

SB3127



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB3127

Introduced 1/11/2022, by Sen. Neil Anderson

SYNOPSIS AS INTRODUCED:

5 ILCS 490/148

20 ILCS 2310/2310-256

105 ILCS 5/22-80

105 ILCS 128/5

410 ILCS 53/15

410 ILCS 705/5-25

720 ILCS 648/5

730 ILCS 168/40

820 ILCS 310/1

from Ch. 48, par. 172.36

Amends various laws to include emergency medical dispatchers in references to first responders.

LRB102 22382 AWJ 31521 b

A BILL FOR

1 AN ACT concerning emergency services.

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, and other first
12 responders who have lost their lives due to and suffer from
13 post-traumatic stress disorder, depression, and other mental
14 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, regarding the provision and receipt of
11 inoculation and treatment under the response plan.

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

13 Section 15. The School Code is amended by changing Section
14 22-80 as follows:

15 (105 ILCS 5/22-80)

16 Sec. 22-80. Student athletes; concussions and head
17 injuries.

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

19 (1) Concussions are one of the most commonly reported
20 injuries in children and adolescents who participate in
21 sports and recreational activities. The Centers for
22 Disease Control and Prevention estimates that as many as
23 3,900,000 sports-related and recreation-related
24 concussions occur in the United States each year. A

1 concussion is caused by a blow or motion to the head or
2 body that causes the brain to move rapidly inside the
3 skull. The risk of catastrophic injuries or death is
4 significant when a concussion or head injury is not
5 properly evaluated and managed.

6 (2) Concussions are a type of brain injury that can
7 range from mild to severe and can disrupt the way the brain
8 normally works. Concussions can occur in any organized or
9 unorganized sport or recreational activity and can result
10 from a fall or from players colliding with each other, the
11 ground, or with obstacles. Concussions occur with or
12 without loss of consciousness, but the vast majority of
13 concussions occur without loss of consciousness.

14 (3) Continuing to play with a concussion or symptoms
15 of a head injury leaves a young athlete especially
16 vulnerable to greater injury and even death. The General
17 Assembly recognizes that, despite having generally
18 recognized return-to-play standards for concussions and
19 head injuries, some affected youth athletes are
20 prematurely returned to play, resulting in actual or
21 potential physical injury or death to youth athletes in
22 this State.

23 (4) Student athletes who have sustained a concussion
24 may need informal or formal accommodations, modifications
25 of curriculum, and monitoring by medical or academic staff
26 until the student is fully recovered. To that end, all

1 schools are encouraged to establish a return-to-learn
2 protocol that is based on peer-reviewed scientific
3 evidence consistent with Centers for Disease Control and
4 Prevention guidelines and conduct baseline testing for
5 student athletes.

6 (b) In this Section:

7 "Athletic trainer" means an athletic trainer licensed
8 under the Illinois Athletic Trainers Practice Act who is
9 working under the supervision of a physician.

10 "Coach" means any volunteer or employee of a school who is
11 responsible for organizing and supervising students to teach
12 them or train them in the fundamental skills of an
13 interscholastic athletic activity. "Coach" refers to both head
14 coaches and assistant coaches.

15 "Concussion" means a complex pathophysiological process
16 affecting the brain caused by a traumatic physical force or
17 impact to the head or body, which may include temporary or
18 prolonged altered brain function resulting in physical,
19 cognitive, or emotional symptoms or altered sleep patterns and
20 which may or may not involve a loss of consciousness.

21 "Department" means the Department of Financial and
22 Professional Regulation.

23 "Game official" means a person who officiates at an
24 interscholastic athletic activity, such as a referee or
25 umpire, including, but not limited to, persons enrolled as
26 game officials by the Illinois High School Association or

1 Illinois Elementary School Association.

2 "Interscholastic athletic activity" means any organized
3 school-sponsored or school-sanctioned activity for students,
4 generally outside of school instructional hours, under the
5 direction of a coach, athletic director, or band leader,
6 including, but not limited to, baseball, basketball,
7 cheerleading, cross country track, fencing, field hockey,
8 football, golf, gymnastics, ice hockey, lacrosse, marching
9 band, rugby, soccer, skating, softball, swimming and diving,
10 tennis, track (indoor and outdoor), ultimate Frisbee,
11 volleyball, water polo, and wrestling. All interscholastic
12 athletics are deemed to be interscholastic activities.

13 "Licensed healthcare professional" means a person who has
14 experience with concussion management and who is a nurse, a
15 psychologist who holds a license under the Clinical
16 Psychologist Licensing Act and specializes in the practice of
17 neuropsychology, a physical therapist licensed under the
18 Illinois Physical Therapy Act, an occupational therapist
19 licensed under the Illinois Occupational Therapy Practice Act,
20 a physician assistant, or an athletic trainer.

21 "Nurse" means a person who is employed by or volunteers at
22 a school and is licensed under the Nurse Practice Act as a
23 registered nurse, practical nurse, or advanced practice
24 registered nurse.

25 "Physician" means a physician licensed to practice
26 medicine in all of its branches under the Medical Practice Act

1 of 1987.

2 "Physician assistant" means a physician assistant licensed
3 under the Physician Assistant Practice Act of 1987.

4 "School" means any public or private elementary or
5 secondary school, including a charter school.

6 "Student" means an adolescent or child enrolled in a
7 school.

8 (c) This Section applies to any interscholastic athletic
9 activity, including practice and competition, sponsored or
10 sanctioned by a school, the Illinois Elementary School
11 Association, or the Illinois High School Association. This
12 Section applies beginning with the 2016-2017 school year.

13 (d) The governing body of each public or charter school
14 and the appropriate administrative officer of a private school
15 with students enrolled who participate in an interscholastic
16 athletic activity shall appoint or approve a concussion
17 oversight team. Each concussion oversight team shall establish
18 a return-to-play protocol, based on peer-reviewed scientific
19 evidence consistent with Centers for Disease Control and
20 Prevention guidelines, for a student's return to
21 interscholastic athletics practice or competition following a
22 force or impact believed to have caused a concussion. Each
23 concussion oversight team shall also establish a
24 return-to-learn protocol, based on peer-reviewed scientific
25 evidence consistent with Centers for Disease Control and
26 Prevention guidelines, for a student's return to the classroom

1 after that student is believed to have experienced a
2 concussion, whether or not the concussion took place while the
3 student was participating in an interscholastic athletic
4 activity.

5 Each concussion oversight team must include to the extent
6 practicable at least one physician. If a school employs an
7 athletic trainer, the athletic trainer must be a member of the
8 school concussion oversight team to the extent practicable. If
9 a school employs a nurse, the nurse must be a member of the
10 school concussion oversight team to the extent practicable. At
11 a minimum, a school shall appoint a person who is responsible
12 for implementing and complying with the return-to-play and
13 return-to-learn protocols adopted by the concussion oversight
14 team. At a minimum, a concussion oversight team may be
15 composed of only one person and this person need not be a
16 licensed healthcare professional, but it may not be a coach. A
17 school may appoint other licensed healthcare professionals to
18 serve on the concussion oversight team.

19 (e) A student may not participate in an interscholastic
20 athletic activity for a school year until the student and the
21 student's parent or guardian or another person with legal
22 authority to make medical decisions for the student have
23 signed a form for that school year that acknowledges receiving
24 and reading written information that explains concussion
25 prevention, symptoms, treatment, and oversight and that
26 includes guidelines for safely resuming participation in an

1 athletic activity following a concussion. The form must be
2 approved by the Illinois High School Association.

3 (f) A student must be removed from an interscholastic
4 athletics practice or competition immediately if one of the
5 following persons believes the student might have sustained a
6 concussion during the practice or competition:

7 (1) a coach;

8 (2) a physician;

9 (3) a game official;

10 (4) an athletic trainer;

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

14 (6) the student; or

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

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

21 (1) the student has been evaluated, using established
22 medical protocols based on peer-reviewed scientific
23 evidence consistent with Centers for Disease Control and
24 Prevention guidelines, by a treating physician (chosen by
25 the student or the student's parent or guardian or another
26 person with legal authority to make medical decisions for

1 the student), an athletic trainer, an advanced practice
2 registered nurse, or a physician assistant;

3 (2) the student has successfully completed each
4 requirement of the return-to-play protocol established
5 under this Section necessary for the student to return to
6 play;

7 (3) the student has successfully completed each
8 requirement of the return-to-learn protocol established
9 under this Section necessary for the student to return to
10 learn;

11 (4) the treating physician, the athletic trainer, or
12 the physician assistant has provided a written statement
13 indicating that, in the physician's professional judgment,
14 it is safe for the student to return to play and return to
15 learn or the treating advanced practice registered nurse
16 has provided a written statement indicating that it is
17 safe for the student to return to play and return to learn;
18 and

19 (5) the student and the student's parent or guardian
20 or another person with legal authority to make medical
21 decisions for the student:

22 (A) have acknowledged that the student has
23 completed the requirements of the return-to-play and
24 return-to-learn protocols necessary for the student to
25 return to play;

26 (B) have provided the treating physician's,

1 athletic trainer's, advanced practice registered
2 nurse's, or physician assistant's written statement
3 under subdivision (4) of this subsection (g) to the
4 person responsible for compliance with the
5 return-to-play and return-to-learn protocols under
6 this subsection (g) and the person who has supervisory
7 responsibilities under this subsection (g); and

8 (C) have signed a consent form indicating that the
9 person signing:

10 (i) has been informed concerning and consents
11 to the student participating in returning to play
12 in accordance with the return-to-play and
13 return-to-learn protocols;

14 (ii) understands the risks associated with the
15 student returning to play and returning to learn
16 and will comply with any ongoing requirements in
17 the return-to-play and return-to-learn protocols;
18 and

19 (iii) consents to the disclosure to
20 appropriate persons, consistent with the federal
21 Health Insurance Portability and Accountability
22 Act of 1996 (Public Law 104-191), of the treating
23 physician's, athletic trainer's, physician
24 assistant's, or advanced practice registered
25 nurse's written statement under subdivision (4) of
26 this subsection (g) and, if any, the

1 return-to-play and return-to-learn
2 recommendations of the treating physician, the
3 athletic trainer, the physician assistant, or the
4 advanced practice registered nurse, as the case
5 may be.

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

8 The district superintendent or the superintendent's
9 designee in the case of a public elementary or secondary
10 school, the chief school administrator or that person's
11 designee in the case of a charter school, or the appropriate
12 administrative officer or that person's designee in the case
13 of a private school shall supervise an athletic trainer or
14 other person responsible for compliance with the
15 return-to-play protocol and shall supervise the person
16 responsible for compliance with the return-to-learn protocol.
17 The person who has supervisory responsibilities under this
18 paragraph may not be a coach of an interscholastic athletics
19 team.

20 (h) (1) The Illinois High School Association shall approve,
21 for coaches, game officials, and non-licensed healthcare
22 professionals, training courses that provide for not less than
23 2 hours of training in the subject matter of concussions,
24 including evaluation, prevention, symptoms, risks, and
25 long-term effects. The Association shall maintain an updated
26 list of individuals and organizations authorized by the

1 Association to provide the training.

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

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

6 (B) a nurse, licensed healthcare professional, or
7 non-licensed healthcare professional who serves as a
8 member of a concussion oversight team either on a
9 volunteer basis or in his or her capacity as an employee,
10 representative, or agent of a school; and

11 (C) a game official of an interscholastic athletic
12 activity.

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

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

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

21 (B) an athletic trainer must take a concussion-related
22 continuing education course from an athletic trainer
23 continuing education sponsor approved by the Department;

24 (C) a nurse must take a concussion-related continuing
25 education course from a nurse continuing education sponsor
26 approved by the Department;

1 (D) a physical therapist must take a
2 concussion-related continuing education course from a
3 physical therapist continuing education sponsor approved
4 by the Department;

5 (E) a psychologist must take a concussion-related
6 continuing education course from a psychologist continuing
7 education sponsor approved by the Department;

8 (F) an occupational therapist must take a
9 concussion-related continuing education course from an
10 occupational therapist continuing education sponsor
11 approved by the Department; and

12 (G) a physician assistant must take a
13 concussion-related continuing education course from a
14 physician assistant continuing education sponsor approved
15 by the Department.

16 (5) Each person described in paragraph (2) of this
17 subsection (h) must submit proof of timely completion of an
18 approved course in compliance with paragraph (4) of this
19 subsection (h) to the district superintendent or the
20 superintendent's designee in the case of a public elementary
21 or secondary school, the chief school administrator or that
22 person's designee in the case of a charter school, or the
23 appropriate administrative officer or that person's designee
24 in the case of a private school.

25 (6) A physician, licensed healthcare professional, or
26 non-licensed healthcare professional who is not in compliance

1 with the training requirements under this subsection (h) may
2 not serve on a concussion oversight team in any capacity.

3 (7) A person required under this subsection (h) to take a
4 training course in the subject of concussions must complete
5 the training prior to serving on a concussion oversight team
6 in any capacity.

7 (i) The governing body of each public or charter school
8 and the appropriate administrative officer of a private school
9 with students enrolled who participate in an interscholastic
10 athletic activity shall develop a school-specific emergency
11 action plan for interscholastic athletic activities to address
12 the serious injuries and acute medical conditions in which the
13 condition of the student may deteriorate rapidly. The plan
14 shall include a delineation of roles, methods of
15 communication, available emergency equipment, and access to
16 and a plan for emergency transport. This emergency action plan
17 must be:

18 (1) in writing;

19 (2) reviewed by the concussion oversight team;

20 (3) approved by the district superintendent or the
21 superintendent's designee in the case of a public
22 elementary or secondary school, the chief school
23 administrator or that person's designee in the case of a
24 charter school, or the appropriate administrative officer
25 or that person's designee in the case of a private school;

26 (4) distributed to all appropriate personnel;

1 (5) posted conspicuously at all venues utilized by the
2 school; and

3 (6) reviewed annually by all athletic trainers, first
4 responders (including, but not limited to, emergency
5 medical dispatchers), coaches, school nurses, athletic
6 directors, and volunteers for interscholastic athletic
7 activities.

8 (j) The State Board of Education shall adopt rules as
9 necessary to administer this Section, including, but not
10 limited to, rules governing the informal or formal
11 accommodation of a student who may have sustained a concussion
12 during an interscholastic athletic activity.

13 (Source: P.A. 100-309, eff. 9-1-17; 100-513, eff. 1-1-18;
14 100-747, eff. 1-1-19; 100-863, eff. 8-14-18; 101-81, eff.
15 7-12-19.)

16 Section 20. The School Safety Drill Act is amended by
17 changing Section 5 as follows:

18 (105 ILCS 128/5)

19 Sec. 5. Definitions. In this Act:

20 "First responder" means and includes all fire departments
21 and districts, law enforcement agencies and officials,
22 emergency medical responders, emergency medical dispatchers,
23 and emergency management officials involved in the execution
24 and documentation of the drills administered under this Act.

1 "School" means a public or private facility that offers
2 elementary or secondary education to students under the age of
3 21. As used in this definition, "public facility" means a
4 facility operated by the State or by a unit of local
5 government. As used in this definition, "private facility"
6 means any non-profit, non-home-based, non-public elementary or
7 secondary school that is in compliance with Title VI of the
8 Civil Rights Act of 1964 and attendance at which satisfies the
9 requirements of Section 26-1 of the School Code. While more
10 than one school may be housed in a facility, for purposes of
11 this Act, the facility shall be considered a school. When a
12 school has more than one location, for purposes of this Act,
13 each different location shall be considered its own school.

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

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

18 Section 25. The Suicide Prevention, Education, and
19 Treatment Act is amended by changing Section 15 as follows:

20 (410 ILCS 53/15)

21 Sec. 15. Suicide Prevention Alliance.

22 (a) The Alliance is created as the official grassroots
23 creator, planner, monitor, and advocate for the Illinois
24 Suicide Prevention Strategic Plan. No later than one year

1 after the effective date of this amendatory Act of the 101st
2 General Assembly, the Alliance shall review, finalize, and
3 submit to the Governor and the General Assembly the 2020
4 Illinois Suicide Prevention Strategic Plan and appropriate
5 processes and outcome objectives for 10 overriding
6 recommendations and a timeline for reaching these objectives.

7 (b) The Plan shall include:

8 (1) recommendations from the most current National
9 Suicide Prevention Strategy;

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

12 (3) measures to encourage and assist health care
13 systems and primary care providers to include suicide
14 prevention as a core component of their services,
15 including, but not limited to, implementing the Zero
16 Suicide model; and

17 (4) additional elements as determined appropriate by
18 the Alliance.

19 The Alliance shall review the statutorily prescribed
20 missions of major State mental health, health, aging, and
21 school mental health programs and recommend, as necessary and
22 appropriate, statutory changes to include suicide prevention
23 in the missions and procedures of those programs. The Alliance
24 shall prepare a report of that review, including its
25 recommendations, and shall submit the report to the Department
26 for inclusion in its annual report to the Governor and the

1 General Assembly.

2 (c) The Director of Public Health shall appoint the
3 members of the Alliance. The membership of the Alliance shall
4 include, without limitation, representatives of statewide
5 organizations and other agencies that focus on the prevention
6 of suicide and the improvement of mental health treatment or
7 that provide suicide prevention or survivor support services.
8 Other disciplines that shall be considered for membership on
9 the Alliance include law enforcement, first responders
10 (including, but not limited to, emergency medical
11 dispatchers), faith-based community leaders, universities, and
12 survivors of suicide (families and friends who have lost
13 persons to suicide) as well as consumers of services of these
14 agencies and organizations.

15 (d) The Alliance shall meet at least 4 times a year, and
16 more as deemed necessary, in various sites statewide in order
17 to foster as much participation as possible. The Alliance, a
18 steering committee, and core members of the full committee
19 shall monitor and guide the definition and direction of the
20 goals of the full Alliance, shall review and approve
21 productions of the plan, and shall meet before the full
22 Alliance meetings.

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

24 Section 30. The Cannabis Regulation and Tax Act is amended
25 by changing Section 5-25 as follows:

1 (410 ILCS 705/5-25)

2 Sec. 5-25. Department of Public Health to make health
3 warning recommendations.

4 (a) The Department of Public Health shall make
5 recommendations to the Department of Agriculture and the
6 Department of Financial and Professional Regulation on
7 appropriate health warnings for dispensaries and advertising,
8 which may apply to all cannabis products, including item-type
9 specific labeling or warning requirements, regulate the
10 facility where cannabis-infused products are made, regulate
11 cannabis-infused products as provided in subsection (e) of
12 Section 55-5, and facilitate the Adult Use Cannabis Health
13 Advisory Committee.

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

1 racial diversity of the State:

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

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

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

7 (4) A pharmacologist.

8 (5) A pulmonologist.

9 (6) An emergency room physician.

10 (7) An emergency medical technician, paramedic,
11 emergency medical dispatcher, or other first responder.

12 (8) A nurse practicing in a school-based setting.

13 (9) A psychologist.

14 (10) A neonatologist.

15 (11) An obstetrician-gynecologist.

16 (12) A drug epidemiologist.

17 (13) A medical toxicologist.

18 (14) An addiction psychiatrist.

19 (15) A pediatrician.

20 (16) A representative of a statewide professional
21 public health organization.

22 (17) A representative of a statewide hospital/health
23 system association.

24 (18) An individual registered as a patient in the
25 Compassionate Use of Medical Cannabis Program.

26 (19) An individual registered as a caregiver in the

1 Compassionate Use of Medical Cannabis Program.

2 (20) A representative of an organization focusing on
3 cannabis-related policy.

4 (21) A representative of an organization focusing on
5 the civil liberties of individuals who reside in Illinois.

6 (22) A representative of the criminal defense or civil
7 aid community of attorneys serving Disproportionately
8 Impacted Areas.

9 (23) A representative of licensed cannabis business
10 establishments.

11 (24) A Social Equity Applicant.

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

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

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

18 (28) A representative of a community-based mental
19 health treatment provider.

20 (29) A substance use disorder treatment patient
21 representative.

22 (30) A mental health treatment patient representative.

23 (c) The Committee shall provide a report by September 30,
24 2021, and every year thereafter, to the General Assembly. The
25 Department of Public Health shall make the report available on
26 its website.

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

2 Section 35. The Methamphetamine Precursor Control Act is
3 amended by changing Section 5 as follows:

4 (720 ILCS 648/5)

5 Sec. 5. Purpose. The purpose of this Act is to reduce the
6 harm that methamphetamine manufacturing and manufacturers are
7 inflicting on individuals, families, communities, first
8 responders (including, but not limited to, emergency medical
9 dispatchers), the economy, and the environment in Illinois, by
10 making it more difficult for persons engaged in the unlawful
11 manufacture of methamphetamine and related activities to
12 obtain methamphetamine's essential ingredient, ephedrine or
13 pseudoephedrine. It is the intent of the General Assembly that
14 this Act operate in tandem with and be interpreted as
15 consistent with federal laws and regulations relating to the
16 subject matter of this Act to the greatest extent possible.

17 (Source: P.A. 94-694, eff. 1-15-06; 94-830, eff. 6-5-06.)

18 Section 40. The Mental Health Court Treatment Act is
19 amended by changing Section 40 as follows:

20 (730 ILCS 168/40)

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

22 (a) The mental health court currently operating in Kane

1 County is directed to demonstrate the impact of alternative
2 treatment court, crisis intervention training for first
3 responders (including, but not limited to, emergency medical
4 dispatchers), and assisted outpatient treatment in reducing
5 the number of mentally ill people admitted into the
6 correctional system. The mental health court in Kane County is
7 authorized to cooperate with one or more accredited mental
8 health service providers to provide services to defendants as
9 directed by the mental health court. The mental health court
10 in Kane County is authorized to cooperate with one or more
11 institutions of higher education to publish peer-reviewed
12 studies of the outcomes generated by the mental health court.

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

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

18 Section 45. The Workers' Occupational Diseases Act is
19 amended by changing Section 1 as follows:

20 (820 ILCS 310/1) (from Ch. 48, par. 172.36)

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

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

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

4 2. Every person, firm, public or private corporation,
5 including hospitals, public service, eleemosynary,
6 religious or charitable corporations or associations, who
7 has any person in service or under any contract for hire,
8 express or implied, oral or written.

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

1 employer, the employee shall have the duty of rendering
2 reasonable co-operation in any hearings, trials or
3 proceedings in the case, including such proceedings for
4 reimbursement.

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

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

1 provisions of this Section.

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

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

24 2. Every person in the service of another under any
25 contract of hire, express or implied, oral or written, who
26 contracts an occupational disease while working in the

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

19 (c) "Commission" means the Illinois Workers' Compensation
20 Commission created by the Workers' Compensation Act, approved
21 July 9, 1951, as amended.

22 (d) In this Act the term "Occupational Disease" means a
23 disease arising out of and in the course of the employment or
24 which has become aggravated and rendered disabling as a result
25 of the exposure of the employment. Such aggravation shall
26 arise out of a risk peculiar to or increased by the employment

1 and not common to the general public.

2 A disease shall be deemed to arise out of the employment if
3 there is apparent to the rational mind, upon consideration of
4 all the circumstances, a causal connection between the
5 conditions under which the work is performed and the
6 occupational disease. The disease need not to have been
7 foreseen or expected but after its contraction it must appear
8 to have had its origin or aggravation in a risk connected with
9 the employment and to have flowed from that source as a
10 rational consequence.

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

22 Any injury to or disease or death of an employee arising
23 from the administration of a vaccine, including without
24 limitation smallpox vaccine, to prepare for, or as a response
25 to, a threatened or potential bioterrorist incident to the
26 employee as part of a voluntary inoculation program in

1 connection with the person's employment or in connection with
2 any governmental program or recommendation for the inoculation
3 of workers in the employee's occupation, geographical area, or
4 other category that includes the employee is deemed to arise
5 out of and in the course of the employment for all purposes
6 under this Act. This paragraph added by Public Act 93-829 is
7 declarative of existing law and is not a new enactment.

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

24 If a deceased miner was employed for 10 years or more in
25 one or more coal mines and died from a respirable disease there
26 shall, effective July 1, 1973, be a rebuttable presumption

1 that his or her death was due to pneumoconiosis.

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

1 preponderance of his or her work time for that employer
2 engaged in medical transfers between medical care facilities
3 or non-emergency medical transfers to or from medical care
4 facilities. The changes made to this subsection by this
5 amendatory Act of the 98th General Assembly shall be narrowly
6 construed. The Finding and Decision of the Illinois Workers'
7 Compensation Commission under only the rebuttable presumption
8 provision of this paragraph shall not be admissible or be
9 deemed res judicata in any disability claim under the Illinois
10 Pension Code arising out of the same medical condition;
11 however, this sentence makes no change to the law set forth in
12 *Krohe v. City of Bloomington*, 204 Ill.2d 392.

13 The insurance carrier liable shall be the carrier whose
14 policy was in effect covering the employer liable on the last
15 day of the exposure rendering such employer liable in
16 accordance with the provisions of this Act.

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

26 (f) No compensation shall be payable for or on account of

1 any occupational disease unless disablement, as herein
2 defined, occurs within two years after the last day of the last
3 exposure to the hazards of the disease, except in cases of
4 occupational disease caused by berylliosis or by the
5 inhalation of silica dust or asbestos dust and, in such cases,
6 within 3 years after the last day of the last exposure to the
7 hazards of such disease and except in the case of occupational
8 disease caused by exposure to radiological materials or
9 equipment, and in such case, within 25 years after the last day
10 of last exposure to the hazards of such disease.

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

22 (2) The term "COVID-19 first responder or front-line
23 worker" means: all individuals employed as police, fire
24 personnel, emergency medical technicians, or paramedics; all
25 individuals employed and considered as first responders
26 (including, but not limited to, emergency medical

1 dispatchers); all workers for health care providers, including
2 nursing homes and rehabilitation facilities and home care
3 workers; corrections officers; and any individuals employed by
4 essential businesses and operations as defined in Executive
5 Order 2020-10 dated March 20, 2020, as long as individuals
6 employed by essential businesses and operations are required
7 by their employment to encounter members of the general public
8 or to work in employment locations of more than 15 employees.
9 For purposes of this subsection only, an employee's home or
10 place of residence is not a place of employment, except for
11 home care workers.

12 (3) The presumption created in this subsection may be
13 rebutted by evidence, including, but not limited to, the
14 following:

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

21 (B) the employer was engaging in and applying to the
22 fullest extent possible or enforcing to the best of its
23 ability industry-specific workplace sanitation, social
24 distancing, and health and safety practices based on
25 updated guidance issued by the Centers for Disease Control
26 and Prevention or Illinois Department of Public Health or

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

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

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

1 and the effective date of this amendatory Act of the 101st
2 General Assembly).

3 (5) Under no circumstances shall any COVID-19 case
4 increase or affect any employer's workers' compensation
5 insurance experience rating or modification, but COVID-19
6 costs may be included in determining overall State loss costs.

7 (6) In order for the presumption created in this
8 subsection to apply at trial, for COVID-19 diagnoses occurring
9 on or before June 15, 2020, an employee must provide a
10 confirmed medical diagnosis by a licensed medical practitioner
11 or a positive laboratory test for COVID-19 or for COVID-19
12 antibodies; for COVID-19 diagnoses occurring after June 15,
13 2020, an employee must provide a positive laboratory test for
14 COVID-19 or for COVID-19 antibodies.

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

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

26 (9) An employee who contracts COVID-19, but fails to

1 establish the rebuttable presumption is not precluded from
2 filing for compensation under this Act or under the Workers'
3 Compensation Act.

4 (10) To qualify for temporary total disability benefits
5 under the presumption created in this subsection, the employee
6 must be certified for or recertified for temporary disability.

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

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