



Rep. Bob Morgan

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1 AMENDMENT TO HOUSE BILL 559

2 AMENDMENT NO. _____. Amend House Bill 559 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. This Act may be referred to as the Health Care
5 Workforce Reinforcement Act.

6 Section 5. The Department of Professional Regulation Law
7 of the Civil Administrative Code of Illinois is amended by
8 changing Section 2105-400 as follows:

9 (20 ILCS 2105/2105-400)

10 Sec. 2105-400. Emergency powers.

11 (a) Upon proclamation of a disaster by the Governor, as
12 provided for in the Illinois Emergency Management Agency Act,
13 the Secretary of Financial and Professional Regulation shall
14 have the following powers, which shall be exercised only in
15 coordination with the Illinois Emergency Management Agency and

1 the Department of Public Health:

2 (1) The power to suspend the requirements for
3 permanent or temporary licensure of persons who are
4 licensed in another state and are working ~~under the~~
5 ~~direction of the Illinois Emergency Management Agency and~~
6 ~~the Department of Public Health~~ pursuant to a declared
7 disaster.

8 (2) The power to modify the scope of practice
9 restrictions under any licensing act administered by the
10 Department for any person working under the direction of
11 the Illinois Emergency Management Agency and the Illinois
12 Department of Public Health pursuant to the declared
13 disaster.

14 (3) The power to expand the exemption in Section 4(a)
15 of the Pharmacy Practice Act to those licensed
16 professionals whose scope of practice has been modified,
17 under paragraph (2) of subsection (a) of this Section, to
18 include any element of the practice of pharmacy as defined
19 in the Pharmacy Practice Act for any person working under
20 the direction of the Illinois Emergency Management Agency
21 and the Illinois Department of Public Health pursuant to
22 the declared disaster.

23 (b) Persons exempt from licensure under paragraph (1) of
24 subsection (a) of this Section and persons operating under
25 modified scope of practice provisions under paragraph (2) of
26 subsection (a) of this Section shall be exempt from licensure

1 or be subject to modified scope of practice only until the
2 declared disaster has ended as provided by law. For purposes
3 of this Section, persons working under the direction of an
4 emergency services and disaster agency accredited by the
5 Illinois Emergency Management Agency and a local public health
6 department, pursuant to a declared disaster, shall be deemed
7 to be working under the direction of the Illinois Emergency
8 Management Agency and the Department of Public Health.

9 (c) The Secretary or the Director, as his or her designee,
10 shall exercise these powers by way of proclamation.

11 (d) Any person who was issued a temporary out-of-state
12 permit by the Department pursuant to a proclamation issued by
13 the Secretary or related action by the Director in response to
14 the COVID-19 pandemic may continue to practice under his or
15 her temporary out-of-state permit if he or she submits an
16 application for licensure by endorsement to the Department on
17 or before May 11, 2023. Any such person may continue to
18 practice under his or her temporary out-of-state permit until
19 the Department issues the license or denies the application,
20 at which time the temporary out-of-state permit shall expire.
21 If the Department does not issue the license or does not deny
22 the application by May 11, 2024, the temporary out-of-state
23 permit shall expire. If the person holding a temporary
24 out-of-state permit does not submit an application for
25 licensure by endorsement to the Department on or before May
26 11, 2023, the temporary out-of-state COVID permit shall expire

1 on that date. The Secretary may extend the May 11, 2023
2 deadline under this subsection for an additional 60 days. This
3 subsection applies to the following licensed professions:
4 physician; registered nurse; practical nurse; advanced
5 practice registered nurse; full practice advanced practice
6 registered nurse; pharmacist; occupational therapist;
7 occupational therapy assistant; physical therapist; physical
8 therapist assistant; clinical psychologist; physician
9 assistant; clinical social worker; social worker; dietitian
10 nutritionist; professional counselor; clinical professional
11 counselor; and respiratory care practitioner.

12 (e) Any person who was issued a temporary reinstatement
13 permit by the Department pursuant to a proclamation issued by
14 the Secretary or related action by the Director in response to
15 the COVID-19 pandemic may continue to practice under his or
16 her temporary reinstatement permit if he or she submits an
17 application for restoration or reinstatement of his or her
18 license to the Department on or before May 11, 2023. Any such
19 person may continue to practice under his or her temporary
20 reinstatement permit until the Department restores or
21 reinstates the license or denies the application, at which
22 time the temporary reinstatement permit shall expire. If the
23 Department does not restore or reinstate the license or does
24 not deny the application by May 11, 2024, the temporary
25 reinstatement permit shall expire. If the person holding a
26 temporary reinstatement permit does not submit an application

1 for restoration or reinstatement to the Department on or
2 before May 11, 2023, the temporary reinstatement permit shall
3 expire on that date. The Secretary may extend the May 11, 2023
4 deadline under this subsection for an additional 60 days. This
5 subsection applies to the following licensed professions:
6 physician; registered nurse; practical nurse; advanced
7 practice registered nurse; full practice advanced practice
8 registered nurse; pharmacist; occupational therapist;
9 occupational therapy assistant; physical therapist; physical
10 therapist assistant; clinical psychologist; physician
11 assistant; clinical social worker; social worker; dietitian
12 nutritionist; professional counselor; clinical professional
13 counselor; and respiratory care practitioner.

14 (Source: P.A. 99-227, eff. 8-3-15.)

15 Section 10. The Assisted Living and Shared Housing Act is
16 amended by changing Sections 40 and 110 as follows:

17 (210 ILCS 9/40)

18 Sec. 40. Probationary licenses. If the applicant has not
19 been previously licensed under this Act or if the
20 establishment is not in operation at the time the application
21 is made and if the Department determines that the applicant
22 meets the licensure requirements of this Act, the Department
23 shall issue a probationary license. A probationary license
24 shall be valid for 120 days unless sooner suspended or

1 revoked. Within 30 days prior to the termination of a
2 probationary license, the Department shall fully and
3 completely review the establishment and, if the establishment
4 meets the applicable requirements for licensure, shall issue a
5 license, except that, during a statewide public health
6 emergency, as defined in the Illinois Emergency Management
7 Agency Act, the Department shall fully and completely review
8 the establishment to the extent feasible. If the Department
9 finds that the establishment does not meet the requirements
10 for licensure, but has made substantial progress toward
11 meeting those requirements, the license may be renewed once
12 for a period not to exceed 120 days from the expiration date of
13 the initial probationary license.

14 (Source: P.A. 93-1003, eff. 8-23-04.)

15 (210 ILCS 9/110)

16 Sec. 110. Powers and duties of the Department.

17 (a) The Department shall conduct an annual unannounced
18 on-site visit at each assisted living and shared housing
19 establishment to determine compliance with applicable
20 licensure requirements and standards, except that, during a
21 statewide public health emergency, as defined in the Illinois
22 Emergency Management Agency Act, the Department shall conduct
23 on-site reviews and annual unannounced on-site visits to the
24 extent feasible. Additional visits may be conducted without
25 prior notice to the assisted living or shared housing

1 establishment.

2 (b) Upon receipt of information that may indicate the
3 failure of the assisted living or shared housing establishment
4 or a service provider to comply with a provision of this Act,
5 the Department shall investigate the matter or make
6 appropriate referrals to other government agencies and
7 entities having jurisdiction over the subject matter of the
8 possible violation. The Department may also make referrals to
9 any public or private agency that the Department considers
10 available for appropriate assistance to those involved. The
11 Department may oversee and coordinate the enforcement of State
12 consumer protection policies affecting residents residing in
13 an establishment licensed under this Act.

14 (c) The Department shall establish by rule complaint
15 receipt, investigation, resolution, and involuntary residency
16 termination procedures. Resolution procedures shall provide
17 for on-site review and evaluation of an assisted living or
18 shared housing establishment found to be in violation of this
19 Act within a specified period of time based on the gravity and
20 severity of the violation and any pervasive pattern of
21 occurrences of the same or similar violations.

22 (d) (Blank).

23 (e) The Department shall by rule establish penalties and
24 sanctions, which shall include, but need not be limited to,
25 the creation of a schedule of graduated penalties and
26 sanctions to include closure.

1 (f) The Department shall by rule establish procedures for
2 disclosure of information to the public, which shall include,
3 but not be limited to, ownership, licensure status, frequency
4 of complaints, disposition of substantiated complaints, and
5 disciplinary actions.

6 (g) (Blank).

7 (h) Beginning January 1, 2000, the Department shall begin
8 drafting rules necessary for the administration of this Act.

9 (Source: P.A. 96-975, eff. 7-2-10.)

10 Section 15. The Nursing Home Care Act is amended by
11 changing Sections 3-102.2, 3-116, 3-702, 3-102.2, 3-202.5,
12 3-202.6, 3-206, and 3-702 as follows:

13 (210 ILCS 45/3-102.2)

14 Sec. 3-102.2. Supported congregate living arrangement
15 demonstration. The Illinois Department may grant no more than
16 3 waivers from the requirements of this Act for facilities
17 participating in the supported congregate living arrangement
18 demonstration. A joint waiver request must be made by an
19 applicant and the Department on Aging. If the Department on
20 Aging does not act upon an application within 60 days, the
21 applicant may submit a written waiver request on its own
22 behalf. The waiver request must include a specific program
23 plan describing the types of residents to be served and the
24 services that will be provided in the facility. The Department

1 shall conduct an on-site review at each facility annually or
2 as often as necessary to ascertain compliance with the program
3 plan, except that, during a statewide public health emergency,
4 as defined in the Illinois Emergency Management Agency Act,
5 the Department shall conduct on-site reviews and annual
6 unannounced on-site visits to the extent feasible. The
7 Department may revoke the waiver if it determines that the
8 facility is not in compliance with the program plan. Nothing
9 in this Section prohibits the Department from conducting
10 complaint investigations.

11 A facility granted a waiver under this Section is not
12 subject to the Illinois Health Facilities Planning Act, unless
13 it subsequently applies for a certificate of need to convert
14 to a nursing facility. A facility applying for conversion
15 shall meet the licensure and certificate of need requirements
16 in effect as of the date of application, and this provision may
17 not be waived.

18 (Source: P.A. 89-530, eff. 7-19-96.)

19 (210 ILCS 45/3-116) (from Ch. 111 1/2, par. 4153-116)

20 Sec. 3-116. If the applicant has not been previously
21 licensed or if the facility is not in operation at the time
22 application is made, the Department shall issue only a
23 probationary license. A probationary license shall be valid
24 for 120 days unless sooner suspended or revoked under Section
25 3-119. Within 30 days prior to the termination of a

1 probationary license, the Department shall fully and
2 completely inspect the facility and, if the facility meets the
3 applicable requirements for licensure, shall issue a license
4 under Section 3-109, except that, during a statewide public
5 health emergency, as defined in the Illinois Emergency
6 Management Agency Act, the Department shall fully and
7 completely inspect the establishment within appropriate time
8 frames to the extent feasible. If the Department finds that
9 the facility does not meet the requirements for licensure but
10 has made substantial progress toward meeting those
11 requirements, the license may be renewed once for a period not
12 to exceed 120 days from the expiration date of the initial
13 probationary license.

14 (Source: P.A. 81-223.)

15 (210 ILCS 45/3-202.5)

16 Sec. 3-202.5. Facility plan review; fees.

17 (a) Before commencing construction of a new facility or
18 specified types of alteration or additions to an existing long
19 term care facility involving major construction, as defined by
20 rule by the Department, with an estimated cost greater than
21 \$100,000, architectural drawings and specifications for the
22 facility shall be submitted to the Department for review and
23 approval. A facility may submit architectural drawings and
24 specifications for other construction projects for Department
25 review according to subsection (b) that shall not be subject

1 to fees under subsection (d). Review of drawings and
2 specifications shall be conducted by an employee of the
3 Department meeting the qualifications established by the
4 Department of Central Management Services class specifications
5 for such an individual's position or by a person contracting
6 with the Department who meets those class specifications.
7 Final approval of the drawings and specifications for
8 compliance with design and construction standards shall be
9 obtained from the Department before the alteration, addition,
10 or new construction is begun.

11 (b) The Department shall inform an applicant in writing
12 within 10 working days after receiving drawings and
13 specifications and the required fee, if any, from the
14 applicant whether the applicant's submission is complete or
15 incomplete. Failure to provide the applicant with this notice
16 within 10 working days shall result in the submission being
17 deemed complete for purposes of initiating the 60-day review
18 period under this Section. If the submission is incomplete,
19 the Department shall inform the applicant of the deficiencies
20 with the submission in writing. If the submission is complete
21 the required fee, if any, has been paid, the Department shall
22 approve or disapprove drawings and specifications submitted to
23 the Department no later than 60 days following receipt by the
24 Department. The drawings and specifications shall be of
25 sufficient detail, as provided by Department rule, to enable
26 the Department to render a determination of compliance with

1 design and construction standards under this Act. If the
2 Department finds that the drawings are not of sufficient
3 detail for it to render a determination of compliance, the
4 plans shall be determined to be incomplete and shall not be
5 considered for purposes of initiating the 60-day ~~60-day~~ review
6 period. If a submission of drawings and specifications is
7 incomplete, the applicant may submit additional information.
8 The 60-day review period shall not commence until the
9 Department determines that a submission of drawings and
10 specifications is complete or the submission is deemed
11 complete. If the Department has not approved or disapproved
12 the drawings and specifications within 60 days, the
13 construction, major alteration, or addition shall be deemed
14 approved. If the drawings and specifications are disapproved,
15 the Department shall state in writing, with specificity, the
16 reasons for the disapproval. The entity submitting the
17 drawings and specifications may submit additional information
18 in response to the written comments from the Department or
19 request a reconsideration of the disapproval. A final decision
20 of approval or disapproval shall be made within 45 days of the
21 receipt of the additional information or reconsideration
22 request. If denied, the Department shall state the specific
23 reasons for the denial.

24 (c) The Department shall provide written approval for
25 occupancy pursuant to subsection (g) and shall not issue a
26 violation to a facility as a result of a licensure or complaint

1 survey based upon the facility's physical structure if:

2 (1) the Department reviewed and approved or deemed
3 approved the drawings and specifications for compliance
4 with design and construction standards;

5 (2) the construction, major alteration, or addition
6 was built as submitted;

7 (3) the law or rules have not been amended since the
8 original approval; and

9 (4) the conditions at the facility indicate that there
10 is a reasonable degree of safety provided for the
11 residents.

12 (d) The Department shall charge the following fees in
13 connection with its reviews conducted before June 30, 2004
14 under this Section:

15 (1) (Blank).

16 (2) (Blank).

17 (3) If the estimated dollar value of the alteration,
18 addition, or new construction is \$100,000 or more but less
19 than \$500,000, the fee shall be the greater of \$2,400 or
20 1.2% of that value.

21 (4) If the estimated dollar value of the alteration,
22 addition, or new construction is \$500,000 or more but less
23 than \$1,000,000, the fee shall be the greater of \$6,000 or
24 0.96% of that value.

25 (5) If the estimated dollar value of the alteration,
26 addition, or new construction is \$1,000,000 or more but

1 less than \$5,000,000, the fee shall be the greater of
2 \$9,600 or 0.22% of that value.

3 (6) If the estimated dollar value of the alteration,
4 addition, or new construction is \$5,000,000 or more, the
5 fee shall be the greater of \$11,000 or 0.11% of that value,
6 but shall not exceed \$40,000.

7 The fees provided in this subsection (d) shall not apply
8 to major construction projects involving facility changes that
9 are required by Department rule amendments.

10 The fees provided in this subsection (d) shall also not
11 apply to major construction projects if 51% or more of the
12 estimated cost of the project is attributed to capital
13 equipment. For major construction projects where 51% or more
14 of the estimated cost of the project is attributed to capital
15 equipment, the Department shall by rule establish a fee that
16 is reasonably related to the cost of reviewing the project.

17 The Department shall not commence the facility plan review
18 process under this Section until the applicable fee has been
19 paid.

20 (e) All fees received by the Department under this Section
21 shall be deposited into the Health Facility Plan Review Fund,
22 a special fund created in the State Treasury. All fees paid by
23 long-term care facilities under subsection (d) shall be used
24 only to cover the costs relating to the Department's review of
25 long-term care facility projects under this Section. Moneys
26 shall be appropriated from that Fund to the Department only to

1 pay the costs of conducting reviews under this Section or
2 under Section 3-202.5 of the ID/DD Community Care Act or
3 Section 3-202.5 of the MC/DD Act. None of the moneys in the
4 Health Facility Plan Review Fund shall be used to reduce the
5 amount of General Revenue Fund moneys appropriated to the
6 Department for facility plan reviews conducted pursuant to
7 this Section.

8 (f)(1) The provisions of this amendatory Act of 1997
9 concerning drawings and specifications shall apply only to
10 drawings and specifications submitted to the Department on or
11 after October 1, 1997.

12 (2) On and after the effective date of this amendatory Act
13 of 1997 and before October 1, 1997, an applicant may submit or
14 resubmit drawings and specifications to the Department and pay
15 the fees provided in subsection (d). If an applicant pays the
16 fees provided in subsection (d) under this paragraph (2), the
17 provisions of subsection (b) shall apply with regard to those
18 drawings and specifications.

19 (g) The Department shall conduct an on-site inspection of
20 the completed project no later than 30 days after notification
21 from the applicant that the project has been completed and all
22 certifications required by the Department have been received
23 and accepted by the Department, except that, during a
24 statewide public health emergency, as defined in the Illinois
25 Emergency Management Agency Act, the Department shall conduct
26 an on-site inspection of the completed project to the extent

1 feasible. The Department shall provide written approval for
2 occupancy to the applicant within 5 working days of the
3 Department's final inspection, provided the applicant has
4 demonstrated substantial compliance as defined by Department
5 rule. Occupancy of new major construction is prohibited until
6 Department approval is received, unless the Department has not
7 acted within the time frames provided in this subsection (g),
8 in which case the construction shall be deemed approved.
9 Occupancy shall be authorized after any required health
10 inspection by the Department has been conducted.

11 (h) The Department shall establish, by rule, a procedure
12 to conduct interim on-site review of large or complex
13 construction projects.

14 (i) The Department shall establish, by rule, an expedited
15 process for emergency repairs or replacement of like
16 equipment.

17 (j) Nothing in this Section shall be construed to apply to
18 maintenance, upkeep, or renovation that does not affect the
19 structural integrity of the building, does not add beds or
20 services over the number for which the long-term care facility
21 is licensed, and provides a reasonable degree of safety for
22 the residents.

23 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)

24 (210 ILCS 45/3-202.6)

25 Sec. 3-202.6. Department of Veterans' Affairs facility

1 plan review.

2 (a) Before commencing construction of a new facility or
3 specified types of alteration or additions to an existing
4 long-term care facility involving major construction, as
5 defined by rule by the Department, with an estimated cost
6 greater than \$100,000, architectural drawings and
7 specifications for the facility shall be submitted to the
8 Department for review. A facility may submit architectural
9 drawings and specifications for other construction projects
10 for Department review according to subsection (b) of this
11 Section. Review of drawings and specifications shall be
12 conducted by an employee of the Department meeting the
13 qualifications established by the Department of Central
14 Management Services class specifications for such an
15 individual's position or by a person contracting with the
16 Department who meets those class specifications.

17 (b) The Department shall inform an applicant in writing
18 within 15 working days after receiving drawings and
19 specifications from the applicant whether the applicant's
20 submission is complete or incomplete. Failure to provide the
21 applicant with this notice within 15 working days after
22 receiving drawings and specifications from the applicant shall
23 result in the submission being deemed complete for purposes of
24 initiating the 60-working-day review period under this
25 Section. If the submission is incomplete, the Department shall
26 inform the applicant of the deficiencies with the submission

1 in writing.

2 If the submission is complete, the Department shall
3 approve or disapprove drawings and specifications submitted to
4 the Department no later than 60 working days following receipt
5 by the Department. The drawings and specifications shall be of
6 sufficient detail, as provided by Department rule, to enable
7 the Department to render a determination of compliance with
8 design and construction standards under this Act. If the
9 Department finds that the drawings are not of sufficient
10 detail for it to render a determination of compliance, the
11 plans shall be determined to be incomplete and shall not be
12 considered for purposes of initiating the 60-working-day
13 review period. If a submission of drawings and specifications
14 is incomplete, the applicant may submit additional
15 information. The 60-working-day review period shall not
16 commence until the Department determines that a submission of
17 drawings and specifications is complete or the submission is
18 deemed complete. If the Department has not approved or
19 disapproved the drawings and specifications within 60 working
20 days after receipt by the Department, the construction, major
21 alteration, or addition shall be deemed approved. If the
22 drawings and specifications are disapproved, the Department
23 shall state in writing, with specificity, the reasons for the
24 disapproval. The entity submitting the drawings and
25 specifications may submit additional information in response
26 to the written comments from the Department or request a

1 reconsideration of the disapproval. A final decision of
2 approval or disapproval shall be made within 45 working days
3 after the receipt of the additional information or
4 reconsideration request. If denied, the Department shall state
5 the specific reasons for the denial.

6 (c) The Department shall provide written approval for
7 occupancy pursuant to subsection (e) of this Section and shall
8 not issue a violation to a facility as a result of a licensure
9 or complaint survey based upon the facility's physical
10 structure if:

11 (1) the Department reviewed and approved or is deemed
12 to have approved the drawings and specifications for
13 compliance with design and construction standards;

14 (2) the construction, major alteration, or addition
15 was built as submitted;

16 (3) the law or rules have not been amended since the
17 original approval; and

18 (4) the conditions at the facility indicate that there
19 is a reasonable degree of safety provided for the
20 residents.

21 (d) The Department shall not charge a fee in connection
22 with its reviews to the Department of Veterans' Affairs.

23 (e) The Department shall conduct an on-site inspection of
24 the completed project no later than 45 working days after
25 notification from the applicant that the project has been
26 completed and all certifications required by the Department

1 have been received and accepted by the Department, except
2 that, during a statewide public health emergency, as defined
3 in the Illinois Emergency Management Agency Act, the
4 Department shall conduct an on-site inspection of the
5 completed project to the extent feasible. The Department may
6 extend this deadline if a federally mandated survey time frame
7 takes precedence. The Department shall provide written
8 approval for occupancy to the applicant within 7 working days
9 after the Department's final inspection, provided the
10 applicant has demonstrated substantial compliance as defined
11 by Department rule. Occupancy of new major construction is
12 prohibited until Department approval is received, unless the
13 Department has not acted within the time frames provided in
14 this subsection (e), in which case the construction shall be
15 deemed approved. Occupancy shall be authorized after any
16 required health inspection by the Department has been
17 conducted.

18 (f) The Department shall establish, by rule, an expedited
19 process for emergency repairs or replacement of like
20 equipment.

21 (g) Nothing in this Section shall be construed to apply to
22 maintenance, upkeep, or renovation that does not affect the
23 structural integrity or fire or life safety of the building,
24 does not add beds or services over the number for which the
25 long-term care facility is licensed, and provides a reasonable
26 degree of safety for the residents.

1 (h) If the number of licensed facilities increases or the
2 number of beds for the currently licensed facilities
3 increases, the Department has the right to reassess the
4 mandated time frames listed in this Section.

5 (Source: P.A. 99-314, eff. 8-7-15.)

6 (210 ILCS 45/3-206) (from Ch. 111 1/2, par. 4153-206)

7 Sec. 3-206. The Department shall prescribe a curriculum
8 for training nursing assistants, habilitation aides, and child
9 care aides.

10 (a) No person, except a volunteer who receives no
11 compensation from a facility and is not included for the
12 purpose of meeting any staffing requirements set forth by the
13 Department, shall act as a nursing assistant, habilitation
14 aide, or child care aide in a facility, nor shall any person,
15 under any other title, not licensed, certified, or registered
16 to render medical care by the Department of Financial and
17 Professional Regulation, assist with the personal, medical, or
18 nursing care of residents in a facility, unless such person
19 meets the following requirements:

20 (1) Be at least 16 years of age, of temperate habits
21 and good moral character, honest, reliable and
22 trustworthy.

23 (2) Be able to speak and understand the English
24 language or a language understood by a substantial
25 percentage of the facility's residents.

1 (3) Provide evidence of employment or occupation, if
2 any, and residence for 2 years prior to his present
3 employment.

4 (4) Have completed at least 8 years of grade school or
5 provide proof of equivalent knowledge.

6 (5) Begin a current course of training for nursing
7 assistants, habilitation aides, or child care aides,
8 approved by the Department, within 45 days of initial
9 employment in the capacity of a nursing assistant,
10 habilitation aide, or child care aide at any facility.
11 Such courses of training shall be successfully completed
12 within 120 days of initial employment in the capacity of
13 nursing assistant, habilitation aide, or child care aide
14 at a facility. Nursing assistants, habilitation aides, and
15 child care aides who are enrolled in approved courses in
16 community colleges or other educational institutions on a
17 term, semester, or trimester basis, shall be exempt from
18 the 120-day completion time limit. During a statewide
19 public health emergency, as defined in the Illinois
20 Emergency Management Agency Act, all nursing assistants,
21 habilitation aides, and child care aides shall, to the
22 extent feasible, complete the training. The Department
23 shall adopt rules for such courses of training. These
24 rules shall include procedures for facilities to carry on
25 an approved course of training within the facility. The
26 Department shall allow an individual to satisfy the

1 supervised clinical experience requirement for placement
2 on the Health Care Worker Registry under 77 Ill. Adm. Code
3 300.663 through supervised clinical experience at an
4 assisted living establishment licensed under the Assisted
5 Living and Shared Housing Act. The Department shall adopt
6 rules requiring that the Health Care Worker Registry
7 include information identifying where an individual on the
8 Health Care Worker Registry received his or her clinical
9 training.

10 The Department may accept comparable training in lieu
11 of the 120-hour course for student nurses, foreign nurses,
12 military personnel, or employees of the Department of
13 Human Services.

14 The Department shall accept on-the-job experience in
15 lieu of clinical training from any individual who
16 participated in the temporary nursing assistant program
17 during the COVID-19 pandemic before the end date of the
18 temporary nursing assistant program and left the program
19 in good standing, and the Department shall notify all
20 approved certified nurse assistant training programs in
21 the State of this requirement. The individual shall
22 receive one hour of credit for every hour employed as a
23 temporary nursing assistant, up to 40 total hours, and
24 shall be permitted 90 days after the end date of the
25 temporary nursing assistant program to enroll in an
26 approved certified nursing assistant training program and

1 240 days to successfully complete the certified nursing
2 assistant training program. Temporary nursing assistants
3 who enroll in a certified nursing assistant training
4 program within 90 days of the end of the temporary nursing
5 assistant program may continue to work as a nursing
6 assistant for up to 240 days after enrollment in the
7 certified nursing assistant training program. As used in
8 this Section, "temporary nursing assistant program" means
9 the program implemented by the Department of Public Health
10 by emergency rule, as listed in 44 Ill. Reg. 7936,
11 effective April 21, 2020.

12 The facility shall develop and implement procedures,
13 which shall be approved by the Department, for an ongoing
14 review process, which shall take place within the
15 facility, for nursing assistants, habilitation aides, and
16 child care aides.

17 At the time of each regularly scheduled licensure
18 survey, or at the time of a complaint investigation, the
19 Department may require any nursing assistant, habilitation
20 aide, or child care aide to demonstrate, either through
21 written examination or action, or both, sufficient
22 knowledge in all areas of required training. If such
23 knowledge is inadequate the Department shall require the
24 nursing assistant, habilitation aide, or child care aide
25 to complete inservice training and review in the facility
26 until the nursing assistant, habilitation aide, or child

1 care aide demonstrates to the Department, either through
2 written examination or action, or both, sufficient
3 knowledge in all areas of required training.

4 (6) Be familiar with and have general skills related
5 to resident care.

6 (a-0.5) An educational entity, other than a secondary
7 school, conducting a nursing assistant, habilitation aide, or
8 child care aide training program shall initiate a criminal
9 history record check in accordance with the Health Care Worker
10 Background Check Act prior to entry of an individual into the
11 training program. A secondary school may initiate a criminal
12 history record check in accordance with the Health Care Worker
13 Background Check Act at any time during or after a training
14 program.

15 (a-1) Nursing assistants, habilitation aides, or child
16 care aides seeking to be included on the Health Care Worker
17 Registry under the Health Care Worker Background Check Act on
18 or after January 1, 1996 must authorize the Department of
19 Public Health or its designee to request a criminal history
20 record check in accordance with the Health Care Worker
21 Background Check Act and submit all necessary information. An
22 individual may not newly be included on the Health Care Worker
23 Registry unless a criminal history record check has been
24 conducted with respect to the individual.

25 (b) Persons subject to this Section shall perform their
26 duties under the supervision of a licensed nurse.

1 (c) It is unlawful for any facility to employ any person in
2 the capacity of nursing assistant, habilitation aide, or child
3 care aide, or under any other title, not licensed by the State
4 of Illinois to assist in the personal, medical, or nursing
5 care of residents in such facility unless such person has
6 complied with this Section.

7 (d) Proof of compliance by each employee with the
8 requirements set out in this Section shall be maintained for
9 each such employee by each facility in the individual
10 personnel folder of the employee. Proof of training shall be
11 obtained only from the Health Care Worker Registry.

12 (e) Each facility shall obtain access to the Health Care
13 Worker Registry's web application, maintain the employment and
14 demographic information relating to each employee, and verify
15 by the category and type of employment that each employee
16 subject to this Section meets all the requirements of this
17 Section.

18 (f) Any facility that is operated under Section 3-803
19 shall be exempt from the requirements of this Section.

20 (g) Each skilled nursing and intermediate care facility
21 that admits persons who are diagnosed as having Alzheimer's
22 disease or related dementias shall require all nursing
23 assistants, habilitation aides, or child care aides, who did
24 not receive 12 hours of training in the care and treatment of
25 such residents during the training required under paragraph
26 (5) of subsection (a), to obtain 12 hours of in-house training

1 in the care and treatment of such residents. If the facility
2 does not provide the training in-house, the training shall be
3 obtained from other facilities, community colleges or other
4 educational institutions that have a recognized course for
5 such training. The Department shall, by rule, establish a
6 recognized course for such training. The Department's rules
7 shall provide that such training may be conducted in-house at
8 each facility subject to the requirements of this subsection,
9 in which case such training shall be monitored by the
10 Department.

11 The Department's rules shall also provide for
12 circumstances and procedures whereby any person who has
13 received training that meets the requirements of this
14 subsection shall not be required to undergo additional
15 training if he or she is transferred to or obtains employment
16 at a different facility or a facility other than a long-term
17 care facility but remains continuously employed for pay as a
18 nursing assistant, habilitation aide, or child care aide.
19 Individuals who have performed no nursing or nursing-related
20 services for a period of 24 consecutive months shall be listed
21 as "inactive" and as such do not meet the requirements of this
22 Section. Licensed sheltered care facilities shall be exempt
23 from the requirements of this Section.

24 An individual employed during the COVID-19 pandemic as a
25 nursing assistant in accordance with any Executive Orders,
26 emergency rules, or policy memoranda related to COVID-19 shall

1 be assumed to meet competency standards and may continue to be
2 employed as a certified nurse assistant when the pandemic ends
3 and the Executive Orders or emergency rules lapse. Such
4 individuals shall be listed on the Department's Health Care
5 Worker Registry website as "active".

6 (Source: P.A. 100-297, eff. 8-24-17; 100-432, eff. 8-25-17;
7 100-863, eff. 8-14-18; 101-655, eff. 3-12-21.)

8 (210 ILCS 45/3-702) (from Ch. 111 1/2, par. 4153-702)

9 Sec. 3-702. (a) A person who believes that this Act or a
10 rule promulgated under this Act may have been violated may
11 request an investigation. The request may be submitted to the
12 Department in writing, by telephone, by electronic means, or
13 by personal visit. An oral complaint shall be reduced to
14 writing by the Department. The Department shall make
15 available, through its website and upon request, information
16 regarding the oral and phone intake processes and the list of
17 questions that will be asked of the complainant. The
18 Department shall request information identifying the
19 complainant, including the name, address, and telephone
20 number, to help enable appropriate follow-up. The Department
21 shall act on such complaints via on-site visits or other
22 methods deemed appropriate to handle the complaints with or
23 without such identifying information, as otherwise provided
24 under this Section. The complainant shall be informed that
25 compliance with such request is not required to satisfy the

1 procedures for filing a complaint under this Act. The
2 Department must notify complainants that complaints with less
3 information provided are far more difficult to respond to and
4 investigate.

5 (b) The substance of the complaint shall be provided in
6 writing to the licensee, owner, or administrator no earlier
7 than at the commencement of an on-site inspection of the
8 facility which takes place pursuant to the complaint.

9 (c) The Department shall not disclose the name of the
10 complainant unless the complainant consents in writing to the
11 disclosure or the investigation results in a judicial
12 proceeding, or unless disclosure is essential to the
13 investigation. The complainant shall be given the opportunity
14 to withdraw the complaint before disclosure. Upon the request
15 of the complainant, the Department may permit the complainant
16 or a representative of the complainant to accompany the person
17 making the on-site inspection of the facility.

18 (d) Upon receipt of a complaint, the Department shall
19 determine whether this Act or a rule promulgated under this
20 Act has been or is being violated. The Department shall
21 investigate all complaints alleging abuse or neglect within 7
22 days after the receipt of the complaint except that complaints
23 of abuse or neglect which indicate that a resident's life or
24 safety is in imminent danger shall be investigated within 24
25 hours after receipt of the complaint. All other complaints
26 shall be investigated within 30 days after the receipt of the

1 complaint, except that, during a statewide public health
2 emergency, as defined in the Illinois Emergency Management
3 Agency Act, all other complaints shall be investigated within
4 appropriate time frames to the extent feasible. The Department
5 employees investigating a complaint shall conduct a brief,
6 informal exit conference with the facility to alert its
7 administration of any suspected serious deficiency that poses
8 a direct threat to the health, safety, or welfare of a resident
9 to enable an immediate correction for the alleviation or
10 elimination of such threat. Such information and findings
11 discussed in the brief exit conference shall become a part of
12 the investigating record but shall not in any way constitute
13 an official or final notice of violation as provided under
14 Section 3-301. All complaints shall be classified as "an
15 invalid report", "a valid report", or "an undetermined
16 report". For any complaint classified as "a valid report", the
17 Department must determine within 30 working days after any
18 Department employee enters a facility to begin an on-site
19 inspection if any rule or provision of this Act has been or is
20 being violated.

21 (d-1) The Department shall, whenever possible, combine an
22 on-site investigation of a complaint in a facility with other
23 inspections in order to avoid duplication of inspections.

24 (e) In all cases, the Department shall inform the
25 complainant of its findings within 10 days of its
26 determination unless otherwise indicated by the complainant,

1 and the complainant may direct the Department to send a copy of
2 such findings to another person. The Department's findings may
3 include comments or documentation provided by either the
4 complainant or the licensee pertaining to the complaint. The
5 Department shall also notify the facility of such findings
6 within 10 days of the determination, but the name of the
7 complainant or residents shall not be disclosed in this notice
8 to the facility. The notice of such findings shall include a
9 copy of the written determination; the correction order, if
10 any; the warning notice, if any; the inspection report; or the
11 State licensure form on which the violation is listed.

12 (f) A written determination, correction order, or warning
13 notice concerning a complaint, together with the facility's
14 response, shall be available for public inspection, but the
15 name of the complainant or resident shall not be disclosed
16 without his consent.

17 (g) A complainant who is dissatisfied with the
18 determination or investigation by the Department may request a
19 hearing under Section 3-703. The facility shall be given
20 notice of any such hearing and may participate in the hearing
21 as a party. If a facility requests a hearing under Section
22 3-703 which concerns a matter covered by a complaint, the
23 complainant shall be given notice and may participate in the
24 hearing as a party. A request for a hearing by either a
25 complainant or a facility shall be submitted in writing to the
26 Department within 30 days after the mailing of the

1 Department's findings as described in subsection (e) of this
2 Section. Upon receipt of the request the Department shall
3 conduct a hearing as provided under Section 3-703.

4 (g-5) The Department shall conduct an annual review of all
5 survey activity from the preceding fiscal year and make a
6 report concerning the complaint and survey process. The report
7 shall include, but not be limited to:

8 (1) the total number of complaints received;

9 (2) the breakdown of 24-hour, 7-day, and 30-day
10 complaints;

11 (3) the breakdown of anonymous and non-anonymous
12 complaints;

13 (4) the number of complaints that were substantiated
14 versus unsubstantiated;

15 (5) the total number of substantiated complaints that
16 were completed in the time frame determined under
17 subsection (d);

18 (6) the total number of informal dispute resolutions
19 requested;

20 (7) the total number of informal dispute resolution
21 requests approved;

22 (8) the total number of informal dispute resolutions
23 that were overturned or reduced in severity;

24 (9) the total number of nurse surveyors hired during
25 the calendar year;

26 (10) the total number of nurse surveyors who left

1 Department employment;

2 (11) the average length of tenure for nurse surveyors
3 employed by the Department at the time the report is
4 created;

5 (12) the total number of times the Department imposed
6 discretionary denial of payment within 15 days of notice
7 and within 2 days of notice as well as the number of times
8 the discretionary denial of payment took effect; and

9 (13) any other complaint information requested by the
10 Long-Term Care Facility Advisory Board created under
11 Section 2-204 of this Act or the Illinois Long-Term Care
12 Council created under Section 4.04a of the Illinois Act on
13 the Aging.

14 This report shall be provided to the Long-Term Care
15 Facility Advisory Board, the Illinois Long-Term Care Council,
16 and the General Assembly. The Long-Term Care Facility Advisory
17 Board and the Illinois Long-Term Care Council shall review the
18 report and suggest any changes deemed necessary to the
19 Department for review and action, including how to investigate
20 and substantiate anonymous complaints.

21 (h) Any person who knowingly transmits a false report to
22 the Department commits the offense of disorderly conduct under
23 subsection (a)(8) of Section 26-1 of the Criminal Code of
24 2012.

25 (Source: P.A. 102-432, eff. 8-20-21; 102-947, eff. 1-1-23;
26 revised 12-9-22.)

1 Section 20. The MC/DD Act is amended by changing Sections
2 3-116, 3-202.5, and 3-702 as follows:

3 (210 ILCS 46/3-116)

4 Sec. 3-116. Probationary license. If the applicant has not
5 been previously licensed or if the facility is not in
6 operation at the time application is made, the Department
7 shall issue only a probationary license. A probationary
8 license shall be valid for 120 days unless sooner suspended or
9 revoked under Section 3-119. Within 30 days prior to the
10 termination of a probationary license, the Department shall
11 fully and completely inspect the facility and, if the facility
12 meets the applicable requirements for licensure, shall issue a
13 license under Section 3-109, except that, during a statewide
14 public health emergency, as defined in the Illinois Emergency
15 Management Agency Act, the Department shall inspect facilities
16 within an appropriate time frame to the extent feasible. If
17 the Department finds that the facility does not meet the
18 requirements for licensure but has made substantial progress
19 toward meeting those requirements, the license may be renewed
20 once for a period not to exceed 120 days from the expiration
21 date of the initial probationary license.

22 (Source: P.A. 99-180, eff. 7-29-15.)

23 (210 ILCS 46/3-202.5)

1 Sec. 3-202.5. Facility plan review; fees.

2 (a) Before commencing construction of a new facility or
3 specified types of alteration or additions to an existing
4 facility involving major construction, as defined by rule by
5 the Department, with an estimated cost greater than \$100,000,
6 architectural drawings and specifications for the facility
7 shall be submitted to the Department for review and approval.
8 A facility may submit architectural drawings and
9 specifications for other construction projects for Department
10 review according to subsection (b) that shall not be subject
11 to fees under subsection (d). Review of drawings and
12 specifications shall be conducted by an employee of the
13 Department meeting the qualifications established by the
14 Department of Central Management Services class specifications
15 for such an individual's position or by a person contracting
16 with the Department who meets those class specifications.
17 Final approval of the drawings and specifications for
18 compliance with design and construction standards shall be
19 obtained from the Department before the alteration, addition,
20 or new construction is begun.

21 (b) The Department shall inform an applicant in writing
22 within 10 working days after receiving drawings and
23 specifications and the required fee, if any, from the
24 applicant whether the applicant's submission is complete or
25 incomplete. Failure to provide the applicant with this notice
26 within 10 working days shall result in the submission being

1 deemed complete for purposes of initiating the 60-day ~~60-day~~
2 review period under this Section. If the submission is
3 incomplete, the Department shall inform the applicant of the
4 deficiencies with the submission in writing. If the submission
5 is complete the required fee, if any, has been paid, the
6 Department shall approve or disapprove drawings and
7 specifications submitted to the Department no later than 60
8 days following receipt by the Department. The drawings and
9 specifications shall be of sufficient detail, as provided by
10 Department rule, to enable the Department to render a
11 determination of compliance with design and construction
12 standards under this Act. If the Department finds that the
13 drawings are not of sufficient detail for it to render a
14 determination of compliance, the plans shall be determined to
15 be incomplete and shall not be considered for purposes of
16 initiating the 60 day review period. If a submission of
17 drawings and specifications is incomplete, the applicant may
18 submit additional information. The 60 day review period shall
19 not commence until the Department determines that a submission
20 of drawings and specifications is complete or the submission
21 is deemed complete. If the Department has not approved or
22 disapproved the drawings and specifications within 60 days,
23 the construction, major alteration, or addition shall be
24 deemed approved. If the drawings and specifications are
25 disapproved, the Department shall state in writing, with
26 specificity, the reasons for the disapproval. The entity

1 submitting the drawings and specifications may submit
2 additional information in response to the written comments
3 from the Department or request a reconsideration of the
4 disapproval. A final decision of approval or disapproval shall
5 be made within 45 days of the receipt of the additional
6 information or reconsideration request. If denied, the
7 Department shall state the specific reasons for the denial.

8 (c) The Department shall provide written approval for
9 occupancy pursuant to subsection (g) and shall not issue a
10 violation to a facility as a result of a licensure or complaint
11 survey based upon the facility's physical structure if:

12 (1) the Department reviewed and approved or deemed
13 approved the drawings and specifications for compliance
14 with design and construction standards;

15 (2) the construction, major alteration, or addition
16 was built as submitted;

17 (3) the law or rules have not been amended since the
18 original approval; and

19 (4) the conditions at the facility indicate that there
20 is a reasonable degree of safety provided for the
21 residents.

22 (d) (Blank).

23 (e) All fees received by the Department under this Section
24 shall be deposited into the Health Facility Plan Review Fund,
25 a special fund created in the State Treasury. Moneys shall be
26 appropriated from that Fund to the Department only to pay the

1 costs of conducting reviews under this Section, under Section
2 3-202.5 of the Nursing Home Care Act, or under Section 3-202.5
3 of the ID/DD Community Care Act. None of the moneys in the
4 Health Facility Plan Review Fund shall be used to reduce the
5 amount of General Revenue Fund moneys appropriated to the
6 Department for facility plan reviews conducted pursuant to
7 this Section.

8 (f) (Blank).

9 (g) The Department shall conduct an on site inspection of
10 the completed project no later than 30 days after notification
11 from the applicant that the project has been completed and all
12 certifications required by the Department have been received
13 and accepted by the Department, except that, during a
14 statewide public health emergency, as defined in the Illinois
15 Emergency Management Agency Act, the Department shall conduct
16 an on-site inspection to the extent feasible. The Department
17 shall provide written approval for occupancy to the applicant
18 within 5 working days of the Department's final inspection,
19 provided the applicant has demonstrated substantial compliance
20 as defined by Department rule. Occupancy of new major
21 construction is prohibited until Department approval is
22 received, unless the Department has not acted within the time
23 frames provided in this subsection (g), in which case the
24 construction shall be deemed approved. Occupancy shall be
25 authorized after any required health inspection by the
26 Department has been conducted.

1 (h) The Department shall establish, by rule, a procedure
2 to conduct interim on site review of large or complex
3 construction projects.

4 (i) The Department shall establish, by rule, an expedited
5 process for emergency repairs or replacement of like
6 equipment.

7 (j) Nothing in this Section shall be construed to apply to
8 maintenance, upkeep, or renovation that does not affect the
9 structural integrity of the building, does not add beds or
10 services over the number for which the facility is licensed,
11 and provides a reasonable degree of safety for the residents.

12 (Source: P.A. 99-180, eff. 7-29-15.)

13 (210 ILCS 46/3-702)

14 Sec. 3-702. Request for investigation of violation.

15 (a) A person who believes that this Act or a rule
16 promulgated under this Act may have been violated may request
17 an investigation. The request may be submitted to the
18 Department in writing, by telephone, by electronic means, or
19 by personal visit. An oral complaint shall be reduced to
20 writing by the Department. The Department shall make
21 available, through its website and upon request, information
22 regarding the oral and phone intake processes and the list of
23 questions that will be asked of the complainant. The
24 Department shall request information identifying the
25 complainant, including the name, address and telephone number,

1 to help enable appropriate follow up. The Department shall act
2 on such complaints via on-site visits or other methods deemed
3 appropriate to handle the complaints with or without such
4 identifying information, as otherwise provided under this
5 Section. The complainant shall be informed that compliance
6 with such request is not required to satisfy the procedures
7 for filing a complaint under this Act. The Department must
8 notify complainants that complaints with less information
9 provided are far more difficult to respond to and investigate.

10 (b) The substance of the complaint shall be provided in
11 writing to the licensee, owner or administrator no earlier
12 than at the commencement of an on-site inspection of the
13 facility which takes place pursuant to the complaint.

14 (c) The Department shall not disclose the name of the
15 complainant unless the complainant consents in writing to the
16 disclosure or the investigation results in a judicial
17 proceeding, or unless disclosure is essential to the
18 investigation. The complainant shall be given the opportunity
19 to withdraw the complaint before disclosure. Upon the request
20 of the complainant, the Department may permit the complainant
21 or a representative of the complainant to accompany the person
22 making the on-site inspection of the facility.

23 (d) Upon receipt of a complaint, the Department shall
24 determine whether this Act or a rule promulgated under this
25 Act has been or is being violated. The Department shall
26 investigate all complaints alleging abuse or neglect within 7

1 days after the receipt of the complaint except that complaints
2 of abuse or neglect which indicate that a resident's life or
3 safety is in imminent danger shall be investigated within 24
4 hours after receipt of the complaint. All other complaints
5 shall be investigated within 30 days after the receipt of the
6 complaint, except that, during a statewide public health
7 emergency, as defined in the Illinois Emergency Management
8 Agency Act, all other complaints shall be investigated within
9 an appropriate time frame to the extent feasible. The
10 Department employees investigating a complaint shall conduct a
11 brief, informal exit conference with the facility to alert its
12 administration of any suspected serious deficiency that poses
13 a direct threat to the health, safety or welfare of a resident
14 to enable an immediate correction for the alleviation or
15 elimination of such threat. Such information and findings
16 discussed in the brief exit conference shall become a part of
17 the investigating record but shall not in any way constitute
18 an official or final notice of violation as provided under
19 Section 3-301. All complaints shall be classified as "an
20 invalid report", "a valid report", or "an undetermined
21 report". For any complaint classified as "a valid report", the
22 Department must determine within 30 working days if any rule
23 or provision of this Act has been or is being violated.

24 (d-1) The Department shall, whenever possible, combine an
25 on site investigation of a complaint in a facility with other
26 inspections in order to avoid duplication of inspections.

1 (e) In all cases, the Department shall inform the
2 complainant of its findings within 10 days of its
3 determination unless otherwise indicated by the complainant,
4 and the complainant may direct the Department to send a copy of
5 such findings to another person. The Department's findings may
6 include comments or documentation provided by either the
7 complainant or the licensee pertaining to the complaint. The
8 Department shall also notify the facility of such findings
9 within 10 days of the determination, but the name of the
10 complainant or residents shall not be disclosed in this notice
11 to the facility. The notice of such findings shall include a
12 copy of the written determination; the correction order, if
13 any; the warning notice, if any; the inspection report; or the
14 State licensure form on which the violation is listed.

15 (f) A written determination, correction order, or warning
16 notice concerning a complaint, together with the facility's
17 response, shall be available for public inspection, but the
18 name of the complainant or resident shall not be disclosed
19 without his or her consent.

20 (g) A complainant who is dissatisfied with the
21 determination or investigation by the Department may request a
22 hearing under Section 3-703. The facility shall be given
23 notice of any such hearing and may participate in the hearing
24 as a party. If a facility requests a hearing under Section
25 3-703 which concerns a matter covered by a complaint, the
26 complainant shall be given notice and may participate in the

1 hearing as a party. A request for a hearing by either a
2 complainant or a facility shall be submitted in writing to the
3 Department within 30 days after the mailing of the
4 Department's findings as described in subsection (e) of this
5 Section. Upon receipt of the request the Department shall
6 conduct a hearing as provided under Section 3-703.

7 (g-5) The Department shall conduct an annual review and
8 make a report concerning the complaint process that includes
9 the number of complaints received, the breakdown of anonymous
10 and non-anonymous complaints and whether the complaints were
11 substantiated or not, the total number of substantiated
12 complaints, and any other complaint information requested by
13 the DD Facility Advisory Board. This report shall be provided
14 to the DD Facility Advisory Board. The DD Facility Advisory
15 Board shall review the report and suggest any changes deemed
16 necessary to the Department for review and action, including
17 how to investigate and substantiate anonymous complaints.

18 (h) Any person who knowingly transmits a false report to
19 the Department commits the offense of disorderly conduct under
20 subsection (a)(8) of Section 26-1 of the Criminal Code of
21 2012.

22 (Source: P.A. 99-180, eff. 7-29-15.)

23 Section 25. The ID/DD Community Care Act is amended by
24 changing Sections 3-116, 3-206, and 3-702 as follows:

1 (210 ILCS 47/3-116)

2 Sec. 3-116. Probationary license. If the applicant has not
3 been previously licensed or if the facility is not in
4 operation at the time application is made, the Department
5 shall issue only a probationary license. A probationary
6 license shall be valid for 120 days unless sooner suspended or
7 revoked under Section 3-119. Within 30 days prior to the
8 termination of a probationary license, the Department shall
9 fully and completely inspect the facility and, if the facility
10 meets the applicable requirements for licensure, shall issue a
11 license under Section 3-109 except that, during a statewide
12 public health emergency, as defined in the Illinois Emergency
13 Management Agency Act, the Department shall inspect facilities
14 within an appropriate time frame to the extent feasible. If
15 the Department finds that the facility does not meet the
16 requirements for licensure but has made substantial progress
17 toward meeting those requirements, the license may be renewed
18 once for a period not to exceed 120 days from the expiration
19 date of the initial probationary license.

20 (Source: P.A. 96-339, eff. 7-1-10.)

21 (210 ILCS 47/3-206)

22 Sec. 3-206. Curriculum for training nursing assistants and
23 aides. The Department shall prescribe a curriculum for
24 training nursing assistants, habilitation aides, and child
25 care aides.

1 (a) No person, except a volunteer who receives no
2 compensation from a facility and is not included for the
3 purpose of meeting any staffing requirements set forth by the
4 Department, shall act as a nursing assistant, habilitation
5 aide, or child care aide in a facility, nor shall any person,
6 under any other title, not licensed, certified, or registered
7 to render medical care by the Department of Financial and
8 Professional Regulation, assist with the personal, medical, or
9 nursing care of residents in a facility, unless such person
10 meets the following requirements:

11 (1) Be at least 16 years of age, of temperate habits
12 and good moral character, honest, reliable and
13 trustworthy.

14 (2) Be able to speak and understand the English
15 language or a language understood by a substantial
16 percentage of the facility's residents.

17 (3) Provide evidence of employment or occupation, if
18 any, and residence for 2 years prior to his or her present
19 employment.

20 (4) Have completed at least 8 years of grade school or
21 provide proof of equivalent knowledge.

22 (5) Begin a current course of training for nursing
23 assistants, habilitation aides, or child care aides,
24 approved by the Department, within 45 days of initial
25 employment in the capacity of a nursing assistant,
26 habilitation aide, or child care aide at any facility.

1 Such courses of training shall be successfully completed
2 within 120 days of initial employment in the capacity of
3 nursing assistant, habilitation aide, or child care aide
4 at a facility, except that, during a statewide public
5 health emergency, as defined in the Illinois Emergency
6 Management Agency Act, training shall be completed to the
7 extent feasible. Nursing assistants, habilitation aides,
8 and child care aides who are enrolled in approved courses
9 in community colleges or other educational institutions on
10 a term, semester or trimester basis, shall be exempt from
11 the 120-day completion time limit. The Department shall
12 adopt rules for such courses of training. These rules
13 shall include procedures for facilities to carry on an
14 approved course of training within the facility.

15 The Department may accept comparable training in lieu
16 of the 120-hour course for student nurses, foreign nurses,
17 military personnel, or employees of the Department of
18 Human Services.

19 The facility shall develop and implement procedures,
20 which shall be approved by the Department, for an ongoing
21 review process, which shall take place within the
22 facility, for nursing assistants, habilitation aides, and
23 child care aides.

24 At the time of each regularly scheduled licensure
25 survey, or at the time of a complaint investigation, the
26 Department may require any nursing assistant, habilitation

1 aide, or child care aide to demonstrate, either through
2 written examination or action, or both, sufficient
3 knowledge in all areas of required training. If such
4 knowledge is inadequate the Department shall require the
5 nursing assistant, habilitation aide, or child care aide
6 to complete inservice training and review in the facility
7 until the nursing assistant, habilitation aide, or child
8 care aide demonstrates to the Department, either through
9 written examination or action, or both, sufficient
10 knowledge in all areas of required training; and

11 (6) Be familiar with and have general skills related
12 to resident care.

13 (a-0.5) An educational entity, other than a secondary
14 school, conducting a nursing assistant, habilitation aide, or
15 child care aide training program shall initiate a criminal
16 history record check in accordance with the Health Care Worker
17 Background Check Act prior to entry of an individual into the
18 training program. A secondary school may initiate a criminal
19 history record check in accordance with the Health Care Worker
20 Background Check Act at any time during or after a training
21 program.

22 (a-1) Nursing assistants, habilitation aides, or child
23 care aides seeking to be included on the Health Care Worker
24 Registry under the Health Care Worker Background Check Act
25 must authorize the Department of Public Health or its designee
26 to request a criminal history record check in accordance with

1 the Health Care Worker Background Check Act and submit all
2 necessary information. An individual may not newly be included
3 on the Health Care Worker Registry unless a criminal history
4 record check has been conducted with respect to the
5 individual.

6 (b) Persons subject to this Section shall perform their
7 duties under the supervision of a licensed nurse or other
8 appropriately trained, licensed, or certified personnel.

9 (c) It is unlawful for any facility to employ any person in
10 the capacity of nursing assistant, habilitation aide, or child
11 care aide, or under any other title, not licensed by the State
12 of Illinois to assist in the personal, medical, or nursing
13 care of residents in such facility unless such person has
14 complied with this Section.

15 (d) Proof of compliance by each employee with the
16 requirements set out in this Section shall be maintained for
17 each such employee by each facility in the individual
18 personnel folder of the employee. Proof of training shall be
19 obtained only from the Health Care Worker Registry.

20 (e) Each facility shall obtain access to the Health Care
21 Worker Registry's web application, maintain the employment and
22 demographic information relating to each employee, and verify
23 by the category and type of employment that each employee
24 subject to this Section meets all the requirements of this
25 Section.

26 (f) Any facility that is operated under Section 3-803

1 shall be exempt from the requirements of this Section.

2 (g) Each skilled nursing and intermediate care facility
3 that admits persons who are diagnosed as having Alzheimer's
4 disease or related dementias shall require all nursing
5 assistants, habilitation aides, or child care aides, who did
6 not receive 12 hours of training in the care and treatment of
7 such residents during the training required under paragraph
8 (5) of subsection (a), to obtain 12 hours of in house training
9 in the care and treatment of such residents. If the facility
10 does not provide the training in house, the training shall be
11 obtained from other facilities, community colleges or other
12 educational institutions that have a recognized course for
13 such training. The Department shall, by rule, establish a
14 recognized course for such training.

15 The Department's rules shall provide that such training
16 may be conducted in house at each facility subject to the
17 requirements of this subsection, in which case such training
18 shall be monitored by the Department. The Department's rules
19 shall also provide for circumstances and procedures whereby
20 any person who has received training that meets the
21 requirements of this subsection shall not be required to
22 undergo additional training if he or she is transferred to or
23 obtains employment at a different facility or a facility other
24 than those licensed under this Act but remains continuously
25 employed as a nursing assistant, habilitation aide, or child
26 care aide. Individuals who have performed no nursing,

1 nursing-related services, or habilitation services for a
2 period of 24 consecutive months shall be listed as inactive
3 and as such do not meet the requirements of this Section.
4 Licensed sheltered care facilities shall be exempt from the
5 requirements of this Section.

6 (Source: P.A. 100-432, eff. 8-25-17.)

7 (210 ILCS 47/3-702)

8 Sec. 3-702. Request for investigation of violation.

9 (a) A person who believes that this Act or a rule
10 promulgated under this Act may have been violated may request
11 an investigation. The request may be submitted to the
12 Department in writing, by telephone, by electronic means, or
13 by personal visit. An oral complaint shall be reduced to
14 writing by the Department. The Department shall make
15 available, through its website and upon request, information
16 regarding the oral and phone intake processes and the list of
17 questions that will be asked of the complainant. The
18 Department shall request information identifying the
19 complainant, including the name, address and telephone number,
20 to help enable appropriate follow up. The Department shall act
21 on such complaints via on-site visits or other methods deemed
22 appropriate to handle the complaints with or without such
23 identifying information, as otherwise provided under this
24 Section. The complainant shall be informed that compliance
25 with such request is not required to satisfy the procedures

1 for filing a complaint under this Act. The Department must
2 notify complainants that complaints with less information
3 provided are far more difficult to respond to and investigate.

4 (b) The substance of the complaint shall be provided in
5 writing to the licensee, owner or administrator no earlier
6 than at the commencement of an on-site inspection of the
7 facility which takes place pursuant to the complaint.

8 (c) The Department shall not disclose the name of the
9 complainant unless the complainant consents in writing to the
10 disclosure or the investigation results in a judicial
11 proceeding, or unless disclosure is essential to the
12 investigation. The complainant shall be given the opportunity
13 to withdraw the complaint before disclosure. Upon the request
14 of the complainant, the Department may permit the complainant
15 or a representative of the complainant to accompany the person
16 making the on-site inspection of the facility.

17 (d) Upon receipt of a complaint, the Department shall
18 determine whether this Act or a rule promulgated under this
19 Act has been or is being violated. The Department shall
20 investigate all complaints alleging abuse or neglect within 7
21 days after the receipt of the complaint except that complaints
22 of abuse or neglect which indicate that a resident's life or
23 safety is in imminent danger shall be investigated within 24
24 hours after receipt of the complaint. All other complaints
25 shall be investigated within 30 days after the receipt of the
26 complaint, except that, during a statewide public health

1 emergency, as defined in the Illinois Emergency Management
2 Agency Act, all other complaints shall be investigated within
3 an appropriate time frame to the extent feasible. The
4 Department employees investigating a complaint shall conduct a
5 brief, informal exit conference with the facility to alert its
6 administration of any suspected serious deficiency that poses
7 a direct threat to the health, safety or welfare of a resident
8 to enable an immediate correction for the alleviation or
9 elimination of such threat. Such information and findings
10 discussed in the brief exit conference shall become a part of
11 the investigating record but shall not in any way constitute
12 an official or final notice of violation as provided under
13 Section 3-301. All complaints shall be classified as "an
14 invalid report", "a valid report", or "an undetermined
15 report". For any complaint classified as "a valid report", the
16 Department must determine within 30 working days if any rule
17 or provision of this Act has been or is being violated.

18 (d-1) The Department shall, whenever possible, combine an
19 on site investigation of a complaint in a facility with other
20 inspections in order to avoid duplication of inspections.

21 (e) In all cases, the Department shall inform the
22 complainant of its findings within 10 days of its
23 determination unless otherwise indicated by the complainant,
24 and the complainant may direct the Department to send a copy of
25 such findings to another person. The Department's findings may
26 include comments or documentation provided by either the

1 complainant or the licensee pertaining to the complaint. The
2 Department shall also notify the facility of such findings
3 within 10 days of the determination, but the name of the
4 complainant or residents shall not be disclosed in this notice
5 to the facility. The notice of such findings shall include a
6 copy of the written determination; the correction order, if
7 any; the warning notice, if any; the inspection report; or the
8 State licensure form on which the violation is listed.

9 (f) A written determination, correction order, or warning
10 notice concerning a complaint, together with the facility's
11 response, shall be available for public inspection, but the
12 name of the complainant or resident shall not be disclosed
13 without his or her consent.

14 (g) A complainant who is dissatisfied with the
15 determination or investigation by the Department may request a
16 hearing under Section 3-703. The facility shall be given
17 notice of any such hearing and may participate in the hearing
18 as a party. If a facility requests a hearing under Section
19 3-703 which concerns a matter covered by a complaint, the
20 complainant shall be given notice and may participate in the
21 hearing as a party. A request for a hearing by either a
22 complainant or a facility shall be submitted in writing to the
23 Department within 30 days after the mailing of the
24 Department's findings as described in subsection (e) of this
25 Section. Upon receipt of the request the Department shall
26 conduct a hearing as provided under Section 3-703.

1 (g-5) The Department shall conduct an annual review and
2 make a report concerning the complaint process that includes
3 the number of complaints received, the breakdown of anonymous
4 and non-anonymous complaints and whether the complaints were
5 substantiated or not, the total number of substantiated
6 complaints, and any other complaint information requested by
7 the DD Facility Advisory Board. This report shall be provided
8 to the DD Facility Advisory Board. The DD Facility Advisory
9 Board shall review the report and suggest any changes deemed
10 necessary to the Department for review and action, including
11 how to investigate and substantiate anonymous complaints.

12 (h) Any person who knowingly transmits a false report to
13 the Department commits the offense of disorderly conduct under
14 subsection (a)(8) of Section 26-1 of the Criminal Code of
15 2012.

16 (Source: P.A. 97-1150, eff. 1-25-13; 98-988, eff. 8-18-14.)

17 Section 30. The Specialized Mental Health Rehabilitation
18 Act of 2013 is amended by changing Section 4-105 as follows:

19 (210 ILCS 49/4-105)

20 Sec. 4-105. Provisional licensure duration. A provisional
21 license shall be valid upon fulfilling the requirements
22 established by the Department by emergency rule. The license
23 shall remain valid as long as a facility remains in compliance
24 with the licensure provisions established in rule. Provisional

1 licenses issued upon initial licensure as a specialized mental
2 health rehabilitation facility shall expire at the end of a
3 3-year period, which commences on the date the provisional
4 license is issued. Issuance of a provisional license for any
5 reason other than initial licensure (including, but not
6 limited to, change of ownership, location, number of beds, or
7 services) shall not extend the maximum 3-year period, at the
8 end of which a facility must be licensed pursuant to Section
9 4-201. An extension for 120 days may be granted if requested
10 and approved by the Department. Notwithstanding any other
11 provision of this Act or the Specialized Mental Health
12 Rehabilitation Facilities Code, 77 Ill. ~~Adm. Admin.~~ Code 380,
13 to the contrary, if a facility has received notice from the
14 Department that its application for provisional licensure to
15 provide recovery and rehabilitation services has been accepted
16 as complete and the facility has attested in writing to the
17 Department that it will comply with the staff training plan
18 approved by the Division of Mental Health, then a provisional
19 license for recovery and rehabilitation services shall be
20 issued to the facility within 60 days after the Department
21 determines that the facility is in compliance with the
22 requirements of the Life Safety Code in accordance with
23 Section 4-104.5 of this Act.

24 (Source: P.A. 99-712, eff. 8-5-16; 100-365, eff. 8-25-17;
25 revised 2-28-22.)

1 Section 35. The Illinois Insurance Code is amended by
2 adding Section 356z.61 as follows:

3 (215 ILCS 5/356z.61 new)

4 Sec. 356z.61. Coverage of pharmacy testing, screening,
5 vaccinations, and treatment.

6 A group or individual policy of accident and health
7 insurance or a managed care plan that is amended, delivered,
8 issued, or renewed on or after January 1, 2025 shall provide
9 coverage for health care or patient care services provided by
10 a pharmacist if:

11 (1) the pharmacist meets the requirements and scope of
12 practice described in paragraph (15), (16), or (17) of
13 subsection (d) of Section 3 of the Pharmacy Practice Act;

14 (2) the health plan provides coverage for the same
15 service provided by a licensed physician, an advanced
16 practice registered nurse, or a physician assistant;

17 (3) the pharmacist is included in the health benefit
18 plan's network of participating providers; and

19 (4) reimbursement has been successfully negotiated in
20 good faith between the pharmacist and the health plan.

21 Section 45. The Medical Practice Act of 1987 is amended by
22 changing Sections 2 and 54.2 as follows:

23 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

1 (Section scheduled to be repealed on January 1, 2027)

2 Sec. 2. Definitions. For purposes of this Act, the
3 following definitions shall have the following meanings,
4 except where the context requires otherwise:

5 "Act" means the Medical Practice Act of 1987.

6 "Address of record" means the designated address recorded
7 by the Department in the applicant's or licensee's application
8 file or license file as maintained by the Department's
9 licensure maintenance unit.

10 "Chiropractic physician" means a person licensed to treat
11 human ailments without the use of drugs and without operative
12 surgery. Nothing in this Act shall be construed to prohibit a
13 chiropractic physician from providing advice regarding the use
14 of non-prescription products or from administering atmospheric
15 oxygen. Nothing in this Act shall be construed to authorize a
16 chiropractic physician to prescribe drugs.

17 "Department" means the Department of Financial and
18 Professional Regulation.

19 "Disciplinary action" means revocation, suspension,
20 probation, supervision, practice modification, reprimand,
21 required education, fines or any other action taken by the
22 Department against a person holding a license.

23 "Email address of record" means the designated email
24 address recorded by the Department in the applicant's
25 application file or the licensee's license file, as maintained
26 by the Department's licensure maintenance unit.

1 "Final determination" means the governing body's final
2 action taken under the procedure followed by a health care
3 institution, or professional association or society, against
4 any person licensed under the Act in accordance with the
5 bylaws or rules and regulations of such health care
6 institution, or professional association or society.

7 "Fund" means the Illinois State Medical Disciplinary Fund.

8 "Impaired" means the inability to practice medicine with
9 reasonable skill and safety due to physical or mental
10 disabilities as evidenced by a written determination or
11 written consent based on clinical evidence including
12 deterioration through the aging process or loss of motor
13 skill, or abuse of drugs or alcohol, of sufficient degree to
14 diminish a person's ability to deliver competent patient care.

15 "International medical graduate" means a medical graduate
16 (i) who has been trained in a country other than the United
17 States; (ii) whose education has been certified by the
18 Educational Commission for Foreign Medical Graduates; (iii)
19 who has passed Step 1, Step 2 Clinical Knowledge, and Step 3 of
20 the United States Medical Licensing Examination as required by
21 this Act; (iv) who maintains an unencumbered license from
22 another country; and (v) who is not licensed to practice
23 medicine in any state or territory of the United States.

24 "Medical Board" means the Illinois State Medical Board.

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

1 chiropractic physician.

2 "Professional association" means an association or society
3 of persons licensed under this Act, and operating within the
4 State of Illinois, including but not limited to, medical
5 societies, osteopathic organizations, and chiropractic
6 organizations, but this term shall not be deemed to include
7 hospital medical staffs.

8 "Program of care, counseling, or treatment" means a
9 written schedule of organized treatment, care, counseling,
10 activities, or education, satisfactory to the Medical Board,
11 designed for the purpose of restoring an impaired person to a
12 condition whereby the impaired person can practice medicine
13 with reasonable skill and safety of a sufficient degree to
14 deliver competent patient care.

15 "Reinstate" means to change the status of a license or
16 permit from inactive or nonrenewed status to active status.

17 "Restore" means to remove an encumbrance from a license
18 due to probation, suspension, or revocation.

19 "Secretary" means the Secretary of Financial and
20 Professional Regulation.

21 (Source: P.A. 102-20, eff. 1-1-22; 102-1117, eff. 1-13-23.)

22 (225 ILCS 60/54.2)

23 (Section scheduled to be repealed on January 1, 2027)

24 Sec. 54.2. Physician delegation of authority.

25 (a) Nothing in this Act shall be construed to limit the

1 delegation of patient care tasks or duties by a physician, to a
2 licensed practical nurse, a registered professional nurse, or
3 other licensed person practicing within the scope of his or
4 her individual licensing Act. Delegation by a physician
5 licensed to practice medicine in all its branches to physician
6 assistants or advanced practice registered nurses is also
7 addressed in Section 54.5 of this Act. No physician may
8 delegate any patient care task or duty that is statutorily or
9 by rule mandated to be performed by a physician.

10 (b) In an office or practice setting and within a
11 physician-patient relationship, a physician may delegate
12 patient care tasks or duties to an unlicensed person who
13 possesses appropriate training and experience provided a
14 health care professional, who is practicing within the scope
15 of such licensed professional's individual licensing Act, is
16 on site to provide assistance.

17 (c) Any such patient care task or duty delegated to a
18 licensed or unlicensed person must be within the scope of
19 practice, education, training, or experience of the delegating
20 physician and within the context of a physician-patient
21 relationship.

22 (d) Nothing in this Section shall be construed to affect
23 referrals for professional services required by law.

24 (e) The Department shall have the authority to promulgate
25 rules concerning a physician's delegation, including but not
26 limited to, the use of light emitting devices for patient care

1 or treatment.

2 (f) Nothing in this Act shall be construed to limit the
3 method of delegation that may be authorized by any means,
4 including, but not limited to, oral, written, electronic,
5 standing orders, protocols, guidelines, or verbal orders.

6 (g) A physician licensed to practice medicine in all of
7 its branches under this Act may delegate any and all authority
8 prescribed to him or her by law to international medical
9 graduate physicians, so long as the tasks or duties are within
10 the scope of practice, education, training, or experience of
11 the delegating physician who is on site to provide assistance.
12 An international medical graduate working in Illinois pursuant
13 to this subsection is subject to all statutory and regulatory
14 requirements of this Act, as applicable, relating to the
15 standards of care. An international medical graduate physician
16 is limited to providing treatment under the supervision of a
17 physician licensed to practice medicine in all of its
18 branches. The supervising physician or employer must keep
19 record of and make available upon request by the Department
20 the following: (1) evidence of education certified by the
21 Educational Commission for Foreign Medical Graduates; (2)
22 evidence of passage of Step 1, Step 2 Clinical Knowledge, and
23 Step 3 of the United States Medical Licensing Examination as
24 required by this Act; and (3) evidence of an unencumbered
25 license from another country. This subsection does not apply
26 to any international medical graduate whose license as a

1 physician is revoked, suspended, or otherwise encumbered.

2 (Source: P.A. 100-513, eff. 1-1-18.)

3 Section 50. The Pharmacy Practice Act is amended by
4 changing Section 3 and by adding Section 9.6 as follows:

5 (225 ILCS 85/3)

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

7 Sec. 3. Definitions. For the purpose of this Act, except
8 where otherwise limited therein:

9 (a) "Pharmacy" or "drugstore" means and includes every
10 store, shop, pharmacy department, or other place where
11 pharmacist care is provided by a pharmacist (1) where drugs,
12 medicines, or poisons are dispensed, sold or offered for sale
13 at retail, or displayed for sale at retail; or (2) where
14 prescriptions of physicians, dentists, advanced practice
15 registered nurses, physician assistants, veterinarians,
16 podiatric physicians, or optometrists, within the limits of
17 their licenses, are compounded, filled, or dispensed; or (3)
18 which has upon it or displayed within it, or affixed to or used
19 in connection with it, a sign bearing the word or words
20 "Pharmacist", "Druggist", "Pharmacy", "Pharmaceutical Care",
21 "Apothecary", "Drugstore", "Medicine Store", "Prescriptions",
22 "Drugs", "Dispensary", "Medicines", or any word or words of
23 similar or like import, either in the English language or any
24 other language; or (4) where the characteristic prescription

1 sign (Rx) or similar design is exhibited; or (5) any store, or
2 shop, or other place with respect to which any of the above
3 words, objects, signs or designs are used in any
4 advertisement.

5 (b) "Drugs" means and includes (1) articles recognized in
6 the official United States Pharmacopoeia/National Formulary
7 (USP/NF), or any supplement thereto and being intended for and
8 having for their main use the diagnosis, cure, mitigation,
9 treatment or prevention of disease in man or other animals, as
10 approved by the United States Food and Drug Administration,
11 but does not include devices or their components, parts, or
12 accessories; and (2) all other articles intended for and
13 having for their main use the diagnosis, cure, mitigation,
14 treatment or prevention of disease in man or other animals, as
15 approved by the United States Food and Drug Administration,
16 but does not include devices or their components, parts, or
17 accessories; and (3) articles (other than food) having for
18 their main use and intended to affect the structure or any
19 function of the body of man or other animals; and (4) articles
20 having for their main use and intended for use as a component
21 or any articles specified in clause (1), (2) or (3); but does
22 not include devices or their components, parts or accessories.

23 (c) "Medicines" means and includes all drugs intended for
24 human or veterinary use approved by the United States Food and
25 Drug Administration.

26 (d) "Practice of pharmacy" means:

1 (1) the interpretation and the provision of assistance
2 in the monitoring, evaluation, and implementation of
3 prescription drug orders;

4 (2) the dispensing of prescription drug orders;

5 (3) participation in drug and device selection;

6 (4) drug administration limited to the administration
7 of oral, topical, injectable, and inhalation as follows:

8 (A) in the context of patient education on the
9 proper use or delivery of medications;

10 (B) vaccination of patients 7 years of age and
11 older pursuant to a valid prescription or standing
12 order, by a physician licensed to practice medicine in
13 all its branches, except for vaccinations covered by
14 paragraph (15), upon completion of appropriate
15 training, including how to address contraindications
16 and adverse reactions set forth by rule, with
17 notification to the patient's physician and
18 appropriate record retention, or pursuant to hospital
19 pharmacy and therapeutics committee policies and
20 procedures. Eligible vaccines are those listed on the
21 U.S. Centers for Disease Control and Prevention (CDC)
22 Recommended Immunization Schedule, the CDC's Health
23 Information for International Travel, or the U.S. Food
24 and Drug Administration's Vaccines Licensed and
25 Authorized for Use in the United States. As applicable
26 to the State's Medicaid program and other payers,

1 vaccines ordered and administered in accordance with
2 this subsection shall be covered and reimbursed at no
3 less than the rate that the vaccine is reimbursed when
4 ordered and administered by a physician;

5 (B-5) following the initial administration of
6 long-acting or extended-release form opioid
7 antagonists by a physician licensed to practice
8 medicine in all its branches, administration of
9 injections of long-acting or extended-release form
10 opioid antagonists for the treatment of substance use
11 disorder, pursuant to a valid prescription by a
12 physician licensed to practice medicine in all its
13 branches, upon completion of appropriate training,
14 including how to address contraindications and adverse
15 reactions, including, but not limited to, respiratory
16 depression and the performance of cardiopulmonary
17 resuscitation, set forth by rule, with notification to
18 the patient's physician and appropriate record
19 retention, or pursuant to hospital pharmacy and
20 therapeutics committee policies and procedures;

21 (C) administration of injections of
22 alpha-hydroxyprogesterone caproate, pursuant to a
23 valid prescription, by a physician licensed to
24 practice medicine in all its branches, upon completion
25 of appropriate training, including how to address
26 contraindications and adverse reactions set forth by

1 rule, with notification to the patient's physician and
2 appropriate record retention, or pursuant to hospital
3 pharmacy and therapeutics committee policies and
4 procedures; and

5 (D) administration of injections of long-term
6 antipsychotic medications pursuant to a valid
7 prescription by a physician licensed to practice
8 medicine in all its branches, upon completion of
9 appropriate training conducted by an Accreditation
10 Council of Pharmaceutical Education accredited
11 provider, including how to address contraindications
12 and adverse reactions set forth by rule, with
13 notification to the patient's physician and
14 appropriate record retention, or pursuant to hospital
15 pharmacy and therapeutics committee policies and
16 procedures.

17 (5) (blank);

18 (6) drug regimen review;

19 (7) drug or drug-related research;

20 (8) the provision of patient counseling;

21 (9) the practice of telepharmacy;

22 (10) the provision of those acts or services necessary
23 to provide pharmacist care;

24 (11) medication therapy management;

25 (12) the responsibility for compounding and labeling
26 of drugs and devices (except labeling by a manufacturer,

1 repackager, or distributor of non-prescription drugs and
2 commercially packaged legend drugs and devices), proper
3 and safe storage of drugs and devices, and maintenance of
4 required records;

5 (13) the assessment and consultation of patients and
6 dispensing of hormonal contraceptives; ~~and~~

7 (14) the initiation, dispensing, or administration of
8 drugs, laboratory tests, assessments, referrals, and
9 consultations for human immunodeficiency virus
10 pre-exposure prophylaxis and human immunodeficiency virus
11 post-exposure prophylaxis under Section 43.5; ~~and~~

12 (15) vaccination of patients 7 years of age and older
13 for COVID-19 or influenza subcutaneously, intramuscularly,
14 or orally as authorized, approved, or licensed by the
15 United States Food and Drug Administration, pursuant to
16 the following conditions:

17 (A) the vaccine must be authorized or licensed by
18 the United States Food and Drug Administration;

19 (B) the vaccine must be ordered and administered
20 according to the Advisory Committee on Immunization
21 Practices standard immunization schedule;

22 (C) the pharmacist must complete a course of
23 training accredited by the Accreditation Council on
24 Pharmacy Education or a similar health authority or
25 professional body approved by the Division of
26 Professional Regulation;

1 (D) the pharmacist must have a current certificate
2 in basic cardiopulmonary resuscitation;

3 (E) the pharmacist must complete, during each
4 State licensing period, a minimum of 2 hours of
5 immunization-related continuing pharmacy education
6 approved by the Accreditation Council on Pharmacy
7 Education;

8 (F) the pharmacist must comply with recordkeeping
9 and reporting requirements of the jurisdiction in
10 which the pharmacist administers vaccines, including
11 informing the patient's primary-care provider, when
12 available, and complying with requirements whereby the
13 person administering a vaccine must review the vaccine
14 registry or other vaccination records prior to
15 administering the vaccine; and

16 (G) the pharmacist must inform the pharmacist's
17 patients who are less than 18 years old, as well as the
18 adult caregiver accompanying the child, of the
19 importance of a well-child visit with a pediatrician
20 or other licensed primary-care provider and must refer
21 patients as appropriate;

22 (16) the ordering and administration of COVID-19
23 therapeutics subcutaneously, intramuscularly, or orally
24 with notification to the patient's physician and
25 appropriate record retention or pursuant to hospital
26 pharmacy and therapeutics committee policies and

1 procedures. Eligible therapeutics are those approved,
2 authorized, or licensed by the United States Food and Drug
3 Administration and must be administered subcutaneously,
4 intramuscularly, or orally in accordance with that
5 approval, authorization, or licensing; and

6 (17) the ordering and administration of tests and
7 screenings for (i) influenza, (ii) SARS-COV 2, and (iii)
8 other emerging and existing public health threats
9 identified by the Department of Public Health or by
10 emergency order with notification to the patient's
11 physician and appropriate record retention or pursuant to
12 hospital pharmacy and therapeutics committee policies and
13 procedures. Eligible tests and screenings are those
14 approved, authorized, or licensed by the United States
15 Food and Drug Administration and must be administered in
16 accordance with that approval, authorization, or
17 licensing.

18 A pharmacist who orders or administers tests or
19 screenings for health conditions described in this
20 paragraph may use a test that may guide clinical
21 decision-making for the health condition that is waived
22 under the federal Clinical Laboratory Improvement
23 Amendments of 1988 and regulations promulgated thereunder
24 or any established screening procedure that is established
25 under a statewide protocol.

26 A pharmacist may delegate the administrative and

1 technical tasks of performing a test for the health
2 conditions described in this paragraph to a registered
3 pharmacy technician or student pharmacist acting under the
4 supervision of the pharmacist.

5 A pharmacist who performs any of the acts defined as the
6 practice of pharmacy in this State must be actively licensed
7 as a pharmacist under this Act.

8 (e) "Prescription" means and includes any written, oral,
9 facsimile, or electronically transmitted order for drugs or
10 medical devices, issued by a physician licensed to practice
11 medicine in all its branches, dentist, veterinarian, podiatric
12 physician, or optometrist, within the limits of his or her
13 license, by a physician assistant in accordance with
14 subsection (f) of Section 4, or by an advanced practice
15 registered nurse in accordance with subsection (g) of Section
16 4, containing the following: (1) name of the patient; (2) date
17 when prescription was issued; (3) name and strength of drug or
18 description of the medical device prescribed; and (4)
19 quantity; (5) directions for use; (6) prescriber's name,
20 address, and signature; and (7) DEA registration number where
21 required, for controlled substances. The prescription may, but
22 is not required to, list the illness, disease, or condition
23 for which the drug or device is being prescribed. DEA
24 registration numbers shall not be required on inpatient drug
25 orders. A prescription for medication other than controlled
26 substances shall be valid for up to 15 months from the date

1 issued for the purpose of refills, unless the prescription
2 states otherwise.

3 (f) "Person" means and includes a natural person,
4 partnership, association, corporation, government entity, or
5 any other legal entity.

6 (g) "Department" means the Department of Financial and
7 Professional Regulation.

8 (h) "Board of Pharmacy" or "Board" means the State Board
9 of Pharmacy of the Department of Financial and Professional
10 Regulation.

11 (i) "Secretary" means the Secretary of Financial and
12 Professional Regulation.

13 (j) "Drug product selection" means the interchange for a
14 prescribed pharmaceutical product in accordance with Section
15 25 of this Act and Section 3.14 of the Illinois Food, Drug and
16 Cosmetic Act.

17 (k) "Inpatient drug order" means an order issued by an
18 authorized prescriber for a resident or patient of a facility
19 licensed under the Nursing Home Care Act, the ID/DD Community
20 Care Act, the MC/DD Act, the Specialized Mental Health
21 Rehabilitation Act of 2013, the Hospital Licensing Act, or the
22 University of Illinois Hospital Act, or a facility which is
23 operated by the Department of Human Services (as successor to
24 the Department of Mental Health and Developmental
25 Disabilities) or the Department of Corrections.

26 (k-5) "Pharmacist" means an individual health care

1 professional and provider currently licensed by this State to
2 engage in the practice of pharmacy.

3 (l) "Pharmacist in charge" means the licensed pharmacist
4 whose name appears on a pharmacy license and who is
5 responsible for all aspects of the operation related to the
6 practice of pharmacy.

7 (m) "Dispense" or "dispensing" means the interpretation,
8 evaluation, and implementation of a prescription drug order,
9 including the preparation and delivery of a drug or device to a
10 patient or patient's agent in a suitable container
11 appropriately labeled for subsequent administration to or use
12 by a patient in accordance with applicable State and federal
13 laws and regulations. "Dispense" or "dispensing" does not mean
14 the physical delivery to a patient or a patient's
15 representative in a home or institution by a designee of a
16 pharmacist or by common carrier. "Dispense" or "dispensing"
17 also does not mean the physical delivery of a drug or medical
18 device to a patient or patient's representative by a
19 pharmacist's designee within a pharmacy or drugstore while the
20 pharmacist is on duty and the pharmacy is open.

21 (n) "Nonresident pharmacy" means a pharmacy that is
22 located in a state, commonwealth, or territory of the United
23 States, other than Illinois, that delivers, dispenses, or
24 distributes, through the United States Postal Service,
25 commercially acceptable parcel delivery service, or other
26 common carrier, to Illinois residents, any substance which

1 requires a prescription.

2 (o) "Compounding" means the preparation and mixing of
3 components, excluding flavorings, (1) as the result of a
4 prescriber's prescription drug order or initiative based on
5 the prescriber-patient-pharmacist relationship in the course
6 of professional practice or (2) for the purpose of, or
7 incident to, research, teaching, or chemical analysis and not
8 for sale or dispensing. "Compounding" includes the preparation
9 of drugs or devices in anticipation of receiving prescription
10 drug orders based on routine, regularly observed dispensing
11 patterns. Commercially available products may be compounded
12 for dispensing to individual patients only if all of the
13 following conditions are met: (i) the commercial product is
14 not reasonably available from normal distribution channels in
15 a timely manner to meet the patient's needs and (ii) the
16 prescribing practitioner has requested that the drug be
17 compounded.

18 (p) (Blank).

19 (q) (Blank).

20 (r) "Patient counseling" means the communication between a
21 pharmacist or a student pharmacist under the supervision of a
22 pharmacist and a patient or the patient's representative about
23 the patient's medication or device for the purpose of
24 optimizing proper use of prescription medications or devices.
25 "Patient counseling" may include without limitation (1)
26 obtaining a medication history; (2) acquiring a patient's

1 allergies and health conditions; (3) facilitation of the
2 patient's understanding of the intended use of the medication;
3 (4) proper directions for use; (5) significant potential
4 adverse events; (6) potential food-drug interactions; and (7)
5 the need to be compliant with the medication therapy. A
6 pharmacy technician may only participate in the following
7 aspects of patient counseling under the supervision of a
8 pharmacist: (1) obtaining medication history; (2) providing
9 the offer for counseling by a pharmacist or student
10 pharmacist; and (3) acquiring a patient's allergies and health
11 conditions.

12 (s) "Patient profiles" or "patient drug therapy record"
13 means the obtaining, recording, and maintenance of patient
14 prescription information, including prescriptions for
15 controlled substances, and personal information.

16 (t) (Blank).

17 (u) "Medical device" or "device" means an instrument,
18 apparatus, implement, machine, contrivance, implant, in vitro
19 reagent, or other similar or related article, including any
20 component part or accessory, required under federal law to
21 bear the label "Caution: Federal law requires dispensing by or
22 on the order of a physician". A seller of goods and services
23 who, only for the purpose of retail sales, compounds, sells,
24 rents, or leases medical devices shall not, by reasons
25 thereof, be required to be a licensed pharmacy.

26 (v) "Unique identifier" means an electronic signature,

1 handwritten signature or initials, thumb print, or other
2 acceptable biometric or electronic identification process as
3 approved by the Department.

4 (w) "Current usual and customary retail price" means the
5 price that a pharmacy charges to a non-third-party payor.

6 (x) "Automated pharmacy system" means a mechanical system
7 located within the confines of the pharmacy or remote location
8 that performs operations or activities, other than compounding
9 or administration, relative to storage, packaging, dispensing,
10 or distribution of medication, and which collects, controls,
11 and maintains all transaction information.

12 (y) "Drug regimen review" means and includes the
13 evaluation of prescription drug orders and patient records for
14 (1) known allergies; (2) drug or potential therapy
15 contraindications; (3) reasonable dose, duration of use, and
16 route of administration, taking into consideration factors
17 such as age, gender, and contraindications; (4) reasonable
18 directions for use; (5) potential or actual adverse drug
19 reactions; (6) drug-drug interactions; (7) drug-food
20 interactions; (8) drug-disease contraindications; (9)
21 therapeutic duplication; (10) patient laboratory values when
22 authorized and available; (11) proper utilization (including
23 over or under utilization) and optimum therapeutic outcomes;
24 and (12) abuse and misuse.

25 (z) "Electronically transmitted prescription" means a
26 prescription that is created, recorded, or stored by

1 electronic means; issued and validated with an electronic
2 signature; and transmitted by electronic means directly from
3 the prescriber to a pharmacy. An electronic prescription is
4 not an image of a physical prescription that is transferred by
5 electronic means from computer to computer, facsimile to
6 facsimile, or facsimile to computer.

7 (aa) "Medication therapy management services" means a
8 distinct service or group of services offered by licensed
9 pharmacists, physicians licensed to practice medicine in all
10 its branches, advanced practice registered nurses authorized
11 in a written agreement with a physician licensed to practice
12 medicine in all its branches, or physician assistants
13 authorized in guidelines by a supervising physician that
14 optimize therapeutic outcomes for individual patients through
15 improved medication use. In a retail or other non-hospital
16 pharmacy, medication therapy management services shall consist
17 of the evaluation of prescription drug orders and patient
18 medication records to resolve conflicts with the following:

19 (1) known allergies;

20 (2) drug or potential therapy contraindications;

21 (3) reasonable dose, duration of use, and route of
22 administration, taking into consideration factors such as
23 age, gender, and contraindications;

24 (4) reasonable directions for use;

25 (5) potential or actual adverse drug reactions;

26 (6) drug-drug interactions;

- 1 (7) drug-food interactions;
- 2 (8) drug-disease contraindications;
- 3 (9) identification of therapeutic duplication;
- 4 (10) patient laboratory values when authorized and
- 5 available;
- 6 (11) proper utilization (including over or under
- 7 utilization) and optimum therapeutic outcomes; and
- 8 (12) drug abuse and misuse.

9 "Medication therapy management services" includes the
10 following:

- 11 (1) documenting the services delivered and
- 12 communicating the information provided to patients'
- 13 prescribers within an appropriate time frame, not to
- 14 exceed 48 hours;
- 15 (2) providing patient counseling designed to enhance a
- 16 patient's understanding and the appropriate use of his or
- 17 her medications; and
- 18 (3) providing information, support services, and
- 19 resources designed to enhance a patient's adherence with
- 20 his or her prescribed therapeutic regimens.

21 "Medication therapy management services" may also include
22 patient care functions authorized by a physician licensed to
23 practice medicine in all its branches for his or her
24 identified patient or groups of patients under specified
25 conditions or limitations in a standing order from the
26 physician.

1 "Medication therapy management services" in a licensed
2 hospital may also include the following:

3 (1) reviewing assessments of the patient's health
4 status; and

5 (2) following protocols of a hospital pharmacy and
6 therapeutics committee with respect to the fulfillment of
7 medication orders.

8 (bb) "Pharmacist care" means the provision by a pharmacist
9 of medication therapy management services, with or without the
10 dispensing of drugs or devices, intended to achieve outcomes
11 that improve patient health, quality of life, and comfort and
12 enhance patient safety.

13 (cc) "Protected health information" means individually
14 identifiable health information that, except as otherwise
15 provided, is:

16 (1) transmitted by electronic media;

17 (2) maintained in any medium set forth in the
18 definition of "electronic media" in the federal Health
19 Insurance Portability and Accountability Act; or

20 (3) transmitted or maintained in any other form or
21 medium.

22 "Protected health information" does not include
23 individually identifiable health information found in:

24 (1) education records covered by the federal Family
25 Educational Right and Privacy Act; or

26 (2) employment records held by a licensee in its role

1 as an employer.

2 (dd) "Standing order" means a specific order for a patient
3 or group of patients issued by a physician licensed to
4 practice medicine in all its branches in Illinois.

5 (ee) "Address of record" means the designated address
6 recorded by the Department in the applicant's application file
7 or licensee's license file maintained by the Department's
8 licensure maintenance unit.

9 (ff) "Home pharmacy" means the location of a pharmacy's
10 primary operations.

11 (gg) "Email address of record" means the designated email
12 address recorded by the Department in the applicant's
13 application file or the licensee's license file, as maintained
14 by the Department's licensure maintenance unit.

15 (Source: P.A. 101-349, eff. 1-1-20; 102-16, eff. 6-17-21;
16 102-103, eff. 1-1-22; 102-558, eff. 8-20-21; 102-813, eff.
17 5-13-22; 102-1051, eff. 1-1-23.)

18 (225 ILCS 85/9.6 new)

19 Sec. 9.6. Administration of vaccines and therapeutics by
20 registered pharmacy technicians and student pharmacists.

21 (a) Under the supervision of an appropriately trained
22 pharmacist, a registered pharmacy technician or student
23 pharmacist may administer COVID-19 and influenza vaccines
24 subcutaneously, intramuscularly, or orally as authorized,
25 approved, or licensed by the United States Food and Drug

1 Administration, subject to the following conditions:

2 (1) the vaccination must be ordered by the supervising
3 pharmacist;

4 (2) the supervising pharmacist must be readily and
5 immediately available to the immunizing pharmacy
6 technician or student pharmacist;

7 (3) the pharmacy technician or student pharmacist must
8 complete a practical training program that is approved by
9 the Accreditation Council for Pharmacy Education and that
10 includes hands-on injection technique training and
11 training in the recognition and treatment of emergency
12 reactions to vaccines;

13 (4) the pharmacy technician or student pharmacist must
14 have a current certificate in basic cardiopulmonary
15 resuscitation;

16 (5) the pharmacy technician or student pharmacist must
17 complete, during the relevant licensing period, a minimum
18 of 2 hours of immunization-related continuing pharmacy
19 education that is approved by the Accreditation Council
20 for Pharmacy Education;

21 (6) the supervising pharmacist must comply with all
22 relevant recordkeeping and reporting requirements;

23 (7) the supervising pharmacist must be responsible for
24 complying with requirements related to reporting adverse
25 events;

26 (8) the supervising pharmacist must review the vaccine

1 registry or other vaccination records prior to ordering
2 the vaccination to be administered by the pharmacy
3 technician or student pharmacist;

4 (9) the pharmacy technician or student pharmacist
5 must, if the patient is 18 years of age or younger, inform
6 the patient and the adult caregiver accompanying the
7 patient of the importance of a well-child visit with a
8 pediatrician or other licensed primary-care provider and
9 must refer patients as appropriate;

10 (10) in the case of a COVID-19 vaccine, the
11 vaccination must be ordered and administered according to
12 the Advisory Committee on Immunization Practices' COVID-19
13 vaccine recommendations;

14 (11) in the case of a COVID-19 vaccine, the
15 supervising pharmacist must comply with any applicable
16 requirements or conditions of use as set forth in the
17 Centers for Disease Control and Prevention COVID-19
18 vaccination provider agreement and any other federal
19 requirements that apply to the administration of COVID-19
20 vaccines being administered; and

21 (12) the registered pharmacy technician or student
22 pharmacist and the supervising pharmacist must comply with
23 all other requirements of this Act and the rules adopted
24 thereunder pertaining to the administration of drugs.

25 (b) Under the supervision of an appropriately trained
26 pharmacist, a registered pharmacy technician or student

1 pharmacist may administer COVID-19 therapeutics
2 subcutaneously, intramuscularly, or orally as authorized,
3 approved, or licensed by the United States Food and Drug
4 Administration, subject to the following conditions:

5 (1) the COVID-19 therapeutic must be authorized,
6 approved or licensed by the United States Food and Drug
7 Administration;

8 (2) the COVID-19 therapeutic must be administered
9 subcutaneously, intramuscularly, or orally in accordance
10 with the United States Food and Drug Administration
11 approval, authorization, or licensing;

12 (3) a pharmacy technician or student pharmacist
13 practicing pursuant to this Section must complete a
14 practical training program that is approved by the
15 Accreditation Council for Pharmacy Education and that
16 includes hands-on injection technique training, clinical
17 evaluation of indications and contraindications of
18 COVID-19 therapeutics training, training in the
19 recognition and treatment of emergency reactions to
20 COVID-19 therapeutics, and any additional training
21 required in the United States Food and Drug Administration
22 approval, authorization, or licensing;

23 (4) the pharmacy technician or student pharmacist must
24 have a current certificate in basic cardiopulmonary
25 resuscitation;

26 (5) the pharmacy technician or student pharmacist must

1 comply with any applicable requirements or conditions of
2 use that apply to the administration of COVID-19
3 therapeutics;

4 (6) the supervising pharmacist must comply with all
5 relevant recordkeeping and reporting requirements;

6 (7) the supervising pharmacist must be readily and
7 immediately available to the pharmacy technician or
8 student pharmacist; and

9 (8) the registered pharmacy technician or student
10 pharmacist and the supervising pharmacist must comply with
11 all other requirements of this Act and the rules adopted
12 thereunder pertaining to the administration of drugs.

13 Section 55. The Illinois Speech-Language Pathology and
14 Audiology Practice Act is amended by changing Section 8.8 as
15 follows:

16 (225 ILCS 110/8.8)

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

18 Sec. 8.8. Supervision of speech-language pathology
19 assistants.

20 (a) A speech-language pathology assistant shall practice
21 only under the supervision of a speech-language pathologist
22 who has at least 2 years experience in addition to the
23 supervised professional experience required under subsection
24 (f) of Section 8 of this Act. A speech-language pathologist

1 who supervises a speech-language pathology assistant (i) must
2 have completed at least 6 clock hours of training in
3 supervision related to speech-language pathology, and (ii)
4 must complete at least 2 clock hours of continuing education
5 in supervision related to speech-language pathology in each
6 new licensing cycle after completion of the initial training
7 required under item (i). The Department shall promulgate rules
8 describing the supervision training requirements. The rules
9 may allow a speech-language pathologist to apply to the Board
10 for an exemption from this training requirement based upon
11 prior supervisory experience.

12 (b) A speech-language pathology assistant must be under
13 the direct supervision of a speech-language pathologist at
14 least 30% of the speech-language pathology assistant's actual
15 patient or client contact time per patient or client during
16 the first 90 days of initial employment as a speech-language
17 pathology assistant. Thereafter, a speech-language pathology
18 assistant must be under the direct supervision of a
19 speech-language pathologist at least 20% of the
20 speech-language pathology assistant's actual patient or client
21 contact time per patient or client. Supervision of a
22 speech-language pathology assistant beyond the minimum
23 requirements of this subsection may be imposed at the
24 discretion of the supervising speech-language pathologist. A
25 supervising speech-language pathologist must be available to
26 communicate with a speech-language pathology assistant

1 whenever the assistant is in contact with a patient or client.

2 (c) A speech-language pathologist that supervises a
3 speech-language pathology assistant must document direct
4 supervision activities. At a minimum, supervision
5 documentation must provide (i) information regarding the
6 quality of the speech-language pathology assistant's
7 performance of assigned duties, and (ii) verification that
8 clinical activity is limited to duties specified in Section
9 8.7.

10 (d) A full-time speech-language pathologist may supervise
11 no more than 2 speech-language pathology assistants. A
12 speech-language pathologist that does not work full-time may
13 supervise no more than one speech-language pathology
14 assistant.

15 (e) For purposes of this Section, "direct supervision"
16 means on-site, in-view observation and guidance by a
17 speech-language pathologist while an assigned activity is
18 performed by the speech-language pathology assistant or
19 supervision by a speech-language pathologist by way of video
20 conferencing technology during telehealth practice.

21 (Source: P.A. 100-530, eff. 1-1-18.)

22 Section 60. The Illinois Public Aid Code is amended by
23 adding Section 5-5.12f as follows:

24 (305 ILCS 5/5-5.12f new)

1 Sec. 5-5.12f. Coverage of pharmacy testing, screening,
2 vaccinations, and treatment.

3 (a) Subject to approval by the federal Centers for
4 Medicare and Medicaid Services, the medical assistance
5 program, including both the fee-for-service and managed care
6 medical assistance programs established under this Article,
7 shall cover services rendered under paragraph (15), (16), or
8 (17) of subsection (d) of Section 3 of the Pharmacy Practice
9 Act.

10 (b) The Department shall establish a fee schedule for
11 services rendered under paragraph (15), (16), or (17) of
12 subsection (d) of Section 3 of the Pharmacy Practice Act.

13 (c) The rate of reimbursement for services rendered under
14 paragraph (15), (16), or (17) of subsection (d) of Section 3 of
15 the Pharmacy Practice Act shall be at 85% of the fee schedule
16 for physician services under the medical assistance program.

17 (d) A pharmacist must be enrolled in the medical
18 assistance program as an ordering and referring provider prior
19 to providing services rendered pursuant to paragraph (15),
20 (16), or (17) of subsection (d) of Section 3 of the Pharmacy
21 Practice Act that is submitted by a pharmacy or pharmacist
22 provider for reimbursement pursuant to this Section.

23 (e) The Department shall apply for any necessary federal
24 waivers or approvals to implement this Section by January 1,
25 2024.

26 (f) This Section does not restrict or prohibit any

1 services currently provided by pharmacists as authorized by
2 law, including, but not limited to, pharmacist services
3 provided under this Code or authorized under the Illinois
4 Title XIX State Plan.

5 (g) The Department shall submit to the Joint Committee on
6 Administrative Rules a rulemaking proposal to implement this
7 Section as soon as practicable but no later than 6 months after
8 federal approval is received.

9 Section 65. The Radiation Protection Act of 1990 is
10 amended by changing Section 7a as follows:

11 (420 ILCS 40/7a) (from Ch. 111 1/2, par. 210-7a)

12 (Section scheduled to be repealed on January 1, 2027)

13 Sec. 7a. Certification of industrial radiographers.

14 (a) Beginning January 1, 1993, no person may perform
15 industrial radiography unless he or she is certified by the
16 Department of Nuclear Safety or its successor, the Illinois
17 Emergency Management Agency, to perform industrial
18 radiography. The Agency shall promulgate regulations
19 establishing standards and procedures for certification of
20 industrial radiographers. The regulations may include, without
21 limitation, provisions specifying a minimum course of study
22 and requiring that individuals seeking certification pass an
23 examination administered or approved by the Agency. Industrial
24 radiography certification shall be valid for 5 years, except

1 that certifications for industrial radiography trainees shall
2 be valid for 2 years or shall be extended pursuant to
3 subsection (e). The Agency shall establish by regulation
4 standards and procedures for renewal of certification. The
5 regulations shall provide that certification for industrial
6 radiography trainees shall be nonrenewable.

7 (b) The regulations of the Department of Nuclear Safety,
8 as the predecessor agency of the Illinois Emergency Management
9 Agency, shall provide for provisional certification of persons
10 who performed industrial radiography before January 1, 1993.
11 In order to obtain provisional certification, the industrial
12 radiographer must apply to the Department no later than
13 January 1, 1993. Provisional certification shall be valid for
14 2 years, except for those certifications extended pursuant to
15 subsection (e), provided that a person who has obtained a
16 provisional certification must take an examination that is
17 administered or approved by the Department within 12 months of
18 the date on which the provisional certification was issued.
19 Upon passing the examination, the Department shall certify the
20 individual as an industrial radiographer. Provisional
21 certification shall be nonrenewable.

22 (c) The Agency may, by regulation, assess certification
23 fees and fees to recover the cost of examining applicants for
24 certification.

25 (d) The Agency may suspend or revoke the certification of
26 an industrial radiographer, or take other action as provided

1 in Sections 36 and 38 of this Act, if a certified industrial
2 radiographer violates this Act or any rule or regulation
3 promulgated under this Act, or otherwise endangers the safety
4 of himself, his co-workers, or members of the general public.
5 It shall be a violation of this Act for any person to allow an
6 individual who is not a certified industrial radiographer to
7 perform industrial radiography.

8 (e) The Agency may extend the term of existing
9 certifications for industrial radiographers and industrial
10 radiographer trainees in 90-day increments, not to exceed a
11 maximum period of 6 months beyond the initial term, to allow
12 individuals time to meet the examination criteria. Industrial
13 radiographers and industrial radiographer trainees shall meet
14 all other requirements as set forth by the Agency.

15 (Source: P.A. 94-104, eff. 7-1-05.)

16 Section 99. Effective date. This Act takes effect upon
17 becoming law."