that is greater than that required
3 for any outpatient service or outpatient prescription drug or
4 device otherwise covered by the policy.

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

8 As used in this subsection (b), "outpatient contraceptive
9 service" means consultations, examinations, procedures, and
10 medical services, provided on an outpatient basis and related
11 to the use of contraceptive methods (including natural family
12 planning) to prevent an unintended pregnancy.

13 (c) Nothing in this Section shall be construed to require
14 an insurance company to cover services related to an abortion
15 as the term "abortion" is defined in the Illinois Abortion Law
16 of 2021. (Blank).

17 (d) If a plan or issuer utilizes a network of providers,
18 nothing in this Section shall be construed to require coverage
19 or to prohibit the plan or issuer from imposing cost-sharing
20 for items or services described in this Section that are
21 provided or delivered by an out-of-network provider, unless
22 the plan or issuer does not have in its network a provider who
23 is able to or is willing to provide the applicable items or
24 services.

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

1 (215 ILCS 5/356z.4a rep.)

2 Section 432. The Illinois Insurance Code is amended by
3 repealing Section 356z.4a.

4 Section 435. The Health Maintenance Organization Act is
5 amended by changing Section 5-3 as follows:

6 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

7 Sec. 5-3. Insurance Code provisions.

8 (a) Health Maintenance Organizations shall be subject to
9 the provisions of Sections 133, 134, 136, 137, 139, 140,
10 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
11 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
12 355.3, 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2,
13 356z.4, ~~356z.4a~~, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
14 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,
15 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, ~~356z.30~~,
16 356z.30a, ~~356z.32~~, 356z.33, 356z.35, 356z.36, 356z.41, 364,
17 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e,
18 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409,
19 412, 444, and 444.1, paragraph (c) of subsection (2) of
20 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
21 XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois Insurance
22 Code.

23 (b) For purposes of the Illinois Insurance Code, except
24 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,

1 Health Maintenance Organizations in the following categories
2 are deemed to be "domestic companies":

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

5 (2) a corporation organized under the laws of this
6 State; or

7 (3) a corporation organized under the laws of another
8 state, 30% or more of the enrollees of which are residents
9 of this State, except a corporation subject to
10 substantially the same requirements in its state of
11 organization as is a "domestic company" under Article VIII
12 1/2 of the Illinois Insurance Code.

13 (c) In considering the merger, consolidation, or other
14 acquisition of control of a Health Maintenance Organization
15 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

16 (1) the Director shall give primary consideration to
17 the continuation of benefits to enrollees and the
18 financial conditions of the acquired Health Maintenance
19 Organization after the merger, consolidation, or other
20 acquisition of control takes effect;

21 (2) (i) the criteria specified in subsection (1) (b) of
22 Section 131.8 of the Illinois Insurance Code shall not
23 apply and (ii) the Director, in making his determination
24 with respect to the merger, consolidation, or other
25 acquisition of control, need not take into account the
26 effect on competition of the merger, consolidation, or

1 other acquisition of control;

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

4 (A) certification by an independent actuary of the
5 adequacy of the reserves of the Health Maintenance
6 Organization sought to be acquired;

7 (B) pro forma financial statements reflecting the
8 combined balance sheets of the acquiring company and
9 the Health Maintenance Organization sought to be
10 acquired as of the end of the preceding year and as of
11 a date 90 days prior to the acquisition, as well as pro
12 forma financial statements reflecting projected
13 combined operation for a period of 2 years;

14 (C) a pro forma business plan detailing an
15 acquiring party's plans with respect to the operation
16 of the Health Maintenance Organization sought to be
17 acquired for a period of not less than 3 years; and

18 (D) such other information as the Director shall
19 require.

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

26 (e) In considering any management contract or service

1 agreement subject to Section 141.1 of the Illinois Insurance
2 Code, the Director (i) shall, in addition to the criteria
3 specified in Section 141.2 of the Illinois Insurance Code,
4 take into account the effect of the management contract or
5 service agreement on the continuation of benefits to enrollees
6 and the financial condition of the health maintenance
7 organization to be managed or serviced, and (ii) need not take
8 into account the effect of the management contract or service
9 agreement on competition.

10 (f) Except for small employer groups as defined in the
11 Small Employer Rating, Renewability and Portability Health
12 Insurance Act and except for medicare supplement policies as
13 defined in Section 363 of the Illinois Insurance Code, a
14 Health Maintenance Organization may by contract agree with a
15 group or other enrollment unit to effect refunds or charge
16 additional premiums under the following terms and conditions:

17 (i) the amount of, and other terms and conditions with
18 respect to, the refund or additional premium are set forth
19 in the group or enrollment unit contract agreed in advance
20 of the period for which a refund is to be paid or
21 additional premium is to be charged (which period shall
22 not be less than one year); and

23 (ii) the amount of the refund or additional premium
24 shall not exceed 20% of the Health Maintenance
25 Organization's profitable or unprofitable experience with
26 respect to the group or other enrollment unit for the

1 period (and, for purposes of a refund or additional
2 premium, the profitable or unprofitable experience shall
3 be calculated taking into account a pro rata share of the
4 Health Maintenance Organization's administrative and
5 marketing expenses, but shall not include any refund to be
6 made or additional premium to be paid pursuant to this
7 subsection (f)). The Health Maintenance Organization and
8 the group or enrollment unit may agree that the profitable
9 or unprofitable experience may be calculated taking into
10 account the refund period and the immediately preceding 2
11 plan years.

12 The Health Maintenance Organization shall include a
13 statement in the evidence of coverage issued to each enrollee
14 describing the possibility of a refund or additional premium,
15 and upon request of any group or enrollment unit, provide to
16 the group or enrollment unit a description of the method used
17 to calculate (1) the Health Maintenance Organization's
18 profitable experience with respect to the group or enrollment
19 unit and the resulting refund to the group or enrollment unit
20 or (2) the Health Maintenance Organization's unprofitable
21 experience with respect to the group or enrollment unit and
22 the resulting additional premium to be paid by the group or
23 enrollment unit.

24 In no event shall the Illinois Health Maintenance
25 Organization Guaranty Association be liable to pay any
26 contractual obligation of an insolvent organization to pay any

1 refund authorized under this Section.

2 (g) Rulemaking authority to implement Public Act 95-1045,
3 if any, is conditioned on the rules being adopted in
4 accordance with all provisions of the Illinois Administrative
5 Procedure Act and all rules and procedures of the Joint
6 Committee on Administrative Rules; any purported rule not so
7 adopted, for whatever reason, is unauthorized.

8 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
9 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
10 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
11 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
12 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
13 1-1-20; 101-625, eff. 1-1-21.)

14 Section 440. The Voluntary Health Services Plans Act is
15 amended by changing Section 10 as follows:

16 (215 ILCS 165/10) (from Ch. 32, par. 604)

17 Sec. 10. Application of Insurance Code provisions. Health
18 services plan corporations and all persons interested therein
19 or dealing therewith shall be subject to the provisions of
20 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
21 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
22 356g, 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x,
23 356y, 356z.1, 356z.2, 356z.4, ~~356z.4a~~, 356z.5, 356z.6, 356z.8,
24 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,

1 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
2 ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33, 356z.41, 364.01, 367.2,
3 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
4 paragraphs (7) and (15) of Section 367 of the Illinois
5 Insurance Code.

6 Rulemaking authority to implement Public Act 95-1045, if
7 any, is conditioned on the rules being adopted in accordance
8 with all provisions of the Illinois Administrative Procedure
9 Act and all rules and procedures of the Joint Committee on
10 Administrative Rules; any purported rule not so adopted, for
11 whatever reason, is unauthorized.

12 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
13 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
14 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
15 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
16 101-625, eff. 1-1-21.)

17 Section 445. The Medical Practice Act of 1987 is amended
18 by changing Section 22 and 36 as follows:

19 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

21 Sec. 22. Disciplinary action.

22 (A) The Department may revoke, suspend, place on
23 probation, reprimand, refuse to issue or renew, or take any
24 other disciplinary or non-disciplinary action as the

1 Department may deem proper with regard to the license or
2 permit of any person issued under this Act, including imposing
3 fines not to exceed \$10,000 for each violation, upon any of the
4 following grounds:

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

7 (a) a facility licensed pursuant to the Ambulatory
8 Surgical Treatment Center Act;

9 (b) an institution licensed under the Hospital
10 Licensing Act;

11 (c) an ambulatory surgical treatment center or
12 hospitalization or care facility maintained by the
13 State or any agency thereof, where such department or
14 agency has authority under law to establish and
15 enforce standards for the ambulatory surgical
16 treatment centers, hospitalization, or care facilities
17 under its management and control;

18 (d) ambulatory surgical treatment centers,
19 hospitalization or care facilities maintained by the
20 Federal Government; or

21 (e) ambulatory surgical treatment centers,
22 hospitalization or care facilities maintained by any
23 university or college established under the laws of
24 this State and supported principally by public funds
25 raised by taxation.

26 (2) Performance of an abortion procedure in a willful

1 and wanton manner on a woman who was not pregnant at the
2 time the abortion procedure was performed. (Blank).

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

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

10 (5) Engaging in dishonorable, unethical, or
11 unprofessional conduct of a character likely to deceive,
12 defraud or harm the public.

13 (6) Obtaining any fee by fraud, deceit, or
14 misrepresentation.

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

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

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

24 (10) Making a false or misleading statement regarding
25 their skill or the efficacy or value of the medicine,
26 treatment, or remedy prescribed by them at their direction

1 in the treatment of any disease or other condition of the
2 body or mind.

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

5 (12) Adverse action taken by another state or
6 jurisdiction against a license or other authorization to
7 practice as a medical doctor, doctor of osteopathy, doctor
8 of osteopathic medicine or doctor of chiropractic, a
9 certified copy of the record of the action taken by the
10 other state or jurisdiction being prima facie evidence
11 thereof. This includes any adverse action taken by a State
12 or federal agency that prohibits a medical doctor, doctor
13 of osteopathy, doctor of osteopathic medicine, or doctor
14 of chiropractic from providing services to the agency's
15 participants.

16 (13) Violation of any provision of this Act or of the
17 Medical Practice Act prior to the repeal of that Act, or
18 violation of the rules, or a final administrative action
19 of the Secretary, after consideration of the
20 recommendation of the Disciplinary Board.

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

23 (15) A finding by the Disciplinary Board that the
24 registrant after having his or her license placed on
25 probationary status or subjected to conditions or
26 restrictions violated the terms of the probation or failed

1 to comply with such terms or conditions.

2 (16) Abandonment of a patient.

3 (17) Prescribing, selling, administering,
4 distributing, giving, or self-administering any drug
5 classified as a controlled substance (designated product)
6 or narcotic for other than medically accepted therapeutic
7 purposes.

8 (18) Promotion of the sale of drugs, devices,
9 appliances, or goods provided for a patient in such manner
10 as to exploit the patient for financial gain of the
11 physician.

12 (19) Offering, undertaking, or agreeing to cure or
13 treat disease by a secret method, procedure, treatment, or
14 medicine, or the treating, operating, or prescribing for
15 any human condition by a method, means, or procedure which
16 the licensee refuses to divulge upon demand of the
17 Department.

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

21 (21) Willfully making or filing false records or
22 reports in his or her practice as a physician, including,
23 but not limited to, false records to support claims
24 against the medical assistance program of the Department
25 of Healthcare and Family Services (formerly Department of
26 Public Aid) under the Illinois Public Aid Code.

1 (22) Willful omission to file or record, or willfully
2 impeding the filing or recording, or inducing another
3 person to omit to file or record, medical reports as
4 required by law, or willfully failing to report an
5 instance of suspected abuse or neglect as required by law.

6 (23) Being named as a perpetrator in an indicated
7 report by the Department of Children and Family Services
8 under the Abused and Neglected Child Reporting Act, and
9 upon proof by clear and convincing evidence that the
10 licensee has caused a child to be an abused child or
11 neglected child as defined in the Abused and Neglected
12 Child Reporting Act.

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

16 (25) Gross and willful and continued overcharging for
17 professional services, including filing false statements
18 for collection of fees for which services are not
19 rendered, including, but not limited to, filing such false
20 statements for collection of monies for services not
21 rendered from the medical assistance program of the
22 Department of Healthcare and Family Services (formerly
23 Department of Public Aid) under the Illinois Public Aid
24 Code.

25 (26) A pattern of practice or other behavior which
26 demonstrates incapacity or incompetence to practice under

1 this Act.

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

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

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

11 (30) Willfully or negligently violating the
12 confidentiality between physician and patient except as
13 required by law.

14 (31) The use of any false, fraudulent, or deceptive
15 statement in any document connected with practice under
16 this Act.

17 (32) Aiding and abetting an individual not licensed
18 under this Act in the practice of a profession licensed
19 under this Act.

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

23 (34) Failure to report to the Department any adverse
24 final action taken against them by another licensing
25 jurisdiction (any other state or any territory of the
26 United States or any foreign state or country), by any

1 peer review body, by any health care institution, by any
2 professional society or association related to practice
3 under this Act, by any governmental agency, by any law
4 enforcement agency, or by any court for acts or conduct
5 similar to acts or conduct which would constitute grounds
6 for action as defined in this Section.

7 (35) Failure to report to the Department surrender of
8 a license or authorization to practice as a medical
9 doctor, a doctor of osteopathy, a doctor of osteopathic
10 medicine, or doctor of chiropractic in another state or
11 jurisdiction, or surrender of membership on any medical
12 staff or in any medical or professional association or
13 society, while under disciplinary investigation by any of
14 those authorities or bodies, for acts or conduct similar
15 to acts or conduct which would constitute grounds for
16 action as defined in this Section.

17 (36) Failure to report to the Department any adverse
18 judgment, settlement, or award arising from a liability
19 claim related to acts or conduct similar to acts or
20 conduct which would constitute grounds for action as
21 defined in this Section.

22 (37) Failure to provide copies of medical records as
23 required by law.

24 (38) Failure to furnish the Department, its
25 investigators or representatives, relevant information,
26 legally requested by the Department after consultation

1 with the Chief Medical Coordinator or the Deputy Medical
2 Coordinator.

3 (39) Violating the Health Care Worker Self-Referral
4 Act.

5 (40) Willful failure to provide notice when notice is
6 required under the Parental Notice of Abortion Act of
7 1995.

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

10 (42) Entering into an excessive number of written
11 collaborative agreements with licensed advanced practice
12 registered nurses resulting in an inability to adequately
13 collaborate.

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

16 (44) Violating the Compassionate Use of Medical
17 Cannabis Program Act.

18 (45) Entering into an excessive number of written
19 collaborative agreements with licensed prescribing
20 psychologists resulting in an inability to adequately
21 collaborate.

22 (46) Repeated failure to adequately collaborate with a
23 licensed prescribing psychologist.

24 (47) Willfully failing to report an instance of
25 suspected abuse, neglect, financial exploitation, or
26 self-neglect of an eligible adult as defined in and

1 required by the Adult Protective Services Act.

2 (48) Being named as an abuser in a verified report by
3 the Department on Aging under the Adult Protective
4 Services Act, and upon proof by clear and convincing
5 evidence that the licensee abused, neglected, or
6 financially exploited an eligible adult as defined in the
7 Adult Protective Services Act.

8 (49) Entering into an excessive number of written
9 collaborative agreements with licensed physician
10 assistants resulting in an inability to adequately
11 collaborate.

12 (50) Repeated failure to adequately collaborate with a
13 physician assistant.

14 Except for actions involving the ground numbered (26), all
15 proceedings to suspend, revoke, place on probationary status,
16 or take any other disciplinary action as the Department may
17 deem proper, with regard to a license on any of the foregoing
18 grounds, must be commenced within 5 years next after receipt
19 by the Department of a complaint alleging the commission of or
20 notice of the conviction order for any of the acts described
21 herein. Except for the grounds numbered (8), (9), (26), and
22 (29), no action shall be commenced more than 10 years after the
23 date of the incident or act alleged to have violated this
24 Section. For actions involving the ground numbered (26), a
25 pattern of practice or other behavior includes all incidents
26 alleged to be part of the pattern of practice or other behavior

1 that occurred, or a report pursuant to Section 23 of this Act
2 received, within the 10-year period preceding the filing of
3 the complaint. In the event of the settlement of any claim or
4 cause of action in favor of the claimant or the reduction to
5 final judgment of any civil action in favor of the plaintiff,
6 such claim, cause of action, or civil action being grounded on
7 the allegation that a person licensed under this Act was
8 negligent in providing care, the Department shall have an
9 additional period of 2 years from the date of notification to
10 the Department under Section 23 of this Act of such settlement
11 or final judgment in which to investigate and commence formal
12 disciplinary proceedings under Section 36 of this Act, except
13 as otherwise provided by law. The time during which the holder
14 of the license was outside the State of Illinois shall not be
15 included within any period of time limiting the commencement
16 of disciplinary action by the Department.

17 The entry of an order or judgment by any circuit court
18 establishing that any person holding a license under this Act
19 is a person in need of mental treatment operates as a
20 suspension of that license. That person may resume his or her
21 ~~their~~ practice only upon the entry of a Departmental order
22 based upon a finding by the Disciplinary Board that the person
23 has ~~they have~~ been determined to be recovered from mental
24 illness by the court and upon the Disciplinary Board's
25 recommendation that the person ~~they~~ be permitted to resume his
26 or her ~~their~~ practice.

1 The Department may refuse to issue or take disciplinary
2 action concerning the license of any person who fails to file a
3 return, or to pay the tax, penalty, or interest shown in a
4 filed return, or to pay any final assessment of tax, penalty,
5 or interest, as required by any tax Act administered by the
6 Illinois Department of Revenue, until such time as the
7 requirements of any such tax Act are satisfied as determined
8 by the Illinois Department of Revenue.

9 The Department, upon the recommendation of the
10 Disciplinary Board, shall adopt rules which set forth
11 standards to be used in determining:

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

14 (b) what constitutes dishonorable, unethical, or
15 unprofessional conduct of a character likely to deceive,
16 defraud, or harm the public;

17 (c) what constitutes immoral conduct in the commission
18 of any act, including, but not limited to, commission of
19 an act of sexual misconduct related to the licensee's
20 practice; and

21 (d) what constitutes gross negligence in the practice
22 of medicine.

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

26 In enforcing this Section, the Disciplinary Board or the

1 Licensing Board, upon a showing of a possible violation, may
2 compel, in the case of the Disciplinary Board, any individual
3 who is licensed to practice under this Act or holds a permit to
4 practice under this Act, or, in the case of the Licensing
5 Board, any individual who has applied for licensure or a
6 permit pursuant to this Act, to submit to a mental or physical
7 examination and evaluation, or both, which may include a
8 substance abuse or sexual offender evaluation, as required by
9 the Licensing Board or Disciplinary Board and at the expense
10 of the Department. The Disciplinary Board or Licensing Board
11 shall specifically designate the examining physician licensed
12 to practice medicine in all of its branches or, if applicable,
13 the multidisciplinary team involved in providing the mental or
14 physical examination and evaluation, or both. The
15 multidisciplinary team shall be led by a physician licensed to
16 practice medicine in all of its branches and may consist of one
17 or more or a combination of physicians licensed to practice
18 medicine in all of its branches, licensed chiropractic
19 physicians, licensed clinical psychologists, licensed clinical
20 social workers, licensed clinical professional counselors, and
21 other professional and administrative staff. Any examining
22 physician or member of the multidisciplinary team may require
23 any person ordered to submit to an examination and evaluation
24 pursuant to this Section to submit to any additional
25 supplemental testing deemed necessary to complete any
26 examination or evaluation process, including, but not limited

1 to, blood testing, urinalysis, psychological testing, or
2 neuropsychological testing. The Disciplinary Board, the
3 Licensing Board, or the Department may order the examining
4 physician or any member of the multidisciplinary team to
5 provide to the Department, the Disciplinary Board, or the
6 Licensing Board any and all records, including business
7 records, that relate to the examination and evaluation,
8 including any supplemental testing performed. The Disciplinary
9 Board, the Licensing Board, or the Department may order the
10 examining physician or any member of the multidisciplinary
11 team to present testimony concerning this examination and
12 evaluation of the licensee, permit holder, or applicant,
13 including testimony concerning any supplemental testing or
14 documents relating to the examination and evaluation. No
15 information, report, record, or other documents in any way
16 related to the examination and evaluation shall be excluded by
17 reason of any common law or statutory privilege relating to
18 communication between the licensee, permit holder, or
19 applicant and the examining physician or any member of the
20 multidisciplinary team. No authorization is necessary from the
21 licensee, permit holder, or applicant ordered to undergo an
22 evaluation and examination for the examining physician or any
23 member of the multidisciplinary team to provide information,
24 reports, records, or other documents or to provide any
25 testimony regarding the examination and evaluation. The
26 individual to be examined may have, at his or her own expense,

1 another physician of his or her choice present during all
2 aspects of the examination. Failure of any individual to
3 submit to mental or physical examination and evaluation, or
4 both, when directed, shall result in an automatic suspension,
5 without hearing, until such time as the individual submits to
6 the examination. If the Disciplinary Board or Licensing Board
7 finds a physician unable to practice following an examination
8 and evaluation because of the reasons set forth in this
9 Section, the Disciplinary Board or Licensing Board shall
10 require such physician to submit to care, counseling, or
11 treatment by physicians, or other health care professionals,
12 approved or designated by the Disciplinary Board, as a
13 condition for issued, continued, reinstated, or renewed
14 licensure to practice. Any physician, whose license was
15 granted pursuant to Sections 9, 17, or 19 of this Act, or,
16 continued, reinstated, renewed, disciplined or supervised,
17 subject to such terms, conditions, or restrictions who shall
18 fail to comply with such terms, conditions, or restrictions,
19 or to complete a required program of care, counseling, or
20 treatment, as determined by the Chief Medical Coordinator or
21 Deputy Medical Coordinators, shall be referred to the
22 Secretary for a determination as to whether the licensee shall
23 have his or her ~~their~~ license suspended immediately, pending a
24 hearing by the Disciplinary Board. In instances in which the
25 Secretary immediately suspends a license under this Section, a
26 hearing upon such person's license must be convened by the

1 Disciplinary Board within 15 days after such suspension and
2 completed without appreciable delay. The Disciplinary Board
3 shall have the authority to review the subject physician's
4 record of treatment and counseling regarding the impairment,
5 to the extent permitted by applicable federal statutes and
6 regulations safeguarding the confidentiality of medical
7 records.

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

13 The Department may promulgate rules for the imposition of
14 fines in disciplinary cases, not to exceed \$10,000 for each
15 violation of this Act. Fines may be imposed in conjunction
16 with other forms of disciplinary action, but shall not be the
17 exclusive disposition of any disciplinary action arising out
18 of conduct resulting in death or injury to a patient. Any funds
19 collected from such fines shall be deposited in the Illinois
20 State Medical Disciplinary Fund.

21 All fines imposed under this Section shall be paid within
22 60 days after the effective date of the order imposing the fine
23 or in accordance with the terms set forth in the order imposing
24 the fine.

25 (B) The Department shall revoke the license or permit
26 issued under this Act to practice medicine or a chiropractic

1 physician who has been convicted a second time of committing
2 any felony under the Illinois Controlled Substances Act or the
3 Methamphetamine Control and Community Protection Act, or who
4 has been convicted a second time of committing a Class 1 felony
5 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
6 person whose license or permit is revoked under this
7 subsection B shall be prohibited from practicing medicine or
8 treating human ailments without the use of drugs and without
9 operative surgery.

10 (C) The Department shall not revoke, suspend, place on
11 probation, reprimand, refuse to issue or renew, or take any
12 other disciplinary or non-disciplinary action against the
13 license or permit issued under this Act to practice medicine
14 to a physician:

15 (1) based solely upon the recommendation of the
16 physician to an eligible patient regarding, or
17 prescription for, or treatment with, an investigational
18 drug, biological product, or device; or

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

23 (D) The Disciplinary Board shall recommend to the
24 Department civil penalties and any other appropriate
25 discipline in disciplinary cases when the Board finds that a
26 physician willfully performed an abortion with actual

1 knowledge that the person upon whom the abortion has been
2 performed is a minor or an incompetent person without notice
3 as required under the Parental Notice of Abortion Act of 1995.
4 Upon the Board's recommendation, the Department shall impose,
5 for the first violation, a civil penalty of \$1,000 and for a
6 second or subsequent violation, a civil penalty of \$5,000.

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

11 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

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

13 Sec. 36. Investigation; notice.

14 (a) Upon the motion of either the Department or the
15 Disciplinary Board or upon the verified complaint in writing
16 of any person setting forth facts which, if proven, would
17 constitute grounds for suspension or revocation under Section
18 22 of this Act, the Department shall investigate the actions
19 of any person, so accused, who holds or represents that he or
20 she holds a license. Such person is hereinafter called the
21 accused.

22 (b) The Department shall, before suspending, revoking,
23 placing on probationary status, or taking any other
24 disciplinary action as the Department may deem proper with
25 regard to any license at least 30 days prior to the date set

1 for the hearing, notify the accused in writing of any charges
2 made and the time and place for a hearing of the charges before
3 the Disciplinary Board, direct him or her to file his or her
4 written answer thereto to the Disciplinary Board under oath
5 within 20 days after the service on him or her of such notice
6 and inform him or her that if he or she fails to file such
7 answer default will be taken against him or her and his or her
8 license may be suspended, revoked, placed on probationary
9 status, or have other disciplinary action, including limiting
10 the scope, nature or extent of his or her practice, as the
11 Department may deem proper taken with regard thereto. The
12 Department shall, at least 14 days prior to the date set for
13 the hearing, notify in writing any person who filed a
14 complaint against the accused of the time and place for the
15 hearing of the charges against the accused before the
16 Disciplinary Board and inform such person whether he or she
17 may provide testimony at the hearing.

18 (c) Where a physician has been found, upon complaint and
19 investigation of the Department, and after hearing, to have
20 performed an abortion procedure in a wilful and wanton manner
21 upon a woman who was not pregnant at the time such abortion
22 procedure was performed, the Department shall automatically
23 revoke the license of such physician to practice medicine in
24 Illinois. ~~(Blank).~~

25 (d) Such written notice and any notice in such proceedings
26 thereafter may be served by personal delivery, email to the

1 respondent's email address of record, or mail to the
2 respondent's address of record.

3 (e) All information gathered by the Department during its
4 investigation including information subpoenaed under Section
5 23 or 38 of this Act and the investigative file shall be kept
6 for the confidential use of the Secretary, Disciplinary Board,
7 the Medical Coordinators, persons employed by contract to
8 advise the Medical Coordinator or the Department, the
9 Disciplinary Board's attorneys, the medical investigative
10 staff, and authorized clerical staff, as provided in this Act
11 and shall be afforded the same status as is provided
12 information concerning medical studies in Part 21 of Article
13 VIII of the Code of Civil Procedure, except that the
14 Department may disclose information and documents to a
15 federal, State, or local law enforcement agency pursuant to a
16 subpoena in an ongoing criminal investigation to a health care
17 licensing body of this State or another state or jurisdiction
18 pursuant to an official request made by that licensing body.
19 Furthermore, information and documents disclosed to a federal,
20 State, or local law enforcement agency may be used by that
21 agency only for the investigation and prosecution of a
22 criminal offense or, in the case of disclosure to a health care
23 licensing body, only for investigations and disciplinary
24 action proceedings with regard to a license issued by that
25 licensing body.

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

1 revised 9-20-19.)

2 Section 450. The Nurse Practice Act is amended by changing
3 Section 65-35 and 65-43 as follows:

4 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

6 Sec. 65-35. Written collaborative agreements.

7 (a) A written collaborative agreement is required for all
8 advanced practice registered nurses engaged in clinical
9 practice prior to meeting the requirements of Section 65-43,
10 except for advanced practice registered nurses who are
11 privileged to practice in a hospital, hospital affiliate, or
12 ambulatory surgical treatment center.

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

19 (b) A written collaborative agreement shall describe the
20 relationship of the advanced practice registered nurse with
21 the collaborating physician and shall describe the categories
22 of care, treatment, or procedures to be provided by the
23 advanced practice registered nurse. A collaborative agreement
24 with a podiatric physician must be in accordance with

1 subsection (c-5) or (c-15) of this Section. A collaborative
2 agreement with a dentist must be in accordance with subsection
3 (c-10) of this Section. A collaborative agreement with a
4 podiatric physician must be in accordance with subsection
5 (c-5) of this Section. Collaboration does not require an
6 employment relationship between the collaborating physician
7 and the advanced practice registered nurse.

8 The collaborative relationship under an agreement shall
9 not be construed to require the personal presence of a
10 collaborating physician at the place where services are
11 rendered. Methods of communication shall be available for
12 consultation with the collaborating physician in person or by
13 telecommunications or electronic communications as set forth
14 in the written agreement.

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

24 (c) In the case of anesthesia services provided by a
25 certified registered nurse anesthetist, an anesthesiologist, a
26 physician, a dentist, or a podiatric physician must

1 participate through discussion of and agreement with the
2 anesthesia plan and remain physically present and available on
3 the premises during the delivery of anesthesia services for
4 diagnosis, consultation, and treatment of emergency medical
5 conditions.

6 (c-5) A certified registered nurse anesthetist, who
7 provides anesthesia services outside of a hospital or
8 ambulatory surgical treatment center shall enter into a
9 written collaborative agreement with an anesthesiologist or
10 the physician licensed to practice medicine in all its
11 branches or the podiatric physician performing the procedure.
12 Outside of a hospital or ambulatory surgical treatment center,
13 the certified registered nurse anesthetist may provide only
14 those services that the collaborating podiatric physician is
15 authorized to provide pursuant to the Podiatric Medical
16 Practice Act of 1987 and rules adopted thereunder. A certified
17 registered nurse anesthetist may select, order, and administer
18 medication, including controlled substances, and apply
19 appropriate medical devices for delivery of anesthesia
20 services under the anesthesia plan agreed with by the
21 anesthesiologist or the operating physician or operating
22 podiatric physician.

23 (c-10) A certified registered nurse anesthetist who
24 provides anesthesia services in a dental office shall enter
25 into a written collaborative agreement with an
26 anesthesiologist or the physician licensed to practice

1 medicine in all its branches or the operating dentist
2 performing the procedure. The agreement shall describe the
3 working relationship of the certified registered nurse
4 anesthetist and dentist and shall authorize the categories of
5 care, treatment, or procedures to be performed by the
6 certified registered nurse anesthetist. In a collaborating
7 dentist's office, the certified registered nurse anesthetist
8 may only provide those services that the operating dentist
9 with the appropriate permit is authorized to provide pursuant
10 to the Illinois Dental Practice Act and rules adopted
11 thereunder. For anesthesia services, an anesthesiologist,
12 physician, or operating dentist shall participate through
13 discussion of and agreement with the anesthesia plan and shall
14 remain physically present and be available on the premises
15 during the delivery of anesthesia services for diagnosis,
16 consultation, and treatment of emergency medical conditions. A
17 certified registered nurse anesthetist may select, order, and
18 administer medication, including controlled substances, and
19 apply appropriate medical devices for delivery of anesthesia
20 services under the anesthesia plan agreed with by the
21 operating dentist.

22 (c-15) An advanced practice registered nurse who had a
23 written collaborative agreement with a podiatric physician
24 immediately before the effective date of Public Act 100-513
25 may continue in that collaborative relationship or enter into
26 a new written collaborative relationship with a podiatric

1 physician under the requirements of this Section and Section
2 65-40, as those Sections existed immediately before the
3 amendment of those Sections by Public Act 100-513 with regard
4 to a written collaborative agreement between an advanced
5 practice registered nurse and a podiatric physician.

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

10 (e) Nothing in this Act shall be construed to limit the
11 delegation of tasks or duties by a physician to a licensed
12 practical nurse, a registered professional nurse, or other
13 persons in accordance with Section 54.2 of the Medical
14 Practice Act of 1987. Nothing in this Act shall be construed to
15 limit the method of delegation that may be authorized by any
16 means, including, but not limited to, oral, written,
17 electronic, standing orders, protocols, guidelines, or verbal
18 orders.

19 (e-5) Nothing in this Act shall be construed to authorize
20 an advanced practice registered nurse to provide health care
21 services required by law or rule to be performed by a
22 physician, including those acts to be performed by a physician
23 in Section 3.1 of the Illinois Abortion Law of 2021. ~~The scope~~
24 ~~of practice of an advanced practice registered nurse does not~~
25 ~~include operative surgery. Nothing in this Section shall be~~
26 ~~construed to preclude an advanced practice registered nurse~~

1 ~~from assisting in surgery.~~

2 (f) An advanced practice registered nurse shall inform
3 each collaborating physician, dentist, or podiatric physician
4 of all collaborative agreements he or she has signed and
5 provide a copy of these to any collaborating physician,
6 dentist, or podiatric physician upon request.

7 (g) (Blank).

8 (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18;
9 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

10 (225 ILCS 65/65-43)

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

12 Sec. 65-43. Full practice authority.

13 (a) An Illinois-licensed advanced practice registered
14 nurse certified as a nurse practitioner, nurse midwife, or
15 clinical nurse specialist shall be deemed by law to possess
16 the ability to practice without a written collaborative
17 agreement as set forth in this Section.

18 (b) An advanced practice registered nurse certified as a
19 nurse midwife, clinical nurse specialist, or nurse
20 practitioner who files with the Department a notarized
21 attestation of completion of at least 250 hours of continuing
22 education or training and at least 4,000 hours of clinical
23 experience after first attaining national certification shall
24 not require a written collaborative agreement, except as
25 specified in subsection (c). Documentation of successful

1 completion shall be provided to the Department upon request.

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

5 The clinical experience must be in the advanced practice
6 registered nurse's area of certification. The clinical
7 experience shall be in collaboration with a physician or
8 physicians. Completion of the clinical experience must be
9 attested to by the collaborating physician or physicians and
10 the advanced practice registered nurse.

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

13 (1) all matters included in subsection (c) of Section
14 65-30 of this Act;

15 (2) practicing without a written collaborative
16 agreement in all practice settings consistent with
17 national certification;

18 (3) authority to prescribe both legend drugs and
19 Schedule II through V controlled substances; this
20 authority includes prescription of, selection of, orders
21 for, administration of, storage of, acceptance of samples
22 of, and dispensing over the counter medications, legend
23 drugs, and controlled substances categorized as any
24 Schedule II through V controlled substances, as defined in
25 Article II of the Illinois Controlled Substances Act, and
26 other preparations, including, but not limited to,

1 botanical and herbal remedies;

2 (4) prescribing benzodiazepines or Schedule II
3 narcotic drugs, such as opioids, only in a consultation
4 relationship with a physician; this consultation
5 relationship shall be recorded in the Prescription
6 Monitoring Program website, pursuant to Section 316 of the
7 Illinois Controlled Substances Act, by the physician and
8 advanced practice registered nurse with full practice
9 authority and is not required to be filed with the
10 Department; the specific Schedule II narcotic drug must be
11 identified by either brand name or generic name; the
12 specific Schedule II narcotic drug, such as an opioid, may
13 be administered by oral dosage or topical or transdermal
14 application; delivery by injection or other route of
15 administration is not permitted; at least monthly, the
16 advanced practice registered nurse and the physician must
17 discuss the condition of any patients for whom a
18 benzodiazepine or opioid is prescribed; nothing in this
19 subsection shall be construed to require a prescription by
20 an advanced practice registered nurse with full practice
21 authority to require a physician name;

22 (5) authority to obtain an Illinois controlled
23 substance license and a federal Drug Enforcement
24 Administration number; and

25 (6) use of only local anesthetic.

26 The scope of practice of an advanced practice registered

1 nurse does not include operative surgery. ~~Nothing in this~~
2 ~~Section shall be construed to preclude an advanced practice~~
3 ~~registered nurse from assisting in surgery.~~

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

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

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

14 Section 453. The Physician Assistant Practice Act of 1987
15 is amended by changing Section 7.5 as follows:

16 (225 ILCS 95/7.5)

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

18 Sec. 7.5. Written collaborative agreements; prescriptive
19 authority.

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

23 (1) A written collaborative agreement shall describe
24 the working relationship of the physician assistant with

1 the collaborating physician and shall describe the
2 categories of care, treatment, or procedures to be
3 provided by the physician assistant. The written
4 collaborative agreement shall promote the exercise of
5 professional judgment by the physician assistant
6 commensurate with his or her education and experience. The
7 services to be provided by the physician assistant shall
8 be services that the collaborating physician is authorized
9 to and generally provides to his or her patients in the
10 normal course of his or her clinical medical practice. The
11 written collaborative agreement need not describe the
12 exact steps that a physician assistant must take with
13 respect to each specific condition, disease, or symptom
14 but must specify which authorized procedures require the
15 presence of the collaborating physician as the procedures
16 are being performed. The relationship under a written
17 collaborative agreement shall not be construed to require
18 the personal presence of a physician at the place where
19 services are rendered. Methods of communication shall be
20 available for consultation with the collaborating
21 physician in person or by telecommunications or electronic
22 communications as set forth in the written collaborative
23 agreement. For the purposes of this Act, "generally
24 provides to his or her patients in the normal course of his
25 or her clinical medical practice" means services, not
26 specific tasks or duties, the collaborating physician

1 routinely provides individually or through delegation to
2 other persons so that the physician has the experience and
3 ability to collaborate and provide consultation.

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

6 (A) Participates in the joint formulation and
7 joint approval of orders or guidelines with the
8 physician assistant and he or she periodically reviews
9 such orders and the services provided patients under
10 such orders in accordance with accepted standards of
11 medical practice and physician assistant practice.

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

13 (3) A copy of the signed, written collaborative
14 agreement must be available to the Department upon request
15 from both the physician assistant and the collaborating
16 physician.

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

21 (b) A collaborating physician may, but is not required to,
22 delegate prescriptive authority to a physician assistant as
23 part of a written collaborative agreement. This authority may,
24 but is not required to, include prescription of, selection of,
25 orders for, administration of, storage of, acceptance of
26 samples of, and dispensing medical devices, over the counter

1 medications, legend drugs, medical gases, and controlled
2 substances categorized as Schedule II through V controlled
3 substances, as defined in Article II of the Illinois
4 Controlled Substances Act, and other preparations, including,
5 but not limited to, botanical and herbal remedies. The
6 collaborating physician must have a valid, current Illinois
7 controlled substance license and federal registration with the
8 Drug Enforcement Administration ~~Agency~~ to delegate the
9 authority to prescribe controlled substances.

10 (1) To prescribe Schedule II, III, IV, or V controlled
11 substances under this Section, a physician assistant must
12 obtain a mid-level practitioner controlled substances
13 license. Medication orders issued by a physician assistant
14 shall be reviewed periodically by the collaborating
15 physician.

16 (2) The collaborating physician shall file with the
17 Department notice of delegation of prescriptive authority
18 to a physician assistant and termination of delegation,
19 specifying the authority delegated or terminated. Upon
20 receipt of this notice delegating authority to prescribe
21 controlled substances, the physician assistant shall be
22 eligible to register for a mid-level practitioner
23 controlled substances license under Section 303.05 of the
24 Illinois Controlled Substances Act. Nothing in this Act
25 shall be construed to limit the delegation of tasks or
26 duties by the collaborating physician to a nurse or other

1 appropriately trained persons in accordance with Section
2 54.2 of the Medical Practice Act of 1987.

3 (3) In addition to the requirements of this subsection
4 (b), a collaborating physician may, but is not required
5 to, delegate authority to a physician assistant to
6 prescribe Schedule II controlled substances, if all of the
7 following conditions apply:

8 (A) Specific Schedule II controlled substances by
9 oral dosage or topical or transdermal application may
10 be delegated, provided that the delegated Schedule II
11 controlled substances are routinely prescribed by the
12 collaborating physician. This delegation must identify
13 the specific Schedule II controlled substances by
14 either brand name or generic name. Schedule II
15 controlled substances to be delivered by injection or
16 other route of administration may not be delegated.

17 (B) (Blank).

18 (C) Any prescription must be limited to no more
19 than a 30-day supply, with any continuation authorized
20 only after prior approval of the collaborating
21 physician.

22 (D) The physician assistant must discuss the
23 condition of any patients for whom a controlled
24 substance is prescribed monthly with the collaborating
25 physician.

26 (E) The physician assistant meets the education

1 requirements of Section 303.05 of the Illinois
2 Controlled Substances Act.

3 (c) Nothing in this Act shall be construed to limit the
4 delegation of tasks or duties by a physician to a licensed
5 practical nurse, a registered professional nurse, or other
6 persons. Nothing in this Act shall be construed to limit the
7 method of delegation that may be authorized by any means,
8 including, but not limited to, oral, written, electronic,
9 standing orders, protocols, guidelines, or verbal orders.
10 Nothing in this Act shall be construed to authorize a
11 physician assistant to provide health care services required
12 by law or rule to be performed by a physician. ~~Nothing in this~~
13 ~~Act shall be construed to authorize the delegation or~~
14 ~~performance of operative surgery. Nothing in this Section~~
15 ~~shall be construed to preclude a physician assistant from~~
16 ~~assisting in surgery.~~

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

22 (d) (Blank).

23 (e) Nothing in this Section shall be construed to prohibit
24 generic substitution.

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

1 Section 455. The Vital Records Act is amended by changing
2 Section 1 as follows:

3 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

4 Sec. 1. As used in this Act, unless the context otherwise
5 requires:

6 (1) "Vital records" means records of births, deaths, fetal
7 deaths, marriages, dissolution of marriages, and data related
8 thereto.

9 (2) "System of vital records" includes the registration,
10 collection, preservation, amendment, and certification of
11 vital records, and activities related thereto.

12 (3) "Filing" means the presentation of a certificate,
13 report, or other record provided for in this Act, of a birth,
14 death, fetal death, adoption, marriage, or dissolution of
15 marriage, for registration by the Office of Vital Records.

16 (4) "Registration" means the acceptance by the Office of
17 Vital Records and the incorporation in its official records of
18 certificates, reports, or other records provided for in this
19 Act, of births, deaths, fetal deaths, adoptions, marriages, or
20 dissolution of marriages.

21 (5) "Live birth" means the complete expulsion or
22 extraction from its mother of a product of human conception,
23 irrespective of the duration of pregnancy, which after such
24 separation breathes or shows any other evidence of life such

1 as beating of the heart, pulsation of the umbilical cord, or
2 definite movement of voluntary muscles, whether or not the
3 umbilical cord has been cut or the placenta is attached.

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

13 (7) "Dead body" means a lifeless human body or parts of
14 such body or bones thereof from the state of which it may
15 reasonably be concluded that death has occurred.

16 (8) "Final disposition" means the burial, cremation, or
17 other disposition of a dead human body or fetus or parts
18 thereof.

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

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

26 (11) "Department" means the Department of Public Health of

1 the State of Illinois.

2 (12) "Director" means the Director of the Illinois
3 Department of Public Health.

4 (13) "Licensed health care professional" means a person
5 licensed to practice as a physician, advanced practice
6 registered nurse, or physician assistant in Illinois or any
7 other state.

8 (14) "Licensed mental health professional" means a person
9 who is licensed or registered to provide mental health
10 services by the Department of Financial and Professional
11 Regulation or a board of registration duly authorized to
12 register or grant licenses to persons engaged in the practice
13 of providing mental health services in Illinois or any other
14 state.

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

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

24 (Source: P.A. 100-360, eff. 1-1-18; 100-506, eff. 1-1-18;
25 100-863, eff. 8-14-18; 101-13, eff. 6-12-19.)

1 Section 460. The Environmental Protection Act is amended
2 by changing Section 56.1 as follows:

3 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

4 Sec. 56.1. Acts prohibited.

5 (A) No person shall:

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

10 (1) the infectious potential has been eliminated
11 from the sharps by treatment; and

12 (2) the sharps are packaged in accordance with
13 Board regulations.

14 (b) Cause or allow the delivery of any potentially
15 infectious medical waste for transport, storage,
16 treatment, or transfer except in accordance with Board
17 regulations.

18 (c) Beginning July 1, 1992, cause or allow the
19 delivery of any potentially infectious medical waste to a
20 person or facility for storage, treatment, or transfer
21 that does not have a permit issued by the agency to receive
22 potentially infectious medical waste, unless no permit is
23 required under subsection (g) (1).

24 (d) Beginning July 1, 1992, cause or allow the
25 delivery or transfer of any potentially infectious medical

1 waste for transport unless:

2 (1) the transporter has a permit issued by the
3 Agency to transport potentially infectious medical
4 waste, or the transporter is exempt from the permit
5 requirement set forth in subsection (f)(1).

6 (2) a potentially infectious medical waste
7 manifest is completed for the waste if a manifest is
8 required under subsection (h).

9 (e) Cause or allow the acceptance of any potentially
10 infectious medical waste for purposes of transport,
11 storage, treatment, or transfer except in accordance with
12 Board regulations.

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

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

18 (A) a person transporting potentially
19 infectious medical waste generated solely by that
20 person's activities;

21 (B) noncommercial transportation of less than
22 50 pounds of potentially infectious medical waste
23 at any one time; or

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

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

1 (3) In violation of any regulation adopted by the
2 Board.

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

5 (g) Beginning July 1, 1992, conduct any potentially
6 infectious medical waste treatment, storage, or transfer
7 operation:

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

13 (A) Person conducting a potentially infectious
14 medical waste treatment, storage, or transfer
15 operation for potentially infectious medical waste
16 generated by the person's own activities that are
17 treated, stored, or transferred within the site
18 where the potentially infectious medical waste is
19 generated.

20 (B) Hospital that treats, stores, or transfers
21 only potentially infectious medical waste
22 generated by its own activities or by members of
23 its medical staff.

24 (C) Sharps collection station that is operated
25 in accordance with Section 56.7.

26 (2) in violation of any condition of any permit

1 issued by the Agency under this Act.

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

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

6 (h) Transport potentially infectious medical waste
7 unless the transporter carries a completed potentially
8 infectious medical waste manifest. No manifest is required
9 for the transportation of:

10 (1) potentially infectious medical waste being
11 transported by generators who generated the waste by
12 their own activities, when the potentially infectious
13 medical waste is transported within or between sites
14 or facilities owned, controlled, or operated by that
15 person;

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

19 (3) potentially infectious medical waste by the
20 U.S. Postal Service.

21 (i) Offer for transportation, transport, deliver,
22 receive or accept potentially infectious medical waste for
23 which a manifest is required, unless the manifest
24 indicates that the fee required under Section 56.4 of this
25 Act has been paid.

26 (j) Beginning January 1, 1994, conduct a potentially

1 infectious medical waste treatment operation at an
2 incinerator in existence on the effective date of this
3 Title in violation of emission standards established for
4 these incinerators under Section 129 of the Clean Air Act
5 (42 USC 7429), as amended.

6 (k) Beginning July 1, 2015, knowingly mix household
7 sharps, including, but not limited to, hypodermic,
8 intravenous, or other medical needles or syringes or other
9 medical household waste containing used or unused sharps,
10 including, but not limited to, hypodermic, intravenous, or
11 other medical needles or syringes or other sharps, with
12 any other material intended for collection as a recyclable
13 material by a residential hauler.

14 (l) Beginning on July 1, 2015, knowingly place
15 household sharps into a container intended for collection
16 by a residential hauler for processing at a recycling
17 center.

18 (B) In making its orders and determinations relative to
19 penalties, if any, to be imposed for violating subdivision
20 (A)(a) of this Section, the Board, in addition to the factors
21 in Sections 33(c) and 42(h) of this Act, or the Court shall
22 take into consideration whether the owner or operator of the
23 landfill reasonably relied on written statements from the
24 person generating or treating the waste that the waste is not
25 potentially infectious medical waste.

26 ~~(C) Notwithstanding subsection (A) or any other provision~~

1 ~~of law, including the Vital Records Act, tissue and products~~
2 ~~from an abortion, as defined in Section 1-10 of the~~
3 ~~Reproductive Health Act, or a miscarriage may be buried,~~
4 ~~entombed, or cremated.~~

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

6 Section 465. The Criminal Code of 2012 is amended by
7 changing Section 9-1.2, 9-2.1, 9-3.2, and 12-3.1 as follows:

8 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

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

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

13 (1) either intended to cause the death of or do great
14 bodily harm to the pregnant ~~individual~~ woman or her unborn
15 child or knew that such acts would cause death or great
16 bodily harm to the pregnant ~~individual~~ woman or her unborn
17 child; or

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

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

22 (b) For purposes of this Section, (1) "unborn child" shall
23 mean any individual of the human species from ~~the implantation~~
24 ~~of an embryo~~ fertilization until birth, and (2) "person" shall

1 not include the pregnant woman whose unborn child is killed.

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

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

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

14 (2) if the person committed the offense while armed
15 with a firearm, 15 years shall be added to the term of
16 imprisonment imposed by the court;

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

20 (4) if, during the commission of the offense, the
21 person personally discharged a firearm that proximately
22 caused great bodily harm, permanent disability, permanent
23 disfigurement, or death to another person, 25 years or up
24 to a term of natural life shall be added to the term of
25 imprisonment imposed by the court.

26 (e) The provisions of this Act shall not be construed to

1 prohibit the prosecution of any person under any other
2 provision of law.

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

4 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

5 Sec. 9-2.1. Voluntary Manslaughter of an Unborn Child. (a)

6 A person who kills an unborn child without lawful
7 justification commits voluntary manslaughter of an unborn
8 child if at the time of the killing he is acting under a sudden
9 and intense passion resulting from serious provocation by
10 another whom the offender endeavors to kill, but he
11 negligently or accidentally causes the death of the unborn
12 child.

13 Serious provocation is conduct sufficient to excite an
14 intense passion in a reasonable person.

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

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

23 (d) For purposes of this Section, (1) "unborn child" shall
24 mean any individual of the human species from ~~the implantation~~
25 ~~of an embryo~~ fertilization until birth, and (2) "person" shall

1 not include the pregnant ~~individual~~ woman whose unborn child
2 is killed.

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

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

12 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

13 Sec. 9-3.2. Involuntary manslaughter and reckless homicide
14 of an unborn child.

15 (a) A person who unintentionally kills an unborn child
16 without lawful justification commits involuntary manslaughter
17 of an unborn child if his acts whether lawful or unlawful which
18 cause the death are such as are likely to cause death or great
19 bodily harm to some individual, and he performs them
20 recklessly, except in cases in which the cause of death
21 consists of the driving of a motor vehicle, in which case the
22 person commits reckless homicide of an unborn child.

23 (b) Sentence.

24 (1) Involuntary manslaughter of an unborn child is a
25 Class 3 felony.

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

3 (c) For purposes of this Section, (1) "unborn child" shall
4 mean any individual of the human species from fertilization
5 ~~the implantation of an embryo~~ until birth, and (2) "person"
6 shall not include the pregnant woman ~~individual~~ whose unborn
7 child is killed.

8 (d) This Section shall not apply to acts which cause the
9 death of an unborn child if those acts were committed during
10 any abortion, as defined in Section 2 of the Illinois Abortion
11 Law of 2021, as amended ~~Section 1-10 of the Reproductive~~
12 ~~Health Act,~~ 7 to which the pregnant woman ~~individual~~ has
13 consented. This Section shall not apply to acts which were
14 committed pursuant to usual and customary standards of medical
15 practice during diagnostic testing or therapeutic treatment.

16 (e) The provisions of this Section shall not be construed
17 to prohibit the prosecution of any person under any other
18 provision of law, nor shall it be construed to preclude any
19 civil cause of action.

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

21 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

22 Sec. 12-3.1. Battery of an unborn child; aggravated
23 battery of an unborn child.

24 (a) A person commits battery of an unborn child if he or
25 she knowingly without legal justification and by any means

1 causes bodily harm to an unborn child.

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

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

11 (c) Sentence. Battery of an unborn child is a Class A
12 misdemeanor. Aggravated battery of an unborn child is a Class
13 2 felony.

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

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

24 Section 470. The Code of Civil Procedure is amended by
25 changing Section 8-802 as follows:

1 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

2 Sec. 8-802. Physician and patient. No physician or surgeon
3 shall be permitted to disclose any information he or she may
4 have acquired in attending any patient in a professional
5 character, necessary to enable him or her professionally to
6 serve the patient, except only (1) in trials for homicide when
7 the disclosure relates directly to the fact or immediate
8 circumstances of the homicide, (2) in actions, civil or
9 criminal, against the physician for malpractice, (3) with the
10 expressed consent of the patient, or in case of his or her
11 death or disability, of his or her personal representative or
12 other person authorized to sue for personal injury or of the
13 beneficiary of an insurance policy on his or her life, health,
14 or physical condition, or as authorized by Section 8-2001.5,
15 (4) in all actions brought by or against the patient, his or
16 her personal representative, a beneficiary under a policy of
17 insurance, or the executor or administrator of his or her
18 estate wherein the patient's physical or mental condition is
19 an issue, (5) upon an issue as to the validity of a document as
20 a will of the patient, (6) ~~(blank)~~ in any criminal action where
21 the charge is either first degree murder by abortion,
22 attempted abortion or abortion, (7) in actions, civil or
23 criminal, arising from the filing of a report in compliance
24 with the Abused and Neglected Child Reporting Act, (8) to any
25 department, agency, institution or facility which has custody

1 of the patient pursuant to State statute or any court order of
2 commitment, (9) in prosecutions where written results of blood
3 alcohol tests are admissible pursuant to Section 11-501.4 of
4 the Illinois Vehicle Code, (10) in prosecutions where written
5 results of blood alcohol tests are admissible under Section
6 5-11a of the Boat Registration and Safety Act, (11) in
7 criminal actions arising from the filing of a report of
8 suspected terrorist offense in compliance with Section
9 29D-10(p)(7) of the Criminal Code of 2012, (12) upon the
10 issuance of a subpoena pursuant to Section 38 of the Medical
11 Practice Act of 1987; the issuance of a subpoena pursuant to
12 Section 25.1 of the Illinois Dental Practice Act; the issuance
13 of a subpoena pursuant to Section 22 of the Nursing Home
14 Administrators Licensing and Disciplinary Act; or the issuance
15 of a subpoena pursuant to Section 25.5 of the Workers'
16 Compensation Act, (13) upon the issuance of a grand jury
17 subpoena pursuant to Article 112 of the Code of Criminal
18 Procedure of 1963, or (14) to or through a health information
19 exchange, as that term is defined in Section 2 of the Mental
20 Health and Developmental Disabilities Confidentiality Act, in
21 accordance with State or federal law.

22 Upon disclosure under item (13) of this Section, in any
23 criminal action where the charge is domestic battery,
24 aggravated domestic battery, or an offense under Article 11 of
25 the Criminal Code of 2012 or where the patient is under the age
26 of 18 years or upon the request of the patient, the State's

1 Attorney shall petition the court for a protective order
2 pursuant to Supreme Court Rule 415.

3 In the event of a conflict between the application of this
4 Section and the Mental Health and Developmental Disabilities
5 Confidentiality Act to a specific situation, the provisions of
6 the Mental Health and Developmental Disabilities
7 Confidentiality Act shall control.

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

9 Section 483. The Health Care Right of Conscience Act is
10 amended by changing Section 3 as follows:

11 (745 ILCS 70/3) (from Ch. 111 1/2, par. 5303)

12 Sec. 3. Definitions. As used in this Act, unless the
13 context clearly otherwise requires:

14 (a) "Health care" means any phase of patient care,
15 including but not limited to, testing; diagnosis;
16 prognosis; ancillary research; instructions; family
17 planning, counselling, referrals, or any other advice in
18 connection with the use or procurement of contraceptives
19 and sterilization or abortion procedures; medication; or
20 surgery or other care or treatment rendered by a physician
21 or physicians, nurses, paraprofessionals or health care
22 facility, intended for the physical, emotional, and mental
23 well-being of persons; ~~or an abortion as defined by the~~
24 ~~Reproductive Health Act;~~

1 (b) "Physician" means any person who is licensed by
2 the State of Illinois under the Medical Practice Act of
3 1987;

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

8 (d) "Health care facility" means any public or private
9 hospital, clinic, center, medical school, medical training
10 institution, laboratory or diagnostic facility,
11 physician's office, infirmary, dispensary, ambulatory
12 surgical treatment center or other institution or location
13 wherein health care services are provided to any person,
14 including physician organizations and associations,
15 networks, joint ventures, and all other combinations of
16 those organizations;

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

22 (f) "Health care payer" means a health maintenance
23 organization, insurance company, management services
24 organization, or any other entity that pays for or
25 arranges for the payment of any health care or medical
26 care service, procedure, or product; and

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

3 The above definitions include not only the traditional
4 combinations and forms of these persons and organizations but
5 also all new and emerging forms and combinations of these
6 persons and organizations.

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

8 Section 485. The Rights of Married Persons Act is amended
9 by changing Section 15 as follows:

10 (750 ILCS 65/15) (from Ch. 40, par. 1015)

11 Sec. 15. (a)(1) The expenses of the family and of the
12 education of the children shall be chargeable upon the
13 property of both husband and wife, or of either of them, in
14 favor of creditors therefor, and in relation thereto they may
15 be sued jointly or separately.

16 (2) No creditor, who has a claim against a spouse or former
17 spouse for an expense incurred by that spouse or former spouse
18 which is not a family expense, shall maintain an action
19 against the other spouse or former spouse for that expense
20 except:

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

23 (B) an expense for goods or merchandise purchased by or in
24 the possession of the other spouse or former spouse, or for

1 services ordered by the other spouse or former spouse.

2 (3) Any creditor who maintains an action in violation of
3 this subsection (a) for an expense other than a family expense
4 against a spouse or former spouse other than the spouse or
5 former spouse who incurred the expense, shall be liable to the
6 other spouse or former spouse for his or her costs, expenses
7 and attorney's fees incurred in defending the action.

8 (4) No creditor shall, with respect to any claim against a
9 spouse or former spouse for which the creditor is prohibited
10 under this subsection (a) from maintaining an action against
11 the other spouse or former spouse, engage in any collection
12 efforts against the other spouse or former spouse, including,
13 but not limited to, informal or formal collection attempts,
14 referral of the claim to a collector or collection agency for
15 collection from the other spouse or former spouse, or making
16 any representation to a credit reporting agency that the other
17 spouse or former spouse is any way liable for payment of the
18 claim.

19 (b) ~~(Blank)~~. No spouse shall be liable for any expense
20 incurred by the other spouse when an abortion is performed on
21 such spouse, without the consent of such other spouse, unless
22 the physician who performed the abortion certifies that such
23 abortion is necessary to preserve the life of the spouse who
24 obtained such abortion.

25 (c) ~~(Blank)~~. No parent shall be liable for any expense
26 incurred by his or her minor child when an abortion is

1 performed on such minor child without the consent of both
2 parents of such child, if they both have custody, or the parent
3 having custody, or legal guardian of such child, unless the
4 physician who performed the abortion certifies that such
5 abortion is necessary to preserve the life of the minor child
6 who obtained such abortion.

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

8 Article 99.

9 Section 9999. Effective date. This Act takes effect upon
10 becoming law.

1

INDEX

2

Statutes amended in order of appearance

3

New Act

4

775 ILCS 55/Act rep.

5

210 ILCS 5/6.2 new

6

410 ILCS 70/9.1 new

7

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

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

13

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

14

215 ILCS 5/356z.4

15

215 ILCS 5/356z.4a rep.

16

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

17

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

18

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

19

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

20

225 ILCS 65/65-35 was 225 ILCS 65/15-15

21

225 ILCS 65/65-43

22

225 ILCS 95/7.5

23

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

24

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

25

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 |