

1 AN ACT concerning emergency medical dispatchers.

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

4 Section 5. The State Commemorative Dates Act is amended by
5 changing Section 148 as follows:

6 (5 ILCS 490/148)

7 Sec. 148. First Responder Mental Health Awareness Day. The
8 third Friday in May of each year is designated as First
9 Responder Mental Health Awareness Day, to be observed
10 throughout the State as a day to honor firefighters, police
11 officers, emergency medical dispatchers, public safety
12 telecommunicators, and other first responders who have lost
13 their lives due to and suffer from post-traumatic stress
14 disorder, depression, and other mental health issues.

15 (Source: P.A. 100-900, eff. 1-1-19.)

16 Section 10. The Department of Public Health Powers and
17 Duties Law of the Civil Administrative Code of Illinois is
18 amended by changing Section 2310-256 as follows:

19 (20 ILCS 2310/2310-256)

20 Sec. 2310-256. Public information campaign; statewide
21 response plans. The Department shall, whenever the State is

1 required by the federal government to implement a statewide
2 response plan to a national public health threat, conduct an
3 information campaign for the general public and for medical
4 professionals concerning the need for public participation in
5 the plan, the risks involved in inoculation or treatment, any
6 advisories concerning the need for medical consultation before
7 receiving inoculation or treatment, and the rights and
8 responsibilities of the general public, medical professionals,
9 and first responders, including, but not limited to, emergency
10 medical dispatchers and public safety telecommunicators,
11 regarding the provision and receipt of inoculation and
12 treatment under the response plan.

13 (Source: P.A. 93-161, eff. 7-10-03.)

14 Section 15. The Illinois State Police Law of the Civil
15 Administrative Code of Illinois is amended by adding Section
16 2605-52.2 as follows:

17 (20 ILCS 2605/2605-52.2 new)

18 Sec. 2605-52.2. Emergency medical dispatcher and public
19 safety telecommunicator classification. The Office of the
20 Statewide 9-1-1 Administrator, in consultation with the
21 Statewide 9-1-1 Advisory Board, shall revise any guidelines,
22 rules, and standards governing the employment, training,
23 certification, or testing necessary to classify public safety
24 telecommunicators and emergency medical dispatchers as "first

1 responders" and comparable in the State's occupational
2 classification of emergency services personnel and public
3 safety personnel.

4 Section 20. The School Code is amended by changing Section
5 22-80 as follows:

6 (105 ILCS 5/22-80)

7 Sec. 22-80. Student athletes; concussions and head
8 injuries.

9 (a) The General Assembly recognizes all of the following:

10 (1) Concussions are one of the most commonly reported
11 injuries in children and adolescents who participate in
12 sports and recreational activities. The Centers for
13 Disease Control and Prevention estimates that as many as
14 3,900,000 sports-related and recreation-related
15 concussions occur in the United States each year. A
16 concussion is caused by a blow or motion to the head or
17 body that causes the brain to move rapidly inside the
18 skull. The risk of catastrophic injuries or death is
19 significant when a concussion or head injury is not
20 properly evaluated and managed.

21 (2) Concussions are a type of brain injury that can
22 range from mild to severe and can disrupt the way the brain
23 normally works. Concussions can occur in any organized or
24 unorganized sport or recreational activity and can result

1 from a fall or from players colliding with each other, the
2 ground, or with obstacles. Concussions occur with or
3 without loss of consciousness, but the vast majority of
4 concussions occur without loss of consciousness.

5 (3) Continuing to play with a concussion or symptoms
6 of a head injury leaves a young athlete especially
7 vulnerable to greater injury and even death. The General
8 Assembly recognizes that, despite having generally
9 recognized return-to-play standards for concussions and
10 head injuries, some affected youth athletes are
11 prematurely returned to play, resulting in actual or
12 potential physical injury or death to youth athletes in
13 this State.

14 (4) Student athletes who have sustained a concussion
15 may need informal or formal accommodations, modifications
16 of curriculum, and monitoring by medical or academic staff
17 until the student is fully recovered. To that end, all
18 schools are encouraged to establish a return-to-learn
19 protocol that is based on peer-reviewed scientific
20 evidence consistent with Centers for Disease Control and
21 Prevention guidelines and conduct baseline testing for
22 student athletes.

23 (b) In this Section:

24 "Athletic trainer" means an athletic trainer licensed
25 under the Illinois Athletic Trainers Practice Act who is
26 working under the supervision of a physician.

1 "Coach" means any volunteer or employee of a school who is
2 responsible for organizing and supervising students to teach
3 them or train them in the fundamental skills of an
4 interscholastic athletic activity. "Coach" refers to both head
5 coaches and assistant coaches.

6 "Concussion" means a complex pathophysiological process
7 affecting the brain caused by a traumatic physical force or
8 impact to the head or body, which may include temporary or
9 prolonged altered brain function resulting in physical,
10 cognitive, or emotional symptoms or altered sleep patterns and
11 which may or may not involve a loss of consciousness.

12 "Department" means the Department of Financial and
13 Professional Regulation.

14 "Game official" means a person who officiates at an
15 interscholastic athletic activity, such as a referee or
16 umpire, including, but not limited to, persons enrolled as
17 game officials by the Illinois High School Association or
18 Illinois Elementary School Association.

19 "Interscholastic athletic activity" means any organized
20 school-sponsored or school-sanctioned activity for students,
21 generally outside of school instructional hours, under the
22 direction of a coach, athletic director, or band leader,
23 including, but not limited to, baseball, basketball,
24 cheerleading, cross country track, fencing, field hockey,
25 football, golf, gymnastics, ice hockey, lacrosse, marching
26 band, rugby, soccer, skating, softball, swimming and diving,

1 tennis, track (indoor and outdoor), ultimate Frisbee,
2 volleyball, water polo, and wrestling. All interscholastic
3 athletics are deemed to be interscholastic activities.

4 "Licensed healthcare professional" means a person who has
5 experience with concussion management and who is a nurse, a
6 psychologist who holds a license under the Clinical
7 Psychologist Licensing Act and specializes in the practice of
8 neuropsychology, a physical therapist licensed under the
9 Illinois Physical Therapy Act, an occupational therapist
10 licensed under the Illinois Occupational Therapy Practice Act,
11 a physician assistant, or an athletic trainer.

12 "Nurse" means a person who is employed by or volunteers at
13 a school and is licensed under the Nurse Practice Act as a
14 registered nurse, practical nurse, or advanced practice
15 registered nurse.

16 "Physician" means a physician licensed to practice
17 medicine in all of its branches under the Medical Practice Act
18 of 1987.

19 "Physician assistant" means a physician assistant licensed
20 under the Physician Assistant Practice Act of 1987.

21 "School" means any public or private elementary or
22 secondary school, including a charter school.

23 "Student" means an adolescent or child enrolled in a
24 school.

25 (c) This Section applies to any interscholastic athletic
26 activity, including practice and competition, sponsored or

1 sanctioned by a school, the Illinois Elementary School
2 Association, or the Illinois High School Association. This
3 Section applies beginning with the 2016-2017 school year.

4 (d) The governing body of each public or charter school
5 and the appropriate administrative officer of a private school
6 with students enrolled who participate in an interscholastic
7 athletic activity shall appoint or approve a concussion
8 oversight team. Each concussion oversight team shall establish
9 a return-to-play protocol, based on peer-reviewed scientific
10 evidence consistent with Centers for Disease Control and
11 Prevention guidelines, for a student's return to
12 interscholastic athletics practice or competition following a
13 force or impact believed to have caused a concussion. Each
14 concussion oversight team shall also establish a
15 return-to-learn protocol, based on peer-reviewed scientific
16 evidence consistent with Centers for Disease Control and
17 Prevention guidelines, for a student's return to the classroom
18 after that student is believed to have experienced a
19 concussion, whether or not the concussion took place while the
20 student was participating in an interscholastic athletic
21 activity.

22 Each concussion oversight team must include to the extent
23 practicable at least one physician. If a school employs an
24 athletic trainer, the athletic trainer must be a member of the
25 school concussion oversight team to the extent practicable. If
26 a school employs a nurse, the nurse must be a member of the

1 school concussion oversight team to the extent practicable. At
2 a minimum, a school shall appoint a person who is responsible
3 for implementing and complying with the return-to-play and
4 return-to-learn protocols adopted by the concussion oversight
5 team. At a minimum, a concussion oversight team may be
6 composed of only one person and this person need not be a
7 licensed healthcare professional, but it may not be a coach. A
8 school may appoint other licensed healthcare professionals to
9 serve on the concussion oversight team.

10 (e) A student may not participate in an interscholastic
11 athletic activity for a school year until the student and the
12 student's parent or guardian or another person with legal
13 authority to make medical decisions for the student have
14 signed a form for that school year that acknowledges receiving
15 and reading written information that explains concussion
16 prevention, symptoms, treatment, and oversight and that
17 includes guidelines for safely resuming participation in an
18 athletic activity following a concussion. The form must be
19 approved by the Illinois High School Association.

20 (f) A student must be removed from an interscholastic
21 athletics practice or competition immediately if one of the
22 following persons believes the student might have sustained a
23 concussion during the practice or competition:

- 24 (1) a coach;
25 (2) a physician;
26 (3) a game official;

1 (4) an athletic trainer;

2 (5) the student's parent or guardian or another person
3 with legal authority to make medical decisions for the
4 student;

5 (6) the student; or

6 (7) any other person deemed appropriate under the
7 school's return-to-play protocol.

8 (g) A student removed from an interscholastic athletics
9 practice or competition under this Section may not be
10 permitted to practice or compete again following the force or
11 impact believed to have caused the concussion until:

12 (1) the student has been evaluated, using established
13 medical protocols based on peer-reviewed scientific
14 evidence consistent with Centers for Disease Control and
15 Prevention guidelines, by a treating physician (chosen by
16 the student or the student's parent or guardian or another
17 person with legal authority to make medical decisions for
18 the student), an athletic trainer, an advanced practice
19 registered nurse, or a physician assistant;

20 (2) the student has successfully completed each
21 requirement of the return-to-play protocol established
22 under this Section necessary for the student to return to
23 play;

24 (3) the student has successfully completed each
25 requirement of the return-to-learn protocol established
26 under this Section necessary for the student to return to

1 learn;

2 (4) the treating physician, the athletic trainer, or
3 the physician assistant has provided a written statement
4 indicating that, in the physician's professional judgment,
5 it is safe for the student to return to play and return to
6 learn or the treating advanced practice registered nurse
7 has provided a written statement indicating that it is
8 safe for the student to return to play and return to learn;
9 and

10 (5) the student and the student's parent or guardian
11 or another person with legal authority to make medical
12 decisions for the student:

13 (A) have acknowledged that the student has
14 completed the requirements of the return-to-play and
15 return-to-learn protocols necessary for the student to
16 return to play;

17 (B) have provided the treating physician's,
18 athletic trainer's, advanced practice registered
19 nurse's, or physician assistant's written statement
20 under subdivision (4) of this subsection (g) to the
21 person responsible for compliance with the
22 return-to-play and return-to-learn protocols under
23 this subsection (g) and the person who has supervisory
24 responsibilities under this subsection (g); and

25 (C) have signed a consent form indicating that the
26 person signing:

1 (i) has been informed concerning and consents
2 to the student participating in returning to play
3 in accordance with the return-to-play and
4 return-to-learn protocols;

5 (ii) understands the risks associated with the
6 student returning to play and returning to learn
7 and will comply with any ongoing requirements in
8 the return-to-play and return-to-learn protocols;
9 and

10 (iii) consents to the disclosure to
11 appropriate persons, consistent with the federal
12 Health Insurance Portability and Accountability
13 Act of 1996 (Public Law 104-191), of the treating
14 physician's, athletic trainer's, physician
15 assistant's, or advanced practice registered
16 nurse's written statement under subdivision (4) of
17 this subsection (g) and, if any, the
18 return-to-play and return-to-learn
19 recommendations of the treating physician, the
20 athletic trainer, the physician assistant, or the
21 advanced practice registered nurse, as the case
22 may be.

23 A coach of an interscholastic athletics team may not
24 authorize a student's return to play or return to learn.

25 The district superintendent or the superintendent's
26 designee in the case of a public elementary or secondary

1 school, the chief school administrator or that person's
2 designee in the case of a charter school, or the appropriate
3 administrative officer or that person's designee in the case
4 of a private school shall supervise an athletic trainer or
5 other person responsible for compliance with the
6 return-to-play protocol and shall supervise the person
7 responsible for compliance with the return-to-learn protocol.
8 The person who has supervisory responsibilities under this
9 paragraph may not be a coach of an interscholastic athletics
10 team.

11 (h) (1) The Illinois High School Association shall approve,
12 for coaches, game officials, and non-licensed healthcare
13 professionals, training courses that provide for not less than
14 2 hours of training in the subject matter of concussions,
15 including evaluation, prevention, symptoms, risks, and
16 long-term effects. The Association shall maintain an updated
17 list of individuals and organizations authorized by the
18 Association to provide the training.

19 (2) The following persons must take a training course in
20 accordance with paragraph (4) of this subsection (h) from an
21 authorized training provider at least once every 2 years:

22 (A) a coach of an interscholastic athletic activity;

23 (B) a nurse, licensed healthcare professional, or
24 non-licensed healthcare professional who serves as a
25 member of a concussion oversight team either on a
26 volunteer basis or in his or her capacity as an employee,

1 representative, or agent of a school; and

2 (C) a game official of an interscholastic athletic
3 activity.

4 (3) A physician who serves as a member of a concussion
5 oversight team shall, to the greatest extent practicable,
6 periodically take an appropriate continuing medical education
7 course in the subject matter of concussions.

8 (4) For purposes of paragraph (2) of this subsection (h):

9 (A) a coach, game official, or non-licensed healthcare
10 professional, as the case may be, must take a course
11 described in paragraph (1) of this subsection (h);

12 (B) an athletic trainer must take a concussion-related
13 continuing education course from an athletic trainer
14 continuing education sponsor approved by the Department;

15 (C) a nurse must take a concussion-related continuing
16 education course from a nurse continuing education sponsor
17 approved by the Department;

18 (D) a physical therapist must take a
19 concussion-related continuing education course from a
20 physical therapist continuing education sponsor approved
21 by the Department;

22 (E) a psychologist must take a concussion-related
23 continuing education course from a psychologist continuing
24 education sponsor approved by the Department;

25 (F) an occupational therapist must take a
26 concussion-related continuing education course from an

1 occupational therapist continuing education sponsor
2 approved by the Department; and

3 (G) a physician assistant must take a
4 concussion-related continuing education course from a
5 physician assistant continuing education sponsor approved
6 by the Department.

7 (5) Each person described in paragraph (2) of this
8 subsection (h) must submit proof of timely completion of an
9 approved course in compliance with paragraph (4) of this
10 subsection (h) to the district superintendent or the
11 superintendent's designee in the case of a public elementary
12 or secondary school, the chief school administrator or that
13 person's designee in the case of a charter school, or the
14 appropriate administrative officer or that person's designee
15 in the case of a private school.

16 (6) A physician, licensed healthcare professional, or
17 non-licensed healthcare professional who is not in compliance
18 with the training requirements under this subsection (h) may
19 not serve on a concussion oversight team in any capacity.

20 (7) A person required under this subsection (h) to take a
21 training course in the subject of concussions must complete
22 the training prior to serving on a concussion oversight team
23 in any capacity.

24 (i) The governing body of each public or charter school
25 and the appropriate administrative officer of a private school
26 with students enrolled who participate in an interscholastic

1 athletic activity shall develop a school-specific emergency
2 action plan for interscholastic athletic activities to address
3 the serious injuries and acute medical conditions in which the
4 condition of the student may deteriorate rapidly. The plan
5 shall include a delineation of roles, methods of
6 communication, available emergency equipment, and access to
7 and a plan for emergency transport. This emergency action plan
8 must be:

9 (1) in writing;

10 (2) reviewed by the concussion oversight team;

11 (3) approved by the district superintendent or the
12 superintendent's designee in the case of a public
13 elementary or secondary school, the chief school
14 administrator or that person's designee in the case of a
15 charter school, or the appropriate administrative officer
16 or that person's designee in the case of a private school;

17 (4) distributed to all appropriate personnel;

18 (5) posted conspicuously at all venues utilized by the
19 school; and

20 (6) reviewed annually by all athletic trainers, first
21 responders (including, but not limited to, emergency
22 medical dispatchers and public safety telecommunicators),
23 coaches, school nurses, athletic directors, and volunteers
24 for interscholastic athletic activities.

25 (j) The State Board of Education shall adopt rules as
26 necessary to administer this Section, including, but not

1 limited to, rules governing the informal or formal
2 accommodation of a student who may have sustained a concussion
3 during an interscholastic athletic activity.

4 (Source: P.A. 100-309, eff. 9-1-17; 100-513, eff. 1-1-18;
5 100-747, eff. 1-1-19; 100-863, eff. 8-14-18; 101-81, eff.
6 7-12-19.)

7 Section 25. The School Safety Drill Act is amended by
8 changing Section 5 as follows:

9 (105 ILCS 128/5)

10 Sec. 5. Definitions. In this Act:

11 "First responder" means and includes all fire departments
12 and districts, law enforcement agencies and officials,
13 emergency medical responders, emergency medical dispatchers,
14 public safety telecommunicators, and emergency management
15 officials involved in the execution and documentation of the
16 drills administered under this Act.

17 "School" means a public or private facility that offers
18 elementary or secondary education to students under the age of
19 21. As used in this definition, "public facility" means a
20 facility operated by the State or by a unit of local
21 government. As used in this definition, "private facility"
22 means any non-profit, non-home-based, non-public elementary or
23 secondary school that is in compliance with Title VI of the
24 Civil Rights Act of 1964 and attendance at which satisfies the

1 requirements of Section 26-1 of the School Code. While more
2 than one school may be housed in a facility, for purposes of
3 this Act, the facility shall be considered a school. When a
4 school has more than one location, for purposes of this Act,
5 each different location shall be considered its own school.

6 "School safety drill" means a pre-planned exercise
7 conducted by a school in accordance with the drills and
8 requirements set forth in this Act.

9 (Source: P.A. 94-600, eff. 8-16-05.)

10 Section 30. The Suicide Prevention, Education, and
11 Treatment Act is amended by changing Section 15 as follows:

12 (410 ILCS 53/15)

13 Sec. 15. Suicide Prevention Alliance.

14 (a) The Alliance is created as the official grassroots
15 creator, planner, monitor, and advocate for the Illinois
16 Suicide Prevention Strategic Plan. No later than one year
17 after the effective date of this amendatory Act of the 101st
18 General Assembly, the Alliance shall review, finalize, and
19 submit to the Governor and the General Assembly the 2020
20 Illinois Suicide Prevention Strategic Plan and appropriate
21 processes and outcome objectives for 10 overriding
22 recommendations and a timeline for reaching these objectives.

23 (b) The Plan shall include:

24 (1) recommendations from the most current National

1 Suicide Prevention Strategy;

2 (2) current research and experience into the
3 prevention of suicide;

4 (3) measures to encourage and assist health care
5 systems and primary care providers to include suicide
6 prevention as a core component of their services,
7 including, but not limited to, implementing the Zero
8 Suicide model; and

9 (4) additional elements as determined appropriate by
10 the Alliance.

11 The Alliance shall review the statutorily prescribed
12 missions of major State mental health, health, aging, and
13 school mental health programs and recommend, as necessary and
14 appropriate, statutory changes to include suicide prevention
15 in the missions and procedures of those programs. The Alliance
16 shall prepare a report of that review, including its
17 recommendations, and shall submit the report to the Department
18 for inclusion in its annual report to the Governor and the
19 General Assembly.

20 (c) The Director of Public Health shall appoint the
21 members of the Alliance. The membership of the Alliance shall
22 include, without limitation, representatives of statewide
23 organizations and other agencies that focus on the prevention
24 of suicide and the improvement of mental health treatment or
25 that provide suicide prevention or survivor support services.
26 Other disciplines that shall be considered for membership on

1 the Alliance include law enforcement, first responders
2 (including, but not limited to, emergency medical dispatchers
3 and public safety telecommunicators), faith-based community
4 leaders, universities, and survivors of suicide (families and
5 friends who have lost persons to suicide) as well as consumers
6 of services of these agencies and organizations.

7 (d) The Alliance shall meet at least 4 times a year, and
8 more as deemed necessary, in various sites statewide in order
9 to foster as much participation as possible. The Alliance, a
10 steering committee, and core members of the full committee
11 shall monitor and guide the definition and direction of the
12 goals of the full Alliance, shall review and approve
13 productions of the plan, and shall meet before the full
14 Alliance meetings.

15 (Source: P.A. 101-331, eff. 8-9-19.)

16 Section 35. The Cannabis Regulation and Tax Act is amended
17 by changing Section 5-25 as follows:

18 (410 ILCS 705/5-25)

19 Sec. 5-25. Department of Public Health to make health
20 warning recommendations.

21 (a) The Department of Public Health shall make
22 recommendations to the Department of Agriculture and the
23 Department of Financial and Professional Regulation on
24 appropriate health warnings for dispensaries and advertising,

1 which may apply to all cannabis products, including item-type
2 specific labeling or warning requirements, regulate the
3 facility where cannabis-infused products are made, regulate
4 cannabis-infused products as provided in subsection (e) of
5 Section 55-5, and facilitate the Adult Use Cannabis Health
6 Advisory Committee.

7 (b) An Adult Use Cannabis Health Advisory Committee is
8 hereby created and shall meet at least twice annually. The
9 Chairperson may schedule meetings more frequently upon his or
10 her initiative or upon the request of a Committee member.
11 Meetings may be held in person or by teleconference. The
12 Committee shall discuss and monitor changes in drug use data
13 in Illinois and the emerging science and medical information
14 relevant to the health effects associated with cannabis use
15 and may provide recommendations to the Department of Human
16 Services about public health awareness campaigns and messages.
17 The Committee shall include the following members appointed by
18 the Governor and shall represent the geographic, ethnic, and
19 racial diversity of the State:

20 (1) The Director of Public Health, or his or her
21 designee, who shall serve as the Chairperson.

22 (2) The Secretary of Human Services, or his or her
23 designee, who shall serve as the Co-Chairperson.

24 (3) A representative of the poison control center.

25 (4) A pharmacologist.

26 (5) A pulmonologist.

- 1 (6) An emergency room physician.
- 2 (7) An emergency medical technician, paramedic,
3 emergency medical dispatcher, public safety
4 telecommunicators, or other first responder.
- 5 (8) A nurse practicing in a school-based setting.
- 6 (9) A psychologist.
- 7 (10) A neonatologist.
- 8 (11) An obstetrician-gynecologist.
- 9 (12) A drug epidemiologist.
- 10 (13) A medical toxicologist.
- 11 (14) An addiction psychiatrist.
- 12 (15) A pediatrician.
- 13 (16) A representative of a statewide professional
14 public health organization.
- 15 (17) A representative of a statewide hospital/health
16 system association.
- 17 (18) An individual registered as a patient in the
18 Compassionate Use of Medical Cannabis Program.
- 19 (19) An individual registered as a caregiver in the
20 Compassionate Use of Medical Cannabis Program.
- 21 (20) A representative of an organization focusing on
22 cannabis-related policy.
- 23 (21) A representative of an organization focusing on
24 the civil liberties of individuals who reside in Illinois.
- 25 (22) A representative of the criminal defense or civil
26 aid community of attorneys serving Disproportionately

1 Impacted Areas.

2 (23) A representative of licensed cannabis business
3 establishments.

4 (24) A Social Equity Applicant.

5 (25) A representative of a statewide community-based
6 substance use disorder treatment provider association.

7 (26) A representative of a statewide community-based
8 mental health treatment provider association.

9 (27) A representative of a community-based substance
10 use disorder treatment provider.

11 (28) A representative of a community-based mental
12 health treatment provider.

13 (29) A substance use disorder treatment patient
14 representative.

15 (30) A mental health treatment patient representative.

16 (c) The Committee shall provide a report by September 30,
17 2021, and every year thereafter, to the General Assembly. The
18 Department of Public Health shall make the report available on
19 its website.

20 (Source: P.A. 101-27, eff. 6-25-19; 101-593, eff. 12-4-19.)

21 Section 40. The Methamphetamine Precursor Control Act is
22 amended by changing Section 5 as follows:

23 (720 ILCS 648/5)

24 Sec. 5. Purpose. The purpose of this Act is to reduce the

1 harm that methamphetamine manufacturing and manufacturers are
2 inflicting on individuals, families, communities, first
3 responders (including, but not limited to, emergency medical
4 dispatchers and public safety telecommunicators), the economy,
5 and the environment in Illinois, by making it more difficult
6 for persons engaged in the unlawful manufacture of
7 methamphetamine and related activities to obtain
8 methamphetamine's essential ingredient, ephedrine or
9 pseudoephedrine. It is the intent of the General Assembly that
10 this Act operate in tandem with and be interpreted as
11 consistent with federal laws and regulations relating to the
12 subject matter of this Act to the greatest extent possible.
13 (Source: P.A. 94-694, eff. 1-15-06; 94-830, eff. 6-5-06.)

14 Section 45. The Mental Health Court Treatment Act is
15 amended by changing Section 40 as follows:

16 (730 ILCS 168/40)

17 Sec. 40. Mental health court; Kane County.

18 (a) The mental health court currently operating in Kane
19 County is directed to demonstrate the impact of alternative
20 treatment court, crisis intervention training for first
21 responders (including, but not limited to, emergency medical
22 dispatchers and public safety telecommunicators), and assisted
23 outpatient treatment in reducing the number of mentally ill
24 people admitted into the correctional system. The mental

1 health court in Kane County is authorized to cooperate with
2 one or more accredited mental health service providers to
3 provide services to defendants as directed by the mental
4 health court. The mental health court in Kane County is
5 authorized to cooperate with one or more institutions of
6 higher education to publish peer-reviewed studies of the
7 outcomes generated by the mental health court.

8 (b) In this Section, "accredited mental health service
9 provider" refers to a provider of community mental health
10 services as authorized by subsection (d-5) of Section 3 of the
11 Community Services Act.

12 (Source: P.A. 97-440, eff. 1-1-12.)

13 Section 50. The Workers' Occupational Diseases Act is
14 amended by changing Section 1 as follows:

15 (820 ILCS 310/1) (from Ch. 48, par. 172.36)

16 Sec. 1. This Act shall be known and may be cited as the
17 "Workers' Occupational Diseases Act".

18 (a) The term "employer" as used in this Act shall be
19 construed to be:

20 1. The State and each county, city, town, township,
21 incorporated village, school district, body politic, or
22 municipal corporation therein.

23 2. Every person, firm, public or private corporation,
24 including hospitals, public service, eleemosynary,

1 religious or charitable corporations or associations, who
2 has any person in service or under any contract for hire,
3 express or implied, oral or written.

4 3. Where an employer operating under and subject to
5 the provisions of this Act loans an employee to another
6 such employer and such loaned employee sustains a
7 compensable occupational disease in the employment of such
8 borrowing employer and where such borrowing employer does
9 not provide or pay the benefits or payments due such
10 employee, such loaning employer shall be liable to provide
11 or pay all benefits or payments due such employee under
12 this Act and as to such employee the liability of such
13 loaning and borrowing employers shall be joint and
14 several, provided that such loaning employer shall in the
15 absence of agreement to the contrary be entitled to
16 receive from such borrowing employer full reimbursement
17 for all sums paid or incurred pursuant to this paragraph
18 together with reasonable attorneys' fees and expenses in
19 any hearings before the Illinois Workers' Compensation
20 Commission or in any action to secure such reimbursement.
21 Where any benefit is provided or paid by such loaning
22 employer, the employee shall have the duty of rendering
23 reasonable co-operation in any hearings, trials or
24 proceedings in the case, including such proceedings for
25 reimbursement.

26 Where an employee files an Application for Adjustment

1 of Claim with the Illinois Workers' Compensation
2 Commission alleging that his or her claim is covered by
3 the provisions of the preceding paragraph, and joining
4 both the alleged loaning and borrowing employers, they and
5 each of them, upon written demand by the employee and
6 within 7 days after receipt of such demand, shall have the
7 duty of filing with the Illinois Workers' Compensation
8 Commission a written admission or denial of the allegation
9 that the claim is covered by the provisions of the
10 preceding paragraph and in default of such filing or if
11 any such denial be ultimately determined not to have been
12 bona fide then the provisions of Paragraph K of Section 19
13 of this Act shall apply.

14 An employer whose business or enterprise or a
15 substantial part thereof consists of hiring, procuring or
16 furnishing employees to or for other employers operating
17 under and subject to the provisions of this Act for the
18 performance of the work of such other employers and who
19 pays such employees their salary or wage notwithstanding
20 that they are doing the work of such other employers shall
21 be deemed a loaning employer within the meaning and
22 provisions of this Section.

23 (b) The term "employee" as used in this Act, shall be
24 construed to mean:

25 1. Every person in the service of the State, county,
26 city, town, township, incorporated village or school

1 district, body politic or municipal corporation therein,
2 whether by election, appointment or contract of hire,
3 express or implied, oral or written, including any
4 official of the State, or of any county, city, town,
5 township, incorporated village, school district, body
6 politic or municipal corporation therein and except any
7 duly appointed member of the fire department in any city
8 whose population exceeds 500,000 according to the last
9 Federal or State census, and except any member of a fire
10 insurance patrol maintained by a board of underwriters in
11 this State. One employed by a contractor who has
12 contracted with the State, or a county, city, town,
13 township, incorporated village, school district, body
14 politic or municipal corporation therein, through its
15 representatives, shall not be considered as an employee of
16 the State, county, city, town, township, incorporated
17 village, school district, body politic or municipal
18 corporation which made the contract.

19 2. Every person in the service of another under any
20 contract of hire, express or implied, oral or written, who
21 contracts an occupational disease while working in the
22 State of Illinois, or who contracts an occupational
23 disease while working outside of the State of Illinois but
24 where the contract of hire is made within the State of
25 Illinois, and any person whose employment is principally
26 localized within the State of Illinois, regardless of the

1 place where the disease was contracted or place where the
2 contract of hire was made, including aliens, and minors
3 who, for the purpose of this Act, except Section 3 hereof,
4 shall be considered the same and have the same power to
5 contract, receive payments and give quittances therefor,
6 as adult employees. An employee or his or her dependents
7 under this Act who shall have a cause of action by reason
8 of an occupational disease, disablement or death arising
9 out of and in the course of his or her employment may elect
10 or pursue his or her remedy in the State where the disease
11 was contracted, or in the State where the contract of hire
12 is made, or in the State where the employment is
13 principally localized.

14 (c) "Commission" means the Illinois Workers' Compensation
15 Commission created by the Workers' Compensation Act, approved
16 July 9, 1951, as amended.

17 (d) In this Act the term "Occupational Disease" means a
18 disease arising out of and in the course of the employment or
19 which has become aggravated and rendered disabling as a result
20 of the exposure of the employment. Such aggravation shall
21 arise out of a risk peculiar to or increased by the employment
22 and not common to the general public.

23 A disease shall be deemed to arise out of the employment if
24 there is apparent to the rational mind, upon consideration of
25 all the circumstances, a causal connection between the
26 conditions under which the work is performed and the

1 occupational disease. The disease need not to have been
2 foreseen or expected but after its contraction it must appear
3 to have had its origin or aggravation in a risk connected with
4 the employment and to have flowed from that source as a
5 rational consequence.

6 An employee shall be conclusively deemed to have been
7 exposed to the hazards of an occupational disease when, for
8 any length of time however short, he or she is employed in an
9 occupation or process in which the hazard of the disease
10 exists; provided however, that in a claim of exposure to
11 atomic radiation, the fact of such exposure must be verified
12 by the records of the central registry of radiation exposure
13 maintained by the Department of Public Health or by some other
14 recognized governmental agency maintaining records of such
15 exposures whenever and to the extent that the records are on
16 file with the Department of Public Health or the agency.

17 Any injury to or disease or death of an employee arising
18 from the administration of a vaccine, including without
19 limitation smallpox vaccine, to prepare for, or as a response
20 to, a threatened or potential bioterrorist incident to the
21 employee as part of a voluntary inoculation program in
22 connection with the person's employment or in connection with
23 any governmental program or recommendation for the inoculation
24 of workers in the employee's occupation, geographical area, or
25 other category that includes the employee is deemed to arise
26 out of and in the course of the employment for all purposes

1 under this Act. This paragraph added by Public Act 93-829 is
2 declarative of existing law and is not a new enactment.

3 The employer liable for the compensation in this Act
4 provided shall be the employer in whose employment the
5 employee was last exposed to the hazard of the occupational
6 disease claimed upon regardless of the length of time of such
7 last exposure, except, in cases of silicosis or asbestosis,
8 the only employer liable shall be the last employer in whose
9 employment the employee was last exposed during a period of 60
10 days or more after the effective date of this Act, to the
11 hazard of such occupational disease, and, in such cases, an
12 exposure during a period of less than 60 days, after the
13 effective date of this Act, shall not be deemed a last
14 exposure. If a miner who is suffering or suffered from
15 pneumoconiosis was employed for 10 years or more in one or more
16 coal mines there shall, effective July 1, 1973 be a rebuttable
17 presumption that his or her pneumoconiosis arose out of such
18 employment.

19 If a deceased miner was employed for 10 years or more in
20 one or more coal mines and died from a respirable disease there
21 shall, effective July 1, 1973, be a rebuttable presumption
22 that his or her death was due to pneumoconiosis.

23 Any condition or impairment of health of an employee
24 employed as a firefighter, emergency medical technician (EMT),
25 emergency medical technician-intermediate (EMT-I), advanced
26 emergency medical technician (A-EMT), or paramedic which

1 results directly or indirectly from any bloodborne pathogen,
2 lung or respiratory disease or condition, heart or vascular
3 disease or condition, hypertension, tuberculosis, or cancer
4 resulting in any disability (temporary, permanent, total, or
5 partial) to the employee shall be rebuttably presumed to arise
6 out of and in the course of the employee's firefighting, EMT,
7 EMT-I, A-EMT, or paramedic employment and, further, shall be
8 rebuttably presumed to be causally connected to the hazards or
9 exposures of the employment. This presumption shall also apply
10 to any hernia or hearing loss suffered by an employee employed
11 as a firefighter, EMT, EMT-I, A-EMT, or paramedic. However,
12 this presumption shall not apply to any employee who has been
13 employed as a firefighter, EMT, EMT-I, A-EMT, or paramedic for
14 less than 5 years at the time he or she files an Application
15 for Adjustment of Claim concerning this condition or
16 impairment with the Illinois Workers' Compensation Commission.
17 The rebuttable presumption established under this subsection,
18 however, does not apply to an emergency medical technician
19 (EMT), emergency medical technician-intermediate (EMT-I),
20 advanced emergency medical technician (A-EMT), or paramedic
21 employed by a private employer if the employee spends the
22 preponderance of his or her work time for that employer
23 engaged in medical transfers between medical care facilities
24 or non-emergency medical transfers to or from medical care
25 facilities. The changes made to this subsection by this
26 amendatory Act of the 98th General Assembly shall be narrowly

1 construed. The Finding and Decision of the Illinois Workers'
2 Compensation Commission under only the rebuttable presumption
3 provision of this paragraph shall not be admissible or be
4 deemed res judicata in any disability claim under the Illinois
5 Pension Code arising out of the same medical condition;
6 however, this sentence makes no change to the law set forth in
7 Krohe v. City of Bloomington, 204 Ill.2d 392.

8 The insurance carrier liable shall be the carrier whose
9 policy was in effect covering the employer liable on the last
10 day of the exposure rendering such employer liable in
11 accordance with the provisions of this Act.

12 (e) "Disablement" means an impairment or partial
13 impairment, temporary or permanent, in the function of the
14 body or any of the members of the body, or the event of
15 becoming disabled from earning full wages at the work in which
16 the employee was engaged when last exposed to the hazards of
17 the occupational disease by the employer from whom he or she
18 claims compensation, or equal wages in other suitable
19 employment; and "disability" means the state of being so
20 incapacitated.

21 (f) No compensation shall be payable for or on account of
22 any occupational disease unless disablement, as herein
23 defined, occurs within two years after the last day of the last
24 exposure to the hazards of the disease, except in cases of
25 occupational disease caused by berylliosis or by the
26 inhalation of silica dust or asbestos dust and, in such cases,

1 within 3 years after the last day of the last exposure to the
2 hazards of such disease and except in the case of occupational
3 disease caused by exposure to radiological materials or
4 equipment, and in such case, within 25 years after the last day
5 of last exposure to the hazards of such disease.

6 (g) (1) In any proceeding before the Commission in which
7 the employee is a COVID-19 first responder or front-line
8 worker as defined in this subsection, if the employee's injury
9 or occupational disease resulted from exposure to and
10 contraction of COVID-19, the exposure and contraction shall be
11 rebuttably presumed to have arisen out of and in the course of
12 the employee's first responder or front-line worker employment
13 and the injury or occupational disease shall be rebuttably
14 presumed to be causally connected to the hazards or exposures
15 of the employee's first responder or front-line worker
16 employment.

17 (2) The term "COVID-19 first responder or front-line
18 worker" means: all individuals employed as police, fire
19 personnel, emergency medical technicians, or paramedics; all
20 individuals employed and considered as first responders
21 (including, but not limited to, emergency medical dispatchers
22 and public safety telecommunicators); all workers for health
23 care providers, including nursing homes and rehabilitation
24 facilities and home care workers; corrections officers; and
25 any individuals employed by essential businesses and
26 operations as defined in Executive Order 2020-10 dated March

1 20, 2020, as long as individuals employed by essential
2 businesses and operations are required by their employment to
3 encounter members of the general public or to work in
4 employment locations of more than 15 employees. For purposes
5 of this subsection only, an employee's home or place of
6 residence is not a place of employment, except for home care
7 workers.

8 (3) The presumption created in this subsection may be
9 rebutted by evidence, including, but not limited to, the
10 following:

11 (A) the employee was working from his or her home, on
12 leave from his or her employment, or some combination
13 thereof, for a period of 14 or more consecutive days
14 immediately prior to the employee's injury, occupational
15 disease, or period of incapacity resulted from exposure to
16 COVID-19; or

17 (B) the employer was engaging in and applying to the
18 fullest extent possible or enforcing to the best of its
19 ability industry-specific workplace sanitation, social
20 distancing, and health and safety practices based on
21 updated guidance issued by the Centers for Disease Control
22 and Prevention or Illinois Department of Public Health or
23 was using a combination of administrative controls,
24 engineering controls, or personal protective equipment to
25 reduce the transmission of COVID-19 to all employees for
26 at least 14 consecutive days prior to the employee's

1 injury, occupational disease, or period of incapacity
2 resulting from exposure to COVID-19. For purposes of this
3 subsection, "updated" means the guidance in effect at
4 least 14 days prior to the COVID-19 diagnosis. For
5 purposes of this subsection, "personal protective
6 equipment" means industry-specific equipment worn to
7 minimize exposure to hazards that cause illnesses or
8 serious injuries, which may result from contact with
9 biological, chemical, radiological, physical, electrical,
10 mechanical, or other workplace hazards. "Personal
11 protective equipment" includes, but is not limited to,
12 items such as face coverings, gloves, safety glasses,
13 safety face shields, barriers, shoes, earplugs or muffs,
14 hard hats, respirators, coveralls, vests, and full body
15 suits; or

16 (C) the employee was exposed to COVID-19 by an
17 alternate source.

18 (4) The rebuttable presumption created in this subsection
19 applies to all cases tried after June 5, 2020 (the effective
20 date of Public Act 101-633) and in which the diagnosis of
21 COVID-19 was made on or after March 9, 2020 and on or before
22 June 30, 2021 (including the period between December 31, 2020
23 and the effective date of this amendatory Act of the 101st
24 General Assembly).

25 (5) Under no circumstances shall any COVID-19 case
26 increase or affect any employer's workers' compensation

1 insurance experience rating or modification, but COVID-19
2 costs may be included in determining overall State loss costs.

3 (6) In order for the presumption created in this
4 subsection to apply at trial, for COVID-19 diagnoses occurring
5 on or before June 15, 2020, an employee must provide a
6 confirmed medical diagnosis by a licensed medical practitioner
7 or a positive laboratory test for COVID-19 or for COVID-19
8 antibodies; for COVID-19 diagnoses occurring after June 15,
9 2020, an employee must provide a positive laboratory test for
10 COVID-19 or for COVID-19 antibodies.

11 (7) The presumption created in this subsection does not
12 apply if the employee's place of employment was solely the
13 employee's home or residence for a period of 14 or more
14 consecutive days immediately prior to the employee's injury,
15 occupational disease, or period of incapacity resulted from
16 exposure to COVID-19.

17 (8) The date of injury or the beginning of the employee's
18 occupational disease or period of disability is either the
19 date that the employee was unable to work due to contraction of
20 COVID-19 or was unable to work due to symptoms that were later
21 diagnosed as COVID-19, whichever came first.

22 (9) An employee who contracts COVID-19, but fails to
23 establish the rebuttable presumption is not precluded from
24 filing for compensation under this Act or under the Workers'
25 Compensation Act.

26 (10) To qualify for temporary total disability benefits

1 under the presumption created in this subsection, the employee
2 must be certified for or recertified for temporary disability.

3 (11) An employer is entitled to a credit against any
4 liability for temporary total disability due to an employee as
5 a result of the employee contracting COVID-19 for (A) any sick
6 leave benefits or extended salary benefits paid to the
7 employee by the employer under Emergency Family Medical Leave
8 Expansion Act, Emergency Paid Sick Leave Act of the Families
9 First Coronavirus Response Act, or any other federal law, or
10 (B) any other credit to which an employer is entitled under the
11 Workers' Compensation Act.

12 (Source: P.A. 101-633, eff. 6-5-20; 101-653, eff. 2-28-21.)