



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB1163

Introduced 1/31/2023, by Rep. Paul Jacobs

SYNOPSIS AS INTRODUCED:

See Index

Repeals the Reproductive Health Act. Creates the Illinois Abortion Law of 2022 containing the provisions of the Illinois Abortion Law of 1975 before its repeal by Public Act 101-13, as well as provisions defining "viability" to include when, in the medical judgment of the attending physician based on the particular facts of the case before the attending physician, the unborn child has a fetal heartbeat, and defining "fetal heartbeat" as the cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac. Creates the Partial-birth Abortion Ban Act of 2022 and the Abortion Performance Refusal Act of 2022 containing the provisions of the Partial-birth Abortion Ban Act and the Abortion Performance Refusal Act before their repeal by Public Act 101-13. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Act 101-13. Effective immediately.

LRB103 04806 LNS 49816 b

1 AN ACT concerning abortion.

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

4 Article 1.

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

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

14 (1) "Viability" means either:

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

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

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

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

6 (3) "Department" means the Department of Public Health.

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

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

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

20 (6.5) "Fetal heartbeat" means cardiac activity or the
21 steady and repetitive rhythmic contraction of the fetal heart
22 within the gestational sac.

23 (7) "Abortifacient" means any instrument, medicine, drug,
24 or any other substance or device which is known to cause fetal
25 death when employed in the usual and customary use for which it
26 is manufactured, whether or not the fetus is known to exist

1 when such substance or device is employed.

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

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

21 Section 5. When fetus is viable.

22 (a) When the fetus is viable no abortion shall be
23 performed unless in the medical judgment of the attending or
24 referring physician, based on the particular facts of the case

1 before him or her, it is necessary to preserve the life or
2 health of the mother. Intentional, knowing, or reckless
3 failure to conform to the requirements of this subsection is a
4 Class 2 felony.

5 (b) When the fetus is viable the physician shall certify
6 in writing, on a form prescribed by the Department under
7 Section 10, the medical indications which, in his or her
8 medical judgment based on the particular facts of the case
9 before him or her, warrant performance of the abortion to
10 preserve the life or health of the mother.

11 Section 6. Abortion methods, restrictions, and
12 requirements.

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

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

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

1 recklessly violates Section 6(1)(a) commits a Class 3 felony.

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

17 (b) Subsequent to the abortion, if a child is born alive,
18 the physician required by Section 6(2)(a) to be in attendance
19 shall exercise the same degree of professional skill, care,
20 and diligence to preserve the life and health of the child as
21 would be required of a physician providing immediate medical
22 care to a child born alive in the course of a pregnancy
23 termination which was not an abortion. Any such physician who
24 intentionally, knowingly, or recklessly violates Section
25 6(2)(b) commits a Class 3 felony.

26 (3) The law of this State shall not be construed to imply

1 that any living individual organism of the species homo
2 sapiens who has been born alive is not an individual under the
3 Criminal Code of 1961 or Criminal Code of 2012.

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

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

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

19 (5) Nothing in Section 6 requires a physician to employ a
20 method of abortion which, in the medical judgment of the
21 physician performing the abortion based on the particular
22 facts of the case before him or her, would increase medical
23 risk to the mother.

24 (6) When the fetus is viable and when there exists
25 reasonable medical certainty (a) that the particular method of
26 abortion to be employed will cause organic pain to the fetus,

1 and (b) that use of an anesthetic or analgesic would abolish or
2 alleviate organic pain to the fetus caused by the particular
3 method of abortion to be employed, then the physician who is to
4 perform the abortion or his or her agent or the referring
5 physician or his or her agent shall inform the woman upon whom
6 the abortion is to be performed that such an anesthetic or
7 analgesic is available, if he or she knows it to be available,
8 for use to abolish or alleviate organic pain caused to the
9 fetus by the particular method of abortion to be employed. Any
10 person who performs an abortion with knowledge that any such
11 reasonable medical certainty exists and that such an
12 anesthetic or analgesic is available, and intentionally fails
13 to so inform the woman or to ascertain that the woman has been
14 so informed commits a Class B misdemeanor. The foregoing
15 requirements of this subsection shall not apply (a) when in
16 the medical judgment of the physician who is to perform the
17 abortion or the referring physician based upon the particular
18 facts of the case before him or her (i) there exists a medical
19 emergency or (ii) the administration of such an anesthetic or
20 analgesic would decrease a possibility of sustained survival
21 of the fetus apart from the body of the mother, with or without
22 artificial support, or (b) when the physician who is to
23 perform the abortion administers an anesthetic or an analgesic
24 to the woman or the fetus and he or she knows there exists
25 reasonable medical certainty that such use will abolish
26 organic pain caused to the fetus during the course of the

1 abortion.

2 (7) No person shall sell or experiment upon a fetus
3 produced by the fertilization of a human ovum by a human sperm
4 unless such experimentation is therapeutic to the fetus
5 thereby produced. Intentional violation of this section is a
6 Class A misdemeanor. Nothing in this subsection is intended to
7 prohibit the performance of in vitro fertilization.

8 (8) No person shall intentionally perform an abortion with
9 knowledge that the pregnant woman is seeking the abortion
10 solely on account of the sex of the fetus. Nothing in this
11 subsection shall be construed to proscribe the performance of
12 an abortion on account of the sex of the fetus because of a
13 genetic disorder linked to that sex. If the application of
14 this subsection to the period of pregnancy prior to viability
15 is held invalid, then such invalidity shall not affect its
16 application to the period of pregnancy subsequent to
17 viability.

18 Section 10. Report and form. A report of each abortion
19 performed shall be made to the Department on forms prescribed
20 by it. Such report forms shall not identify the patient by
21 name, but by an individual number to be noted in the patient's
22 permanent record in the possession of the physician, and shall
23 include information concerning:

24 (1) the identification of the physician who performed
25 the abortion and the facility where the abortion was

- 1 performed and a patient identification number;
- 2 (2) the state in which the patient resides;
- 3 (3) the patient's date of birth, race, and marital
- 4 status;
- 5 (4) the number of prior pregnancies;
- 6 (5) the date of last menstrual period;
- 7 (6) the type of abortion procedure performed;
- 8 (7) complications and whether the abortion resulted in
- 9 a live birth;
- 10 (8) the date the abortion was performed;
- 11 (9) medical indications for any abortion performed
- 12 when the fetus was viable;
- 13 (10) the information required by Sections 6(1)(b) and
- 14 6(4)(b), if applicable;
- 15 (11) the basis for any medical judgment that a medical
- 16 emergency existed when required under Sections 6(2)(a) and
- 17 6(6) and when required to be reported in accordance with
- 18 this Section by any provision of this Law; and
- 19 (12) the pathologist's test results pursuant to
- 20 Section 12.

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

26 If a complication of an abortion occurs or becomes known

1 after submission of such form, a correction using the same
2 patient identification number shall be submitted to the
3 Department within 10 days of its becoming known.

4 The Department may prescribe rules regarding the
5 administration of this Law and shall prescribe rules to secure
6 the confidentiality of the woman's identity in the information
7 to be provided under the Vital Records Act. All reports
8 received by the Department shall be treated as confidential
9 and the Department shall secure the woman's anonymity. Such
10 reports shall be used only for statistical purposes.

11 Upon 30 days public notice, the Department is empowered to
12 require reporting of any additional information which, in the
13 sound discretion of the Department, is necessary to develop
14 statistical data relating to the protection of maternal or
15 fetal life or health, or is necessary to enforce the
16 provisions of this Law, or is necessary to develop useful
17 criteria for medical decisions. The Department shall annually
18 report to the General Assembly all statistical data gathered
19 under this Law and its recommendations to further the purpose
20 of this Law.

21 The requirement for reporting to the General Assembly
22 shall be satisfied by filing copies of the report as required
23 by Section 3.1 of the General Assembly Organization Act, and
24 filing such additional copies with the State Government Report
25 Distribution Center for the General Assembly as is required
26 under paragraph (t) of Section 7 of the State Library Act.

1 Section 10.1. Report of complications. Any physician who
2 diagnoses a woman as having complications resulting from an
3 abortion shall report, within a reasonable period of time, the
4 diagnosis and a summary of her physical symptoms to the
5 Department in accordance with procedures and upon forms
6 required by the Department. The Department shall define the
7 complications required to be reported by rule. The
8 complications defined by rule shall be those which, according
9 to contemporary medical standards, are manifested by symptoms
10 with severity equal to or greater than hemorrhaging requiring
11 transfusion, infection, incomplete abortion, or punctured
12 organs. If the physician making the diagnosis of a
13 complication knows the name or location of the facility where
14 the abortion was performed, he or she shall report such
15 information to the Department.

16 Any physician who intentionally violates this Section
17 shall be subject to revocation of his or her license pursuant
18 to paragraph (22) of Section 22 of the Medical Practice Act of
19 1987.

20 Section 11. Violations. (1) Any person who intentionally
21 violates any provision of this Law commits a Class A
22 misdemeanor unless a specific penalty is otherwise provided.
23 Any person who intentionally falsifies any writing required by
24 this Law commits a Class A misdemeanor.

1 Intentional, knowing, reckless, or negligent violations of
2 this Law shall constitute unprofessional conduct which causes
3 public harm under Section 22 of the Medical Practice Act of
4 1987, Section 70-5 of the Nurse Practice Act, and Section 21 of
5 the Physician Assistant Practice Act of 1987.

6 Intentional, knowing, reckless, or negligent violations of
7 this Law will constitute grounds for refusal, denial,
8 revocation, suspension, or withdrawal of license, certificate,
9 or permit under Section 30 of the Pharmacy Practice Act,
10 Section 7 of the Ambulatory Surgical Treatment Center Act, and
11 Section 7 of the Hospital Licensing Act.

12 (2) Any hospital or licensed facility which, or any
13 physician who intentionally, knowingly, or recklessly fails to
14 submit a complete report to the Department in accordance with
15 the provisions of Section 10 and any person who intentionally,
16 knowingly, recklessly, or negligently fails to maintain the
17 confidentiality of any reports required under this Law or
18 reports required by Sections 10.1 or 12 commits a Class B
19 misdemeanor.

20 (3) Any person who sells any drug, medicine, instrument,
21 or other substance which he or she knows to be an abortifacient
22 and which is in fact an abortifacient, unless upon
23 prescription of a physician, is guilty of a Class B
24 misdemeanor. Any person who prescribes or administers any
25 instrument, medicine, drug, or other substance or device,
26 which he or she knows to be an abortifacient, and which is in

1 fact an abortifacient, and intentionally, knowingly, or
2 recklessly fails to inform the person for whom it is
3 prescribed or upon whom it is administered that it is an
4 abortifacient commits a Class C misdemeanor.

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

11 Section 11.1. Referral fees.

12 (a) The payment or receipt of a referral fee in connection
13 with the performance of an abortion is a Class 4 felony.

14 (b) For purposes of this Section, "referral fee" means the
15 transfer of anything of value between a doctor who performs an
16 abortion or an operator or employee of a clinic at which an
17 abortion is performed and the person who advised the woman
18 receiving the abortion to use the services of that doctor or
19 clinic.

20 Section 12. Analysis and tissue report. The dead fetus and
21 all tissue removed at the time of abortion shall be submitted
22 for a gross and microscopic analysis and tissue report to a
23 board eligible or certified pathologist as a matter of record
24 in all cases. The results of the analysis and report shall be

1 given to the physician who performed the abortion within 7
2 days of the abortion and such physician shall report any
3 complications relevant to the woman's medical condition to his
4 or her patient within 48 hours of receiving a report if
5 possible. Any evidence of live birth or of viability shall be
6 reported within 7 days, if possible, to the Department by the
7 pathologist. Intentional failure of the pathologist to report
8 any evidence of live birth or of viability to the Department is
9 a Class B misdemeanor.

10 Section 12.1. Use of tissues or cells. Nothing in this Act
11 shall prohibit the use of any tissues or cells obtained from a
12 dead fetus or dead premature infant whose death did not result
13 from an induced abortion, for therapeutic purposes or
14 scientific, research, or laboratory experimentation, provided
15 that the written consent to such use is obtained from one of
16 the parents of such fetus or infant.

17 Section 13. Refusal. No physician, hospital, ambulatory
18 surgical center, nor employee thereof, shall be required
19 against his, her, or its conscience declared in writing to
20 perform, permit, or participate in any abortion, and the
21 failure or refusal to do so shall not be the basis for any
22 civil, criminal, administrative, or disciplinary action,
23 proceeding, penalty, or punishment. If any request for an
24 abortion is denied, the patient shall be promptly notified.

1 Section 14. Severability; rules; effective dates.

2 (a) If any provision, word, phrase, or clause of this Act
3 or the application thereof to any person or circumstance shall
4 be held invalid, such invalidity shall not affect the
5 provisions, words, phrases, clauses, or application of this
6 Act which can be given effect without the invalid provision,
7 word, phrase, clause, or application, and to this end the
8 provisions, words, phrases, and clauses of this Act are
9 declared to be severable.

10 (b) Within 60 days from the time this Section becomes law,
11 the Department shall issue rules pursuant to Section 10.
12 Insofar as Section 10 requires registration under the Vital
13 Records Act, it shall not take effect until such rules are
14 issued. The Department shall make available the forms required
15 under Section 10 within 30 days of the time this Section
16 becomes law. No requirement that any person report information
17 to the Department shall become effective until the Department
18 has made available the forms required under Section 10. All
19 other provisions of this amended Law shall take effect
20 immediately upon enactment.

21 Section 15. Short title. This Article shall be known and
22 may be cited as the Illinois Abortion Law of 2022. References
23 in this Article to "this Act" mean this Article.

1 Article 2.

2 Section 201. Short title. This Article may be cited as the
3 Partial-birth Abortion Ban Act of 2022. References in this
4 Article to "this Act" mean this Article.

5 Section 205. Definitions. In this Act:

6 "Partial-birth abortion" means an abortion in which the
7 person performing the abortion partially vaginally delivers a
8 living human fetus or infant before killing the fetus or
9 infant and completing the delivery. The terms "fetus" and
10 "infant" are used interchangeably to refer to the biological
11 offspring of human parents.

12 Section 210. Partial-birth abortions prohibited. Any
13 person who knowingly performs a partial-birth abortion and
14 thereby kills a human fetus or infant is guilty of a Class 4
15 felony. This Section does not apply to a partial-birth
16 abortion that is necessary to save the life of a mother because
17 her life is endangered by a physical disorder, physical
18 illness, or physical injury, including a life-endangering
19 condition caused by or arising from the pregnancy itself,
20 provided that no other medical procedure would suffice for
21 that purpose.

22 Section 215. Civil action. The maternal grandparents of

1 the fetus or infant, if the mother has not attained the age of
2 18 years at the time of the abortion, may in a civil action
3 obtain appropriate relief unless the pregnancy resulted from
4 the plaintiff's criminal conduct or the plaintiff consented to
5 the abortion. The relief shall include money damages for all
6 injuries, psychological and physical, occasioned by the
7 violation of this Act and statutory damages equal to 3 times
8 the cost of the partial-birth abortion.

9 Section 220. Prosecution of woman prohibited. A woman on
10 whom a partial-birth abortion is performed may not be
11 prosecuted under this Act, for a conspiracy to violate this
12 Act, or for an offense under Article 31 of the Criminal Code of
13 1961 or Criminal Code of 2012 based on a violation of this Act,
14 nor may she be held accountable under Article 5 of the Criminal
15 Code of 1961 or Criminal Code of 2012 for an offense based on a
16 violation of this Act.

17 Article 3.

18 Section 301. Short title. This Article may be cited as the
19 Abortion Performance Refusal Act of 2022. References in this
20 Article to "this Act" mean this Article.

21 Section 305. Liability; discrimination for refusal.

22 (a) No physician, nurse, or other person who refuses to

1 recommend, perform, or assist in the performance of an
2 abortion, whether such abortion be a crime or not, shall be
3 liable to any person for damages allegedly arising from such
4 refusal.

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

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

18 (d) The license of any hospital, doctor, nurse, or any
19 other medical personnel shall not be revoked or suspended
20 because of a refusal to permit, recommend, perform, or assist
21 in the performance of an abortion.

22 Article 4.

23 (775 ILCS 55/Act rep.)

24 Section 405. The Reproductive Health Act is repealed.

1 Article 5.

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

4 (210 ILCS 5/6.2 new)

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

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

15 (410 ILCS 70/9.1 new)

16 Sec. 9.1. Provision of services related to abortion.
17 Nothing in this Act shall be construed to require a hospital or
18 an approved pediatric health care facility to provide any
19 services which relate to an abortion.

20 Section 515. The Code of Civil Procedure is amended by

1 adding Section 11-107.1a as follows:

2 (735 ILCS 5/11-107.1a new)

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

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

16 Article 6.

17 Section 605. The State Employees Group Insurance Act of
18 1971 is amended by changing Section 6.11 as follows:

19 (5 ILCS 375/6.11)

20 (Text of Section before amendment by P.A. 102-731,
21 102-768, 102-804, 102-816, 102-860, and 102-1093)

22 Sec. 6.11. Required health benefits; Illinois Insurance

1 Code requirements. The program of health benefits shall
2 provide the post-mastectomy care benefits required to be
3 covered by a policy of accident and health insurance under
4 Section 356t of the Illinois Insurance Code. The program of
5 health benefits shall provide the coverage required under
6 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
7 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,
8 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
9 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
10 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, and
11 356z.51 of the Illinois Insurance Code. The program of health
12 benefits must comply with Sections 155.22a, 155.37, 355b,
13 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
14 Insurance Code. The Department of Insurance shall enforce the
15 requirements of this Section with respect to Sections 370c and
16 370c.1 of the Illinois Insurance Code; all other requirements
17 of this Section shall be enforced by the Department of Central
18 Management Services.

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

25 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
26 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.

1 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
2 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
3 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-813, eff.
4 5-13-22.)

5 (Text of Section after amendment by P.A. 102-731, 102-804,
6 102-816, 102-860, and 102-1093 but before amendment by P.A.
7 102-768)

8 Sec. 6.11. Required health benefits; Illinois Insurance
9 Code requirements. The program of health benefits shall
10 provide the post-mastectomy care benefits required to be
11 covered by a policy of accident and health insurance under
12 Section 356t of the Illinois Insurance Code. The program of
13 health benefits shall provide the coverage required under
14 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
15 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,
16 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
17 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
18 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
19 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57, and 356z.59
20 of the Illinois Insurance Code. The program of health benefits
21 must comply with Sections 155.22a, 155.37, 355b, 356z.19,
22 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance
23 Code. The Department of Insurance shall enforce the
24 requirements of this Section with respect to Sections 370c and
25 370c.1 of the Illinois Insurance Code; all other requirements

1 of this Section shall be enforced by the Department of Central
2 Management Services.

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

9 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
10 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
11 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
12 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
13 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
14 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
15 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
16 revised 7-25-22.)

17 (Text of Section after amendment by P.A. 102-768)

18 Sec. 6.11. Required health benefits; Illinois Insurance
19 Code requirements. The program of health benefits shall
20 provide the post-mastectomy care benefits required to be
21 covered by a policy of accident and health insurance under
22 Section 356t of the Illinois Insurance Code. The program of
23 health benefits shall provide the coverage required under
24 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
25 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,

1 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
2 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
3 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
4 356z.51, ~~and~~ 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, and
5 356z.59 of the Illinois Insurance Code. The program of health
6 benefits must comply with Sections 155.22a, 155.37, 355b,
7 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
8 Insurance Code. The Department of Insurance shall enforce the
9 requirements of this Section with respect to Sections 370c and
10 370c.1 of the Illinois Insurance Code; all other requirements
11 of this Section shall be enforced by the Department of Central
12 Management Services.

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

19 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
20 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
21 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
22 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
23 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
24 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,
25 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;
26 102-1093, eff. 1-1-23; revised 7-25-22.)

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

3 (20 ILCS 505/5) (from Ch. 23, par. 5005)

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

8 (a) For purposes of this Section:

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

12 (A) were committed to the Department pursuant to
13 the Juvenile Court Act or the Juvenile Court Act of
14 1987 and who continue under the jurisdiction of the
15 court; or

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

24 (2) "Homeless youth" means persons found within the

1 State who are under the age of 19, are not in a safe and
2 stable living situation and cannot be reunited with their
3 families.

4 (3) "Child welfare services" means public social
5 services which are directed toward the accomplishment of
6 the following purposes:

7 (A) protecting and promoting the health, safety
8 and welfare of children, including homeless,
9 dependent, or neglected children;

10 (B) remedying, or assisting in the solution of
11 problems which may result in, the neglect, abuse,
12 exploitation, or delinquency of children;

13 (C) preventing the unnecessary separation of
14 children from their families by identifying family
15 problems, assisting families in resolving their
16 problems, and preventing the breakup of the family
17 where the prevention of child removal is desirable and
18 possible when the child can be cared for at home
19 without endangering the child's health and safety;

20 (D) restoring to their families children who have
21 been removed, by the provision of services to the
22 child and the families when the child can be cared for
23 at home without endangering the child's health and
24 safety;

25 (E) placing children in suitable adoptive homes,
26 in cases where restoration to the biological family is

1 not safe, possible, or appropriate;

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

12 (G) (blank);

13 (H) (blank); and

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

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

24 (ii) who are persons with a developmental
25 disability, as defined in the Mental Health and
26 Developmental Disabilities Code, or

1 (iii) who are female children who are
2 pregnant, pregnant and parenting, or parenting, or

3 (iv) who are siblings, in facilities that
4 provide separate living quarters for children 18
5 years of age and older and for children under 18
6 years of age.

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

10 (c) The Department shall establish and maintain
11 tax-supported child welfare services and extend and seek to
12 improve voluntary services throughout the State, to the end
13 that services and care shall be available on an equal basis
14 throughout the State to children requiring such services.

15 (d) The Director may authorize advance disbursements for
16 any new program initiative to any agency contracting with the
17 Department. As a prerequisite for an advance disbursement, the
18 contractor must post a surety bond in the amount of the advance
19 disbursement and have a purchase of service contract approved
20 by the Department. The Department may pay up to 2 months
21 operational expenses in advance. The amount of the advance
22 disbursement shall be prorated over the life of the contract
23 or the remaining months of the fiscal year, whichever is less,
24 and the installment amount shall then be deducted from future
25 bills. Advance disbursement authorizations for new initiatives
26 shall not be made to any agency after that agency has operated

1 during 2 consecutive fiscal years. The requirements of this
2 Section concerning advance disbursements shall not apply with
3 respect to the following: payments to local public agencies
4 for child day care services as authorized by Section 5a of this
5 Act; and youth service programs receiving grant funds under
6 Section 17a-4.

7 (e) (Blank).

8 (f) (Blank).

9 (g) The Department shall establish rules and regulations
10 concerning its operation of programs designed to meet the
11 goals of child safety and protection, family preservation,
12 family reunification, and adoption, including, but not limited
13 to:

14 (1) adoption;

15 (2) foster care;

16 (3) family counseling;

17 (4) protective services;

18 (5) (blank);

19 (6) homemaker service;

20 (7) return of runaway children;

21 (8) (blank);

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

26 (10) interstate services.

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

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

21 (i) Service programs shall be available throughout the
22 State and shall include but not be limited to the following
23 services:

- 24 (1) case management;
25 (2) homemakers;
26 (3) counseling;

- 1 (4) parent education;
- 2 (5) day care; and
- 3 (6) emergency assistance and advocacy.

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

- 6 (1) comprehensive family-based services;
- 7 (2) assessments;
- 8 (3) respite care; and
- 9 (4) in-home health services.

10 The Department shall provide transportation for any of the
11 services it makes available to children or families or for
12 which it refers children or families.

13 (j) The Department may provide categories of financial
14 assistance and education assistance grants, and shall
15 establish rules and regulations concerning the assistance and
16 grants, to persons who adopt children with physical or mental
17 disabilities, children who are older, or other hard-to-place
18 children who (i) immediately prior to their adoption were
19 youth in care or (ii) were determined eligible for financial
20 assistance with respect to a prior adoption and who become
21 available for adoption because the prior adoption has been
22 dissolved and the parental rights of the adoptive parents have
23 been terminated or because the child's adoptive parents have
24 died. The Department may continue to provide financial
25 assistance and education assistance grants for a child who was
26 determined eligible for financial assistance under this

1 subsection (j) in the interim period beginning when the
2 child's adoptive parents died and ending with the finalization
3 of the new adoption of the child by another adoptive parent or
4 parents. The Department may also provide categories of
5 financial assistance and education assistance grants, and
6 shall establish rules and regulations for the assistance and
7 grants, to persons appointed guardian of the person under
8 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,
9 4-25, or 5-740 of the Juvenile Court Act of 1987 for children
10 who were youth in care for 12 months immediately prior to the
11 appointment of the guardian.

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

19 Any financial assistance provided under this subsection is
20 inalienable by assignment, sale, execution, attachment,
21 garnishment, or any other remedy for recovery or collection of
22 a judgment or debt.

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

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

5 (l) The Department shall offer family preservation
6 services, as defined in Section 8.2 of the Abused and
7 Neglected Child Reporting Act, to help families, including
8 adoptive and extended families. Family preservation services
9 shall be offered (i) to prevent the placement of children in
10 substitute care when the children can be cared for at home or
11 in the custody of the person responsible for the children's
12 welfare, (ii) to reunite children with their families, or
13 (iii) to maintain an adoptive placement. Family preservation
14 services shall only be offered when doing so will not endanger
15 the children's health or safety. With respect to children who
16 are in substitute care pursuant to the Juvenile Court Act of
17 1987, family preservation services shall not be offered if a
18 goal other than those of paragraph subdivisions (A), (B), or
19 (B-1) of subsection (2) of Section 2-28 of that Act has been
20 set, except that reunification services may be offered as
21 provided in paragraph (F) of subsection (2) of Section 2-28 of
22 that Act. Nothing in this paragraph shall be construed to
23 create a private right of action or claim on the part of any
24 individual or child welfare agency, except that when a child
25 is the subject of an action under Article II of the Juvenile
26 Court Act of 1987 and the child's service plan calls for

1 services to facilitate achievement of the permanency goal, the
2 court hearing the action under Article II of the Juvenile
3 Court Act of 1987 may order the Department to provide the
4 services set out in the plan, if those services are not
5 provided with reasonable promptness and if those services are
6 available.

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

1 family assessment, as an alternative to an investigation, as
2 provided under the "differential response program" provided
3 for in subsection (a-5) of Section 7.4 of the Abused and
4 Neglected Child Reporting Act.

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

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

18 As soon as is possible after August 7, 2009 (the effective
19 date of Public Act 96-134), the Department shall develop and
20 implement a special program of family preservation services to
21 support intact, foster, and adoptive families who are
22 experiencing extreme hardships due to the difficulty and
23 stress of caring for a child who has been diagnosed with a
24 pervasive developmental disorder if the Department determines
25 that those services are necessary to ensure the health and
26 safety of the child. The Department may offer services to any

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

20 (1-1) The legislature recognizes that the best interests
21 of the child require that the child be placed in the most
22 permanent living arrangement as soon as is practically
23 possible. To achieve this goal, the legislature directs the
24 Department of Children and Family Services to conduct
25 concurrent planning so that permanency may occur at the
26 earliest opportunity. Permanent living arrangements may

1 include prevention of placement of a child outside the home of
2 the family when the child can be cared for at home without
3 endangering the child's health or safety; reunification with
4 the family, when safe and appropriate, if temporary placement
5 is necessary; or movement of the child toward the most
6 permanent living arrangement and permanent legal status.

7 When determining reasonable efforts to be made with
8 respect to a child, as described in this subsection, and in
9 making such reasonable efforts, the child's health and safety
10 shall be the paramount concern.

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

23 A decision to place a child in substitute care shall be
24 made with considerations of the child's health, safety, and
25 best interests. At the time of placement, consideration should
26 also be given so that if reunification fails or is delayed, the

1 placement made is the best available placement to provide
2 permanency for the child.

3 The Department shall adopt rules addressing concurrent
4 planning for reunification and permanency. The Department
5 shall consider the following factors when determining
6 appropriateness of concurrent planning:

7 (1) the likelihood of prompt reunification;

8 (2) the past history of the family;

9 (3) the barriers to reunification being addressed by
10 the family;

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

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

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

16 (7) the age of the child;

17 (8) placement of siblings.

18 (m) The Department may assume temporary custody of any
19 child if:

20 (1) it has received a written consent to such
21 temporary custody signed by the parents of the child or by
22 the parent having custody of the child if the parents are
23 not living together or by the guardian or custodian of the
24 child if the child is not in the custody of either parent,
25 or

26 (2) the child is found in the State and neither a

1 parent, guardian nor custodian of the child can be
2 located.

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

19 The Department shall have the authority, responsibilities
20 and duties that a legal custodian of the child would have
21 pursuant to subsection (9) of Section 1-3 of the Juvenile
22 Court Act of 1987. Whenever a child is taken into temporary
23 custody pursuant to an investigation under the Abused and
24 Neglected Child Reporting Act, or pursuant to a referral and
25 acceptance under the Juvenile Court Act of 1987 of a minor in
26 limited custody, the Department, during the period of

1 temporary custody and before the child is brought before a
2 judicial officer as required by Section 2-9, 3-11, 4-8, or
3 5-415 of the Juvenile Court Act of 1987, shall have the
4 authority, responsibilities and duties that a legal custodian
5 of the child would have under subsection (9) of Section 1-3 of
6 the Juvenile Court Act of 1987.

7 The Department shall ensure that any child taken into
8 custody is scheduled for an appointment for a medical
9 examination.

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

26 (m-1) The Department may place children under 18 years of

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

14 (n) The Department may place children under 18 years of
15 age in licensed child care facilities when in the opinion of
16 the Department, appropriate services aimed at family
17 preservation have been unsuccessful and cannot ensure the
18 child's health and safety or are unavailable and such
19 placement would be for their best interest. Payment for board,
20 clothing, care, training and supervision of any child placed
21 in a licensed child care facility may be made by the
22 Department, by the parents or guardians of the estates of
23 those children, or by both the Department and the parents or
24 guardians, except that no payments shall be made by the
25 Department for any child placed in a licensed child care
26 facility for board, clothing, care, training and supervision

1 of such a child that exceed the average per capita cost of
2 maintaining and of caring for a child in institutions for
3 dependent or neglected children operated by the Department.
4 However, such restriction on payments does not apply in cases
5 where children require specialized care and treatment for
6 problems of severe emotional disturbance, physical disability,
7 social adjustment, or any combination thereof and suitable
8 facilities for the placement of such children are not
9 available at payment rates within the limitations set forth in
10 this Section. All reimbursements for services delivered shall
11 be absolutely inalienable by assignment, sale, attachment, or
12 garnishment or otherwise.

13 (n-1) The Department shall provide or authorize child
14 welfare services, aimed at assisting minors to achieve
15 sustainable self-sufficiency as independent adults, for any
16 minor eligible for the reinstatement of wardship pursuant to
17 subsection (2) of Section 2-33 of the Juvenile Court Act of
18 1987, whether or not such reinstatement is sought or allowed,
19 provided that the minor consents to such services and has not
20 yet attained the age of 21. The Department shall have
21 responsibility for the development and delivery of services
22 under this Section. An eligible youth may access services
23 under this Section through the Department of Children and
24 Family Services or by referral from the Department of Human
25 Services. Youth participating in services under this Section
26 shall cooperate with the assigned case manager in developing

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

18 (o) The Department shall establish an administrative
19 review and appeal process for children and families who
20 request or receive child welfare services from the Department.
21 Youth in care who are placed by private child welfare
22 agencies, and foster families with whom those youth are
23 placed, shall be afforded the same procedural and appeal
24 rights as children and families in the case of placement by the
25 Department, including the right to an initial review of a
26 private agency decision by that agency. The Department shall

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

16 (p) (Blank).

17 (q) The Department may receive and use, in their entirety,
18 for the benefit of children any gift, donation, or bequest of
19 money or other property which is received on behalf of such
20 children, or any financial benefits to which such children are
21 or may become entitled while under the jurisdiction or care of
22 the Department, except that the benefits described in Section
23 5.46 must be used and conserved consistent with the provisions
24 under Section 5.46.

25 The Department shall set up and administer no-cost,
26 interest-bearing accounts in appropriate financial

1 institutions for children for whom the Department is legally
2 responsible and who have been determined eligible for
3 Veterans' Benefits, Social Security benefits, assistance
4 allotments from the armed forces, court ordered payments,
5 parental voluntary payments, Supplemental Security Income,
6 Railroad Retirement payments, Black Lung benefits, or other
7 miscellaneous payments. Interest earned by each account shall
8 be credited to the account, unless disbursed in accordance
9 with this subsection.

10 In disbursing funds from children's accounts, the
11 Department shall:

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

20 (2) Calculate on a monthly basis the amounts paid from
21 State funds for the child's board and care, medical care
22 not covered under Medicaid, and social services; and
23 utilize funds from the child's account, as covered by
24 regulation, to reimburse those costs. Monthly,
25 disbursements from all children's accounts, up to 1/12 of
26 \$13,000,000, shall be deposited by the Department into the

1 General Revenue Fund and the balance over 1/12 of
2 \$13,000,000 into the DCFS Children's Services Fund.

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

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

24 (s) The Department of Children and Family Services may
25 establish and implement a program to reimburse Department and
26 private child welfare agency foster parents licensed by the

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

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

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

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

21 The Department shall provide written notification to the
22 court of the specific arrangements for supervised visitation
23 and projected monthly costs within 60 days of the court order.
24 The Department shall send to the court information related to
25 the costs incurred except in cases where the court has
26 determined the parties are financially unable to pay. The

1 court may order additional periodic reports as appropriate.

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

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

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

19 (3) information containing details of the child's
20 individualized educational plan when the child is
21 receiving special education services.

22 The caretaker shall be informed of any known social or
23 behavioral information (including, but not limited to,
24 criminal background, fire setting, perpetuation of sexual
25 abuse, destructive behavior, and substance abuse) necessary to
26 care for and safeguard the children to be placed or currently

1 in the home. The Department may prepare a written summary of
2 the information required by this paragraph, which may be
3 provided to the foster or prospective adoptive parent in
4 advance of a placement. The foster or prospective adoptive
5 parent may review the supporting documents in the child's file
6 in the presence of casework staff. In the case of an emergency
7 placement, casework staff shall at least provide known
8 information verbally, if necessary, and must subsequently
9 provide the information in writing as required by this
10 subsection.

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

26 (u-5) Effective July 1, 1995, only foster care placements

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

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

1 history information access system and have access to the
2 terminal. The Department of Children and Family Services and
3 its employees shall abide by rules and regulations established
4 by the Illinois State Police relating to the access and
5 dissemination of this information.

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

18 (v-2) Prior to final approval for placement of a child,
19 the Department shall check its child abuse and neglect
20 registry for information concerning prospective foster and
21 adoptive parents, and any adult living in the home. If any
22 prospective foster or adoptive parent or other adult living in
23 the home has resided in another state in the preceding 5 years,
24 the Department shall request a check of that other state's
25 child abuse and neglect registry.

26 (w) Within 120 days of August 20, 1995 (the effective date

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

21 (x) The Department shall conduct annual credit history
22 checks to determine the financial history of children placed
23 under its guardianship pursuant to the Juvenile Court Act of
24 1987. The Department shall conduct such credit checks starting
25 when a youth in care turns 12 years old and each year
26 thereafter for the duration of the guardianship as terminated

1 pursuant to the Juvenile Court Act of 1987. The Department
2 shall determine if financial exploitation of the child's
3 personal information has occurred. If financial exploitation
4 appears to have taken place or is presently ongoing, the
5 Department shall notify the proper law enforcement agency, the
6 proper State's Attorney, or the Attorney General.

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

17 (z) The Department shall access criminal history record
18 information as defined as "background information" in this
19 subsection and criminal history record information as defined
20 in the Illinois Uniform Conviction Information Act for each
21 Department employee or Department applicant. Each Department
22 employee or Department applicant shall submit his or her
23 fingerprints to the Illinois State Police in the form and
24 manner prescribed by the Illinois State Police. These
25 fingerprints shall be checked against the fingerprint records
26 now and hereafter filed in the Illinois State Police and the

1 Federal Bureau of Investigation criminal history records
2 databases. The Illinois State Police shall charge a fee for
3 conducting the criminal history record check, which shall be
4 deposited into the State Police Services Fund and shall not
5 exceed the actual cost of the record check. The Illinois State
6 Police shall furnish, pursuant to positive identification, all
7 Illinois conviction information to the Department of Children
8 and Family Services.

9 For purposes of this subsection:

10 "Background information" means all of the following:

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

18 (ii) Information obtained by the Department of
19 Children and Family Services after performing a check of
20 the Illinois State Police's Sex Offender Database, as
21 authorized by Section 120 of the Sex Offender Community
22 Notification Law, concerning a Department employee or
23 Department applicant.

24 (iii) Information obtained by the Department of
25 Children and Family Services after performing a check of
26 the Child Abuse and Neglect Tracking System (CANTS)

1 operated and maintained by the Department.

2 "Department employee" means a full-time or temporary
3 employee coded or certified within the State of Illinois
4 Personnel System.

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

14 (Source: P.A. 101-13, eff. 6-12-19; 101-79, eff. 7-12-19;
15 101-81, eff. 7-12-19; 102-538, eff. 8-20-21; 102-558, eff.
16 8-20-21; 102-1014, eff. 5-27-22.)

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

19 (5 ILCS 140/7.5)

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

23 (a) All information determined to be confidential
24 under Section 4002 of the Technology Advancement and

1 Development Act.

2 (b) Library circulation and order records identifying
3 library users with specific materials under the Library
4 Records Confidentiality Act.

5 (c) Applications, related documents, and medical
6 records received by the Experimental Organ Transplantation
7 Procedures Board and any and all documents or other
8 records prepared by the Experimental Organ Transplantation
9 Procedures Board or its staff relating to applications it
10 has received.

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

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

19 (f) Firm performance evaluations under Section 55 of
20 the Architectural, Engineering, and Land Surveying
21 Qualifications Based Selection Act.

22 (g) Information the disclosure of which is restricted
23 and exempted under Section 50 of the Illinois Prepaid
24 Tuition Act.

25 (h) Information the disclosure of which is exempted
26 under the State Officials and Employees Ethics Act, and

1 records of any lawfully created State or local inspector
2 general's office that would be exempt if created or
3 obtained by an Executive Inspector General's office under
4 that Act.

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

9 (j) Information and data concerning the distribution
10 of surcharge moneys collected and remitted by carriers
11 under the Emergency Telephone System Act.

12 (k) Law enforcement officer identification information
13 or driver identification information compiled by a law
14 enforcement agency or the Department of Transportation
15 under Section 11-212 of the Illinois Vehicle Code.

16 (l) Records and information provided to a residential
17 health care facility resident sexual assault and death
18 review team or the Executive Council under the Abuse
19 Prevention Review Team Act.

20 (m) Information provided to the predatory lending
21 database created pursuant to Article 3 of the Residential
22 Real Property Disclosure Act, except to the extent
23 authorized under that Article.

24 (n) Defense budgets and petitions for certification of
25 compensation and expenses for court appointed trial
26 counsel as provided under Sections 10 and 15 of the

1 Capital Crimes Litigation Act. This subsection (n) shall
2 apply until the conclusion of the trial of the case, even
3 if the prosecution chooses not to pursue the death penalty
4 prior to trial or sentencing.

5 (o) Information that is prohibited from being
6 disclosed under Section 4 of the Illinois Health and
7 Hazardous Substances Registry Act.

8 (p) Security portions of system safety program plans,
9 investigation reports, surveys, schedules, lists, data, or
10 information compiled, collected, or prepared by or for the
11 Department of Transportation under Sections 2705-300 and
12 2705-616 of the Department of Transportation Law of the
13 Civil Administrative Code of Illinois, the Regional
14 Transportation Authority under Section 2.11 of the
15 Regional Transportation Authority Act, or the St. Clair
16 County Transit District under the Bi-State Transit Safety
17 Act.

18 (q) Information prohibited from being disclosed by the
19 Personnel Record Review Act.

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

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

24 (t) All identified or deidentified health information
25 in the form of health data or medical records contained
26 in, stored in, submitted to, transferred by, or released

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

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

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

25 (v-5) Records of the Firearm Owner's Identification
26 Card Review Board that are exempted from disclosure under

1 Section 10 of the Firearm Owners Identification Card Act.

2 (w) Personally identifiable information which is
3 exempted from disclosure under subsection (g) of Section
4 19.1 of the Toll Highway Act.

5 (x) Information which is exempted from disclosure
6 under Section 5-1014.3 of the Counties Code or Section
7 8-11-21 of the Illinois Municipal Code.

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

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

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

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

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

1 (dd) Information that is prohibited from being
2 disclosed under Section 45 of the Condominium and Common
3 Interest Community Ombudsperson Act.

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

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

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

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

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

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

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

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

26 (mm) Records that are exempt from disclosure under

1 Section 4.2 of the Crime Victims Compensation Act.

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

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

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

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

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

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

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

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

26 (vv) Information that is exempt from disclosure under

1 subsections (f) and (j) of Section 5-36 of the Illinois
2 Public Aid Code.

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

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

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

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

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

14 (bbb) Information that is prohibited from disclosure
15 by the Illinois Police Training Act and the Illinois State
16 Police Act.

17 (ccc) Records exempt from disclosure under Section
18 2605-304 of the Illinois State Police Law of the Civil
19 Administrative Code of Illinois.

20 (ddd) Information prohibited from being disclosed
21 under Section 35 of the Address Confidentiality for
22 Victims of Domestic Violence, Sexual Assault, Human
23 Trafficking, or Stalking Act.

24 (eee) Information prohibited from being disclosed
25 under subsection (b) of Section 75 of the Domestic
26 Violence Fatality Review Act.

1 (fff) Images from cameras under the Expressway Camera
2 Act. This subsection (fff) is inoperative on and after
3 July 1, 2023.

4 (ggg) ~~(fff)~~ Information prohibited from disclosure
5 under paragraph (3) of subsection (a) of Section 14 of the
6 Nurse Agency Licensing Act.

7 (Source: P.A. 101-13, eff. 6-12-19; 101-27, eff. 6-25-19;
8 101-81, eff. 7-12-19; 101-221, eff. 1-1-20; 101-236, eff.
9 1-1-20; 101-375, eff. 8-16-19; 101-377, eff. 8-16-19; 101-452,
10 eff. 1-1-20; 101-466, eff. 1-1-20; 101-600, eff. 12-6-19;
11 101-620, eff. 12-20-19; 101-649, eff. 7-7-20; 101-652, eff.
12 1-1-22; 101-656, eff. 3-23-21; 102-36, eff. 6-25-21; 102-237,
13 eff. 1-1-22; 102-292, eff. 1-1-22; 102-520, eff. 8-20-21;
14 102-559, eff. 8-20-21; 102-813, eff. 5-13-22; 102-946, eff.
15 7-1-22; 102-1042, eff. 6-3-22; revised 8-1-22.)

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

18 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

19 (Text of Section before amendment by P.A. 102-982)

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

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

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

10 (c) A death where the circumstances are suspicious,
11 obscure, mysterious, or otherwise unexplained or where, in
12 the written opinion of the attending physician, the cause
13 of death is not determined;

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

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

18 shall go to the place where the dead body is, and take charge
19 of the same and shall make a preliminary investigation into
20 the circumstances of the death. In the case of death without
21 attendance by a licensed physician, the body may be moved with
22 the coroner's consent from the place of death to a mortuary in
23 the same county. Coroners in their discretion shall notify
24 such physician as is designated in accordance with Section
25 3-3014 to attempt to ascertain the cause of death, either by
26 autopsy or otherwise.

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

24 In all other cases coming within the jurisdiction of the
25 coroner and referred to in subparagraphs (a) through (e)
26 above, blood, and, whenever possible, urine samples shall be

1 analyzed for the presence of alcohol and other drugs. When the
2 coroner suspects that drugs may have been involved in the
3 death, either directly or indirectly, a toxicological
4 examination shall be performed which may include analyses of
5 blood, urine, bile, gastric contents, and other tissues. When
6 the coroner suspects a death is due to toxic substances, other
7 than drugs, the coroner shall consult with the toxicologist
8 prior to collection of samples. Information submitted to the
9 toxicologist shall include information as to height, weight,
10 age, sex, and race of the decedent as well as medical history,
11 medications used by, and the manner of death of the decedent.

12 When the coroner or medical examiner finds that the cause
13 of death is due to homicidal means, the coroner or medical
14 examiner shall cause blood and buccal specimens (tissue may be
15 submitted if no uncontaminated blood or buccal specimen can be
16 obtained), whenever possible, to be withdrawn from the body of
17 the decedent in a timely fashion. For proper preservation of
18 the specimens, collected blood and buccal specimens shall be
19 dried and tissue specimens shall be frozen if available
20 equipment exists. As soon as possible, but no later than 30
21 days after the collection of the specimens, the coroner or
22 medical examiner shall release those specimens to the police
23 agency responsible for investigating the death. As soon as
24 possible, but no later than 30 days after the receipt from the
25 coroner or medical examiner, the police agency shall submit
26 the specimens using the agency case number to a National DNA

1 Index System (NDIS) participating laboratory within this
2 State, such as the Illinois State Police, Division of Forensic
3 Services, for analysis and categorizing into genetic marker
4 groupings. The results of the analysis and categorizing into
5 genetic marker groupings shall be provided to the Illinois
6 State Police and shall be maintained by the Illinois State
7 Police in the State central repository in the same manner, and
8 subject to the same conditions, as provided in Section 5-4-3
9 of the Unified Code of Corrections. The requirements of this
10 paragraph are in addition to any other findings, specimens, or
11 information that the coroner or medical examiner is required
12 to provide during the conduct of a criminal investigation.

13 In all counties, in cases of apparent suicide, homicide,
14 or accidental death or in other cases, within the discretion
15 of the coroner, the coroner may summon 8 persons of lawful age
16 from those persons drawn for petit jurors in the county. The
17 summons shall command these persons to present themselves
18 personally at such a place and time as the coroner shall
19 determine, and may be in any form which the coroner shall
20 determine and may incorporate any reasonable form of request
21 for acknowledgment which the coroner deems practical and
22 provides a reliable proof of service. The summons may be
23 served by first class mail. From the 8 persons so summoned, the
24 coroner shall select 6 to serve as the jury for the inquest.
25 Inquests may be continued from time to time, as the coroner may
26 deem necessary. The 6 jurors selected in a given case may view

1 the body of the deceased. If at any continuation of an inquest
2 one or more of the original jurors shall be unable to continue
3 to serve, the coroner shall fill the vacancy or vacancies. A
4 juror serving pursuant to this paragraph shall receive
5 compensation from the county at the same rate as the rate of
6 compensation that is paid to petit or grand jurors in the
7 county. The coroner shall furnish to each juror without fee at
8 the time of his discharge a certificate of the number of days
9 in attendance at an inquest, and, upon being presented with
10 such certificate, the county treasurer shall pay to the juror
11 the sum provided for his services.

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

1 jurors in the county.

2 In every case in which a fire is determined to be a
3 contributing factor in a death, the coroner shall report the
4 death to the Office of the State Fire Marshal. The coroner
5 shall provide a copy of the death certificate (i) within 30
6 days after filing the permanent death certificate and (ii) in
7 a manner that is agreed upon by the coroner and the State Fire
8 Marshal.

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

23 In addition, in every case in which domestic violence is
24 determined to be a contributing factor in a death, the coroner
25 shall report the death to the Illinois State Police.

26 All deaths in State institutions and all deaths of wards

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

16 (Source: P.A. 101-13, eff. 6-12-19; 102-538, eff. 8-20-21;
17 revised 8-23-22.)

18 (Text of Section after amendment by P.A. 102-982)

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

24 (a) A sudden or violent death, whether apparently
25 suicidal, homicidal, or accidental, including, but not

1 limited to, deaths apparently caused or contributed to by
2 thermal, traumatic, chemical, electrical, or radiational
3 injury, or a complication of any of them, or by drowning or
4 suffocation, or as a result of domestic violence as
5 defined in the Illinois Domestic Violence Act of 1986;

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

8 (c) A death where the circumstances are suspicious,
9 obscure, mysterious, or otherwise unexplained or where, in
10 the written opinion of the attending physician, the cause
11 of death is not determined;

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

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

16 shall go to the place where the dead body is, and take charge
17 of the same and shall make a preliminary investigation into
18 the circumstances of the death. In the case of death without
19 attendance by a licensed physician, the body may be moved with
20 the coroner's consent from the place of death to a mortuary in
21 the same county. Coroners in their discretion shall notify
22 such physician as is designated in accordance with Section
23 3-3014 to attempt to ascertain the cause of death, either by
24 autopsy or otherwise.

25 In cases of accidental death involving a motor vehicle in
26 which the decedent was (1) the operator or a suspected

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

22 In all other cases coming within the jurisdiction of the
23 coroner and referred to in subparagraphs (a) through (e)
24 above, blood, and, whenever possible, urine samples shall be
25 analyzed for the presence of alcohol and other drugs. When the
26 coroner suspects that drugs may have been involved in the

1 death, either directly or indirectly, a toxicological
2 examination shall be performed which may include analyses of
3 blood, urine, bile, gastric contents, and other tissues. When
4 the coroner suspects a death is due to toxic substances, other
5 than drugs, the coroner shall consult with the toxicologist
6 prior to collection of samples. Information submitted to the
7 toxicologist shall include information as to height, weight,
8 age, sex, and race of the decedent as well as medical history,
9 medications used by, and the manner of death of the decedent.

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

1 Services, for analysis and categorizing into genetic marker
2 groupings. The results of the analysis and categorizing into
3 genetic marker groupings shall be provided to the Illinois
4 State Police and shall be maintained by the Illinois State
5 Police in the State central repository in the same manner, and
6 subject to the same conditions, as provided in Section 5-4-3
7 of the Unified Code of Corrections. The requirements of this
8 paragraph are in addition to any other findings, specimens, or
9 information that the coroner or medical examiner is required
10 to provide during the conduct of a criminal investigation.

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

1 to serve, the coroner shall fill the vacancy or vacancies. A
2 juror serving pursuant to this paragraph shall receive
3 compensation from the county at the same rate as the rate of
4 compensation that is paid to petit or grand jurors in the
5 county. The coroner shall furnish to each juror without fee at
6 the time of his discharge a certificate of the number of days
7 in attendance at an inquest, and, upon being presented with
8 such certificate, the county treasurer shall pay to the juror
9 the sum provided for his services.

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

26 In every case in which a fire is determined to be a

1 contributing factor in a death, the coroner shall report the
2 death to the Office of the State Fire Marshal. The coroner
3 shall provide a copy of the death certificate (i) within 30
4 days after filing the permanent death certificate and (ii) in
5 a manner that is agreed upon by the coroner and the State Fire
6 Marshal.

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

21 In addition, in every case in which domestic violence is
22 determined to be a contributing factor in a death, the coroner
23 shall report the death to the Illinois State Police.

24 All deaths in State institutions and all deaths of wards
25 of the State or youth in care as defined in Section 4d of the
26 Children and Family Services Act in private care facilities or

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

14 (Source: P.A. 101-13, eff. 6-12-19; 102-538, eff. 8-20-21;
15 102-982, eff. 7-1-23; revised 8-23-22.)

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

18 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

19 Sec. 2. It is declared to be the public policy that the
20 State has a legitimate interest in assuring that all medical
21 procedures, including abortions, are performed under
22 circumstances that insure maximum safety. Therefore, the
23 purpose of this Act is to provide for the better protection of
24 the public health through the development, establishment, and

1 enforcement of standards (1) for the care of individuals in
2 ambulatory surgical treatment centers, and (2) for the
3 construction, maintenance and operation of ambulatory surgical
4 treatment centers, which, in light of advancing knowledge,
5 will promote safe and adequate treatment of such individuals
6 in ambulatory surgical treatment centers.

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

8 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

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

12 (A) "Ambulatory surgical treatment center" means any
13 institution, place or building devoted primarily to the
14 maintenance and operation of facilities for the performance of
15 surgical procedures. "Ambulatory surgical treatment center"
16 includes any place that meets and complies with the definition
17 of an ambulatory surgical treatment center under the rules
18 adopted by the Department or any facility in which a medical or
19 surgical procedure is utilized to terminate a pregnancy,
20 irrespective of whether the facility is devoted primarily to
21 this purpose. Such facility shall not provide beds or other
22 accommodations for the overnight stay of patients; however,
23 facilities devoted exclusively to the treatment of children
24 may provide accommodations and beds for their patients for up
25 to 23 hours following admission. Individual patients shall be

1 discharged in an ambulatory condition without danger to the
2 continued well being of the patients or shall be transferred
3 to a hospital.

4 The term "ambulatory surgical treatment center" does not
5 include any of the following:

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

9 (2) Any person or institution required to be licensed
10 pursuant to the Nursing Home Care Act, the Specialized
11 Mental Health Rehabilitation Act of 2013, the ID/DD
12 Community Care Act, or the MC/DD Act.

13 (3) Hospitals or ambulatory surgical treatment centers
14 maintained by the State or any department or agency
15 thereof, where such department or agency has authority
16 under law to establish and enforce standards for the
17 hospitals or ambulatory surgical treatment centers under
18 its management and control.

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

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

25 ~~(6) Any facility in which the performance of abortion~~
26 ~~procedures, including procedures to terminate a pregnancy~~

~~or to manage pregnancy loss, is limited to those performed without general, epidural, or spinal anesthesia, and which is not otherwise required to be an ambulatory surgical treatment center. For purposes of this paragraph, "general, epidural, or spinal anesthesia" does not include local anesthesia or intravenous sedation. Nothing in this paragraph shall be construed to limit any such facility from voluntarily electing to apply for licensure as an ambulatory surgical treatment center.~~

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

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

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

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

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

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

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

Section 630. The Illinois Insurance Code is amended by

1 changing Section 356z.4 and adding 356z.4a as follows:

2 (215 ILCS 5/356z.4)

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

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

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

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

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

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

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

25 "Contraceptive services" includes consultations,

1 examinations, procedures, and medical services related to the
2 use of contraceptive methods (including natural family
3 planning) to prevent an unintended pregnancy.

4 "Medical necessity", for the purposes of this subsection
5 (a), includes, but is not limited to, considerations such as
6 severity of side effects, differences in permanence and
7 reversibility of contraceptive, and ability to adhere to the
8 appropriate use of the item or service, as determined by the
9 attending provider.

10 "Therapeutic equivalent version" means drugs, devices, or
11 products that can be expected to have the same clinical effect
12 and safety profile when administered to patients under the
13 conditions specified in the labeling and satisfy the following
14 general criteria:

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

16 (ii) they are pharmaceutical equivalents in that they
17 (A) contain identical amounts of the same active drug
18 ingredient in the same dosage form and route of
19 administration and (B) meet compendial or other applicable
20 standards of strength, quality, purity, and identity;

21 (iii) they are bioequivalent in that (A) they do not
22 present a known or potential bioequivalence problem and
23 they meet an acceptable in vitro standard or (B) if they do
24 present such a known or potential problem, they are shown
25 to meet an appropriate bioequivalence standard;

26 (iv) they are adequately labeled; and

1 (v) they are manufactured in compliance with Current
2 Good Manufacturing Practice regulations.

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

8 (A) All contraceptive drugs, devices, and other
9 products approved by the United States Food and Drug
10 Administration. This includes all over-the-counter
11 contraceptive drugs, devices, and products approved by the
12 United States Food and Drug Administration, excluding male
13 condoms. The following apply:

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

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

1 issuer must defer to the determination of the
2 attending provider.

3 (iii) If a drug, device, or product is not
4 covered, plans and issuers must have an easily
5 accessible, transparent, and sufficiently expedient
6 process that is not unduly burdensome on the
7 individual or a provider or other individual acting as
8 a patient's authorized representative to ensure
9 coverage without cost sharing.

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

12 (B) Voluntary sterilization procedures.

13 (C) Contraceptive services, patient education, and
14 counseling on contraception.

15 (D) Follow-up services related to the drugs, devices,
16 products, and procedures covered under this Section,
17 including, but not limited to, management of side effects,
18 counseling for continued adherence, and device insertion
19 and removal.

20 (4) Except as otherwise provided in this subsection (a), a
21 policy subject to this subsection (a) shall not impose a
22 deductible, coinsurance, copayment, or any other cost-sharing
23 requirement on the coverage provided. The provisions of this
24 paragraph do not apply to coverage of voluntary male
25 sterilization procedures to the extent such coverage would
26 disqualify a high-deductible health plan from eligibility for

1 a health savings account pursuant to the federal Internal
2 Revenue Code, 26 U.S.C. 223.

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

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

21 (b) This subsection (b) shall become operative if and only
22 if subsection (a) becomes inoperative.

23 An individual or group policy of accident and health
24 insurance amended, delivered, issued, or renewed in this State
25 after the date this subsection (b) becomes operative that
26 provides coverage for outpatient services and outpatient

1 prescription drugs or devices must provide coverage for the
2 insured and any dependent of the insured covered by the policy
3 for all outpatient contraceptive services and all outpatient
4 contraceptive drugs and devices approved by the Food and Drug
5 Administration. Coverage required under this Section may not
6 impose any deductible, coinsurance, waiting period, or other
7 cost-sharing or limitation that is greater than that required
8 for any outpatient service or outpatient prescription drug or
9 device otherwise covered by the policy.

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

13 As used in this subsection (b), "outpatient contraceptive
14 service" means consultations, examinations, procedures, and
15 medical services, provided on an outpatient basis and related
16 to the use of contraceptive methods (including natural family
17 planning) to prevent an unintended pregnancy.

18 (c) ~~(Blank)~~. Nothing in this Section shall be construed to
19 require an insurance company to cover services related to an
20 abortion as the term "abortion" is defined in the Illinois
21 Abortion Law of 2022.

22 (d) If a plan or issuer utilizes a network of providers,
23 nothing in this Section shall be construed to require coverage
24 or to prohibit the plan or issuer from imposing cost-sharing
25 for items or services described in this Section that are
26 provided or delivered by an out-of-network provider, unless

1 the plan or issuer does not have in its network a provider who
2 is able to or is willing to provide the applicable items or
3 services.

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

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

6 Section 632. The Illinois Insurance Code is amended by
7 repealing Section 356z.4a.

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

10 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

11 (Text of Section before amendment by P.A. 102-731,
12 102-804, 102-816, 102-860, and 102-1093)

13 Sec. 5-3. Insurance Code provisions.

14 (a) Health Maintenance Organizations shall be subject to
15 the provisions of Sections 133, 134, 136, 137, 139, 140,
16 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
17 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
18 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
19 356y, 356z.2, 356z.3a, 356z.4, ~~356z.4a~~, 356z.5, 356z.6,
20 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
21 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
22 356z.26, 356z.29, ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33,
23 356z.35, 356z.36, 356z.40, 356z.41, 356z.43, 356z.46, 356z.47,

1 356z.48, 356z.50, 356z.51, 364, 364.01, 364.3, 367.2, 367.2-5,
2 367i, 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1,
3 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,
4 paragraph (c) of subsection (2) of Section 367, and Articles
5 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and
6 XXXIIB of the Illinois Insurance Code.

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

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

13 (2) a corporation organized under the laws of this
14 State; or

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

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

24 (1) the Director shall give primary consideration to
25 the continuation of benefits to enrollees and the
26 financial conditions of the acquired Health Maintenance

1 Organization after the merger, consolidation, or other
2 acquisition of control takes effect;

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

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

12 (A) certification by an independent actuary of the
13 adequacy of the reserves of the Health Maintenance
14 Organization sought to be acquired;

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

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

26 (D) such other information as the Director shall

1 require.

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

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

18 (f) Except for small employer groups as defined in the
19 Small Employer Rating, Renewability and Portability Health
20 Insurance Act and except for medicare supplement policies as
21 defined in Section 363 of the Illinois Insurance Code, a
22 Health Maintenance Organization may by contract agree with a
23 group or other enrollment unit to effect refunds or charge
24 additional premiums under the following terms and conditions:

25 (i) the amount of, and other terms and conditions with
26 respect to, the refund or additional premium are set forth

1 in the group or enrollment unit contract agreed in advance
2 of the period for which a refund is to be paid or
3 additional premium is to be charged (which period shall
4 not be less than one year); and

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

20 The Health Maintenance Organization shall include a
21 statement in the evidence of coverage issued to each enrollee
22 describing the possibility of a refund or additional premium,
23 and upon request of any group or enrollment unit, provide to
24 the group or enrollment unit a description of the method used
25 to calculate (1) the Health Maintenance Organization's
26 profitable experience with respect to the group or enrollment

1 unit and the resulting refund to the group or enrollment unit
2 or (2) the Health Maintenance Organization's unprofitable
3 experience with respect to the group or enrollment unit and
4 the resulting additional premium to be paid by the group or
5 enrollment unit.

6 In no event shall the Illinois Health Maintenance
7 Organization Guaranty Association be liable to pay any
8 contractual obligation of an insolvent organization to pay any
9 refund authorized under this Section.

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

16 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
17 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
18 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
19 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
20 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
21 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
22 eff. 10-8-21; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22;
23 102-901, eff. 7-1-22; revised 7-25-22.)

24 (Text of Section after amendment by P.A. 102-731, 102-804,
25 102-816, 102-860, and 102-1093)

1 Sec. 5-3. Insurance Code provisions.

2 (a) Health Maintenance Organizations shall be subject to
3 the provisions of Sections 133, 134, 136, 137, 139, 140,
4 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
5 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
6 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
7 356y, 356z.2, 356z.3a, 356z.4, ~~356z.4a~~, 356z.5, 356z.6,
8 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
9 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
10 356z.26, 356z.29, ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33,
11 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,
12 356z.50, 356z.51, 256z.53, 356z.54, 356z.56, 356z.57, 356z.59,
13 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b, 368c,
14 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,
15 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection
16 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,
17 XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois
18 Insurance Code.

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

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

25 (2) a corporation organized under the laws of this
26 State; or

1 (3) a corporation organized under the laws of another
2 state, 30% or more of the enrollees of which are residents
3 of this State, except a corporation subject to
4 substantially the same requirements in its state of
5 organization as is a "domestic company" under Article VIII
6 1/2 of the Illinois Insurance Code.

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

10 (1) the Director shall give primary consideration to
11 the continuation of benefits to enrollees and the
12 financial conditions of the acquired Health Maintenance
13 Organization after the merger, consolidation, or other
14 acquisition of control takes effect;

15 (2) (i) the criteria specified in subsection (1) (b) of
16 Section 131.8 of the Illinois Insurance Code shall not
17 apply and (ii) the Director, in making his determination
18 with respect to the merger, consolidation, or other
19 acquisition of control, need not take into account the
20 effect on competition of the merger, consolidation, or
21 other acquisition of control;

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

24 (A) certification by an independent actuary of the
25 adequacy of the reserves of the Health Maintenance
26 Organization sought to be acquired;

1 (B) pro forma financial statements reflecting the
2 combined balance sheets of the acquiring company and
3 the Health Maintenance Organization sought to be
4 acquired as of the end of the preceding year and as of
5 a date 90 days prior to the acquisition, as well as pro
6 forma financial statements reflecting projected
7 combined operation for a period of 2 years;

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

12 (D) such other information as the Director shall
13 require.

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

20 (e) In considering any management contract or service
21 agreement subject to Section 141.1 of the Illinois Insurance
22 Code, the Director (i) shall, in addition to the criteria
23 specified in Section 141.2 of the Illinois Insurance Code,
24 take into account the effect of the management contract or
25 service agreement on the continuation of benefits to enrollees
26 and the financial condition of the health maintenance

1 organization to be managed or serviced, and (ii) need not take
2 into account the effect of the management contract or service
3 agreement on competition.

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

11 (i) the amount of, and other terms and conditions with
12 respect to, the refund or additional premium are set forth
13 in the group or enrollment unit contract agreed in advance
14 of the period for which a refund is to be paid or
15 additional premium is to be charged (which period shall
16 not be less than one year); and

17 (ii) the amount of the refund or additional premium
18 shall not exceed 20% of the Health Maintenance
19 Organization's profitable or unprofitable experience with
20 respect to the group or other enrollment unit for the
21 period (and, for purposes of a refund or additional
22 premium, the profitable or unprofitable experience shall
23 be calculated taking into account a pro rata share of the
24 Health Maintenance Organization's administrative and
25 marketing expenses, but shall not include any refund to be
26 made or additional premium to be paid pursuant to this

1 subsection (f)). The Health Maintenance Organization and
2 the group or enrollment unit may agree that the profitable
3 or unprofitable experience may be calculated taking into
4 account the refund period and the immediately preceding 2
5 plan years.

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

18 In no event shall the Illinois Health Maintenance
19 Organization Guaranty Association be liable to pay any
20 contractual obligation of an insolvent organization to pay any
21 refund authorized under this Section.

22 (g) Rulemaking authority to implement Public Act 95-1045,
23 if any, is conditioned on the rules being adopted in
24 accordance with all provisions of the Illinois Administrative
25 Procedure Act and all rules and procedures of the Joint
26 Committee on Administrative Rules; any purported rule not so

1 adopted, for whatever reason, is unauthorized.

2 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
3 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
4 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
5 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
6 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
7 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
8 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
9 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
10 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
11 eff. 1-1-23; revised 7-25-22.)

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

14 (215 ILCS 165/10) (from Ch. 32, par. 604)

15 (Text of Section before amendment by P.A. 102-731,
16 102-804, 102-816, 102-860, and 102-1093)

17 Sec. 10. Application of Insurance Code provisions. Health
18 services plan corporations and all persons interested therein
19 or dealing therewith shall be subject to the provisions of
20 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
21 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
22 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
23 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, ~~356z.4a~~, 356z.5,
24 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,

1 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
2 356z.26, 356z.29, ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33,
3 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 364.01, 364.3,
4 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
5 and paragraphs (7) and (15) of Section 367 of the Illinois
6 Insurance Code.

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

13 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
14 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
15 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
16 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
17 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-901, eff.
18 7-1-22; revised 7-25-22.)

19 (Text of Section after amendment by P.A. 102-731, 102-804,
20 102-816, 102-860, and 102-1093)

21 Sec. 10. Application of Insurance Code provisions. Health
22 services plan corporations and all persons interested therein
23 or dealing therewith shall be subject to the provisions of
24 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
25 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,

1 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
2 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, ~~356z.4a~~, 356z.5,
3 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
4 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
5 356z.26, 356z.29, ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33,
6 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
7 356z.56, 356z.57, 356z.59, 364.01, 364.3, 367.2, 368a, 401,
8 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)
9 and (15) of Section 367 of the Illinois Insurance Code.

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

16 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
17 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
18 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
19 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
20 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
21 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
22 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
23 revised 7-25-22.)

24 Section 645. The Medical Practice Act of 1987 is amended
25 by changing Sections 22 and 36 as follows:

1 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

3 Sec. 22. Disciplinary action.

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

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

13 (a) a facility licensed pursuant to the Ambulatory
14 Surgical Treatment Center Act;

15 (b) an institution licensed under the Hospital
16 Licensing Act;

17 (c) an ambulatory surgical treatment center or
18 hospitalization or care facility maintained by the
19 State or any agency thereof, where such department or
20 agency has authority under law to establish and
21 enforce standards for the ambulatory surgical
22 treatment centers, hospitalizations, or care
23 facilities under its management and control;

24 (d) ambulatory surgical treatment centers,
25 hospitalization, or care facilities maintained by the

1 federal government; or

2 (e) ambulatory surgical treatment centers,
3 hospitalization, or care facilities maintained by any
4 university or college established under the laws of
5 this State and supported principally by public funds
6 raised by taxation.

7 (2) Performance of an abortion procedure in a willful
8 and wanton manner on a woman who was not pregnant at the
9 time the abortion procedure was performed. (Blank).

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

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

17 (5) Engaging in dishonorable, unethical, or
18 unprofessional conduct of a character likely to deceive,
19 defraud or harm the public.

20 (6) Obtaining any fee by fraud, deceit, or
21 misrepresentation.

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

26 (8) Practicing under a false or, except as provided by

1 law, an assumed name.

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

5 (10) Making a false or misleading statement regarding
6 their skill or the efficacy or value of the medicine,
7 treatment, or remedy prescribed by them at their direction
8 in the treatment of any disease or other condition of the
9 body or mind.

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

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

23 (13) Violation of any provision of this Act or of the
24 Medical Practice Act prior to the repeal of that Act, or
25 violation of the rules, or a final administrative action
26 of the Secretary, after consideration of the

1 recommendation of the Medical Board.

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

4 (15) A finding by the Medical Board that the
5 registrant after having his or her license placed on
6 probationary status or subjected to conditions or
7 restrictions violated the terms of the probation or failed
8 to comply with such terms or conditions.

9 (16) Abandonment of a patient.

10 (17) Prescribing, selling, administering,
11 distributing, giving, or self-administering any drug
12 classified as a controlled substance (designated product)
13 or narcotic for other than medically accepted therapeutic
14 purposes.

15 (18) Promotion of the sale of drugs, devices,
16 appliances, or goods provided for a patient in such manner
17 as to exploit the patient for financial gain of the
18 physician.

19 (19) Offering, undertaking, or agreeing to cure or
20 treat disease by a secret method, procedure, treatment, or
21 medicine, or the treating, operating, or prescribing for
22 any human condition by a method, means, or procedure which
23 the licensee refuses to divulge upon demand of the
24 Department.

25 (20) Immoral conduct in the commission of any act
26 including, but not limited to, commission of an act of

1 sexual misconduct related to the licensee's practice.

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

8 (22) Willful omission to file or record, or willfully
9 impeding the filing or recording, or inducing another
10 person to omit to file or record, medical reports as
11 required by law, or willfully failing to report an
12 instance of suspected abuse or neglect as required by law.

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

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

23 (25) Gross and willful and continued overcharging for
24 professional services, including filing false statements
25 for collection of fees for which services are not
26 rendered, including, but not limited to, filing such false

1 statements for collection of monies for services not
2 rendered from the medical assistance program of the
3 Department of Healthcare and Family Services (formerly
4 Department of Public Aid) under the Illinois Public Aid
5 Code.

6 (26) A pattern of practice or other behavior which
7 demonstrates incapacity or incompetence to practice under
8 this Act.

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

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

16 (29) Cheating on or attempting to subvert the
17 licensing examinations administered under this Act.

18 (30) Willfully or negligently violating the
19 confidentiality between physician and patient except as
20 required by law.

21 (31) The use of any false, fraudulent, or deceptive
22 statement in any document connected with practice under
23 this Act.

24 (32) Aiding and abetting an individual not licensed
25 under this Act in the practice of a profession licensed
26 under this Act.

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

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

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

24 (36) Failure to report to the Department any adverse
25 judgment, settlement, or award arising from a liability
26 claim related to acts or conduct similar to acts or

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

3 (37) Failure to provide copies of medical records as
4 required by law.

5 (38) Failure to furnish the Department, its
6 investigators or representatives, relevant information,
7 legally requested by the Department after consultation
8 with the Chief Medical Coordinator or the Deputy Medical
9 Coordinator.

10 (39) Violating the Health Care Worker Self-Referral
11 Act.

12 (40) Willful failure to provide notice when notice is
13 required under the Parental Notice of Abortion Act of
14 1995.

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

17 (42) Entering into an excessive number of written
18 collaborative agreements with licensed advanced practice
19 registered nurses resulting in an inability to adequately
20 collaborate.

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

23 (44) Violating the Compassionate Use of Medical
24 Cannabis Program Act.

25 (45) Entering into an excessive number of written
26 collaborative agreements with licensed prescribing

1 psychologists resulting in an inability to adequately
2 collaborate.

3 (46) Repeated failure to adequately collaborate with a
4 licensed prescribing psychologist.

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

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

15 (49) Entering into an excessive number of written
16 collaborative agreements with licensed physician
17 assistants resulting in an inability to adequately
18 collaborate.

19 (50) Repeated failure to adequately collaborate with a
20 physician assistant.

21 Except for actions involving the ground numbered (26), all
22 proceedings to suspend, revoke, place on probationary status,
23 or take any other disciplinary action as the Department may
24 deem proper, with regard to a license on any of the foregoing
25 grounds, must be commenced within 5 years next after receipt
26 by the Department of a complaint alleging the commission of or

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

24 The entry of an order or judgment by any circuit court
25 establishing that any person holding a license under this Act
26 is a person in need of mental treatment operates as a

1 suspension of that license. That person may resume his or her
2 practice only upon the entry of a Departmental order based
3 upon a finding by the Medical Board that the person has been
4 determined to be recovered from mental illness by the court
5 and upon the Medical Board's recommendation that the person be
6 permitted to resume his or her practice.

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

15 The Department, upon the recommendation of the Medical
16 Board, shall adopt rules which set forth standards to be used
17 in determining:

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

20 (b) what constitutes dishonorable, unethical, or
21 unprofessional conduct of a character likely to deceive,
22 defraud, or harm the public;

23 (c) what constitutes immoral conduct in the commission
24 of any act, including, but not limited to, commission of
25 an act of sexual misconduct related to the licensee's
26 practice; and

1 (d) what constitutes gross negligence in the practice
2 of medicine.

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

6 In enforcing this Section, the Medical Board, upon a
7 showing of a possible violation, may compel any individual who
8 is licensed to practice under this Act or holds a permit to
9 practice under this Act, or any individual who has applied for
10 licensure or a permit pursuant to this Act, to submit to a
11 mental or physical examination and evaluation, or both, which
12 may include a substance abuse or sexual offender evaluation,
13 as required by the Medical Board and at the expense of the
14 Department. The Medical Board shall specifically designate the
15 examining physician licensed to practice medicine in all of
16 its branches or, if applicable, the multidisciplinary team
17 involved in providing the mental or physical examination and
18 evaluation, or both. The multidisciplinary team shall be led
19 by a physician licensed to practice medicine in all of its
20 branches and may consist of one or more or a combination of
21 physicians licensed to practice medicine in all of its
22 branches, licensed chiropractic physicians, licensed clinical
23 psychologists, licensed clinical social workers, licensed
24 clinical professional counselors, and other professional and
25 administrative staff. Any examining physician or member of the
26 multidisciplinary team may require any person ordered to

1 submit to an examination and evaluation pursuant to this
2 Section to submit to any additional supplemental testing
3 deemed necessary to complete any examination or evaluation
4 process, including, but not limited to, blood testing,
5 urinalysis, psychological testing, or neuropsychological
6 testing. The Medical Board or the Department may order the
7 examining physician or any member of the multidisciplinary
8 team to provide to the Department or the Medical Board any and
9 all records, including business records, that relate to the
10 examination and evaluation, including any supplemental testing
11 performed. The Medical Board or the Department may order the
12 examining physician or any member of the multidisciplinary
13 team to present testimony concerning this examination and
14 evaluation of the licensee, permit holder, or applicant,
15 including testimony concerning any supplemental testing or
16 documents relating to the examination and evaluation. No
17 information, report, record, or other documents in any way
18 related to the examination and evaluation shall be excluded by
19 reason of any common law or statutory privilege relating to
20 communication between the licensee, permit holder, or
21 applicant and the examining physician or any member of the
22 multidisciplinary team. No authorization is necessary from the
23 licensee, permit holder, or applicant ordered to undergo an
24 evaluation and examination for the examining physician or any
25 member of the multidisciplinary team to provide information,
26 reports, records, or other documents or to provide any

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

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

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

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

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

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

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

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

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

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

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

1 knowledge that the person upon whom the abortion has been
2 performed is a minor or an incompetent person without notice
3 as required under the Parental Notice of Abortion Act of 1995.
4 Upon the Medical Board's recommendation, the Department shall
5 impose, for the first violation, a civil penalty of \$1,000 and
6 for a second or subsequent violation, a civil penalty of
7 \$5,000.

8 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
9 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff.
10 8-20-21; 102-813, eff. 5-13-22.)

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

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

13 Sec. 36. Investigation; notice.

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

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

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

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

24 (d) Such written notice and any notice in such proceedings
25 thereafter may be served by personal delivery, email to the
26 respondent's email address of record, or mail to the

1 respondent's address of record.

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

24 (Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;
25 102-20, eff. 1-1-22; 102-558, eff. 8-20-21.)

1 Section 650. The Nurse Practice Act is amended by changing
2 Sections 65-35 and 65-43 as follows:

3 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

5 Sec. 65-35. Written collaborative agreements.

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

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

18 (b) A written collaborative agreement shall describe the
19 relationship of the advanced practice registered nurse with
20 the collaborating physician and shall describe the categories
21 of care, treatment, or procedures to be provided by the
22 advanced practice registered nurse. A collaborative agreement
23 with a podiatric physician must be in accordance with
24 subsection (c-5) or (c-15) of this Section. A collaborative
25 agreement with a dentist must be in accordance with subsection

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

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

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

22 (c) In the case of anesthesia services provided by a
23 certified registered nurse anesthetist, an anesthesiologist, a
24 physician, a dentist, or a podiatric physician must
25 participate through discussion of and agreement with the
26 anesthesia plan and remain physically present and available on

1 the premises during the delivery of anesthesia services for
2 diagnosis, consultation, and treatment of emergency medical
3 conditions.

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

21 (c-10) A certified registered nurse anesthetist who
22 provides anesthesia services in a dental office shall enter
23 into a written collaborative agreement with an
24 anesthesiologist or the physician licensed to practice
25 medicine in all its branches or the operating dentist
26 performing the procedure. The agreement shall describe the

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

20 (c-15) An advanced practice registered nurse who had a
21 written collaborative agreement with a podiatric physician
22 immediately before the effective date of Public Act 100-513
23 may continue in that collaborative relationship or enter into
24 a new written collaborative relationship with a podiatric
25 physician under the requirements of this Section and Section
26 65-40, as those Sections existed immediately before the

1 amendment of those Sections by Public Act 100-513 with regard
2 to a written collaborative agreement between an advanced
3 practice registered nurse and a podiatric physician.

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

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

17 (e-5) Nothing in this Act shall be construed to authorize
18 an advanced practice registered nurse to provide health care
19 services required by law or rule to be performed by a
20 physician, including those acts to be performed by a physician
21 in Section 3.1 of the Illinois Abortion Law of 2022. ~~The scope~~
22 ~~of practice of an advanced practice registered nurse does not~~
23 ~~include operative surgery. Nothing in this Section shall be~~
24 ~~construed to preclude an advanced practice registered nurse~~
25 ~~from assisting in surgery.~~

26 (f) An advanced practice registered nurse shall inform

1 each collaborating physician, dentist, or podiatric physician
2 of all collaborative agreements he or she has signed and
3 provide a copy of these to any collaborating physician,
4 dentist, or podiatric physician upon request.

5 (g) (Blank).

6 (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18;
7 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

8 (225 ILCS 65/65-43)

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

10 Sec. 65-43. Full practice authority.

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

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

25 Continuing education or training hours required by

1 subsection (b) shall be in the advanced practice registered
2 nurse's area of certification as set forth by Department rule.

3 The clinical experience must be in the advanced practice
4 registered nurse's area of certification. The clinical
5 experience shall be in collaboration with a physician or
6 physicians. Completion of the clinical experience must be
7 attested to by the collaborating physician or physicians or
8 employer and the advanced practice registered nurse. If the
9 collaborating physician or physicians or employer is unable to
10 attest to the completion of the clinical experience, the
11 Department may accept other evidence of clinical experience as
12 established by rule.

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

15 (1) all matters included in subsection (c) of Section
16 65-30 of this Act;

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

20 (3) authority to prescribe both legend drugs and
21 Schedule II through V controlled substances; this
22 authority includes prescription of, selection of, orders
23 for, administration of, storage of, acceptance of samples
24 of, and dispensing over the counter medications, legend
25 drugs, and controlled substances categorized as any
26 Schedule II through V controlled substances, as defined in

1 Article II of the Illinois Controlled Substances Act, and
2 other preparations, including, but not limited to,
3 botanical and herbal remedies;

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

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

1 (6) use of only local anesthetic.

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

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

9 (e) Nothing in this Act shall be construed to authorize an
10 advanced practice registered nurse with full practice
11 authority to provide health care services required by law or
12 rule to be performed by a physician, including, but not
13 limited to, those acts to be performed by a physician in
14 Section 3.1 of the Illinois Abortion Law of 2022.

15 (Source: P.A. 101-13, eff. 6-12-19; 102-75, eff. 1-1-22.)

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

18 (225 ILCS 95/7.5)

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

20 Sec. 7.5. Written collaborative agreements; prescriptive
21 authority.

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

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

1 or her clinical medical practice" means services, not
2 specific tasks or duties, the collaborating physician
3 routinely provides individually or through delegation to
4 other persons so that the physician has the experience and
5 ability to collaborate and provide consultation.

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

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

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

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

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

23 (b) A collaborating physician may, but is not required to,
24 delegate prescriptive authority to a physician assistant as
25 part of a written collaborative agreement. This authority may,
26 but is not required to, include prescription of, selection of,

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

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

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

1 shall be construed to limit the delegation of tasks or
2 duties by the collaborating physician to a nurse or other
3 appropriately trained persons in accordance with Section
4 54.2 of the Medical Practice Act of 1987.

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

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

19 (B) (Blank).

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

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

1 physician.

2 (E) The physician assistant meets the education
3 requirements of Section 303.05 of the Illinois
4 Controlled Substances Act.

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

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

24 (d) (Blank).

25 (e) Nothing in this Section shall be construed to prohibit
26 generic substitution.

1 (Source: P.A. 101-13, eff. 6-12-19; 102-558, eff. 8-20-21.)

2 Section 655. The Vital Records Act is amended by changing
3 Section 1 as follows:

4 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

5 (Text of Section before amendment by P.A. 102-844)

6 Sec. 1. As used in this Act, unless the context otherwise
7 requires:

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

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

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

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

23 (5) "Live birth" means the complete expulsion or
24 extraction from its mother of a product of human conception,

1 irrespective of the duration of pregnancy, which after such
2 separation breathes or shows any other evidence of life such
3 as beating of the heart, pulsation of the umbilical cord, or
4 definite movement of voluntary muscles, whether or not the
5 umbilical cord has been cut or the placenta is attached.

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

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

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

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

23 (10) "Institution" means any establishment, public or
24 private, which provides in-patient medical, surgical, or
25 diagnostic care or treatment, or nursing, custodial, or
26 domiciliary care to 2 or more unrelated individuals, or to

1 which persons are committed by law.

2 (11) "Department" means the Department of Public Health of
3 the State of Illinois.

4 (12) "Director" means the Director of the Illinois
5 Department of Public Health.

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

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

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

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

26 (17) "Advanced practice registered nurse" means: (i) an

1 advanced practice registered nurse with full practice
2 authority; or (ii) an advanced practice registered nurse with
3 a collaborative agreement with a physician who has delegated
4 the completion of death certificates.

5 (18) "Certifying health care professional" means a
6 physician or advanced practice registered nurse.

7 (Source: P.A. 101-13, eff. 6-12-19; 102-257, eff. 1-1-22.)

8 (Text of Section after amendment by P.A. 102-844)

9 Sec. 1. As used in this Act, unless the context otherwise
10 requires:

11 (1) "Vital records" means records of births, deaths, fetal
12 deaths, marriages, dissolution of marriages, and data related
13 thereto.

14 (2) "System of vital records" includes the registration,
15 collection, preservation, amendment, and certification of
16 vital records, and activities related thereto.

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

21 (4) "Registration" means the acceptance by the Office of
22 Vital Records and the incorporation in its official records of
23 certificates, reports, or other records provided for in this
24 Act, of births, deaths, fetal deaths, adoptions, marriages, or
25 dissolution of marriages.

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

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

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

20 (8) "Final disposition" means the burial, cremation, or
21 other disposition of a dead human body or fetus or parts
22 thereof.

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

25 (10) "Institution" means any establishment, public or
26 private, which provides in-patient medical, surgical, or

1 diagnostic care or treatment, or nursing, custodial, or
2 domiciliary care to 2 or more unrelated individuals, or to
3 which persons are committed by law.

4 (11) "Department" means the Department of Public Health of
5 the State of Illinois.

6 (12) "Director" means the Director of the Illinois
7 Department of Public Health.

8 (13) "Licensed health care professional" means a person
9 licensed to practice as a physician, advanced practice
10 registered nurse, or physician assistant in Illinois or any
11 other state.

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

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

23 (16) "Homeless person" means an individual who meets the
24 definition of "homeless" under Section 103 of the federal
25 McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) or an
26 individual residing in any of the living situations described

1 in 42 U.S.C. 11434a(2).

2 (17) "Advanced practice registered nurse" means: (i) an
3 advanced practice registered nurse with full practice
4 authority; or (ii) an advanced practice registered nurse with
5 a collaborative agreement with a physician who has delegated
6 the completion of death certificates.

7 (18) "Certifying health care professional" means a
8 physician, physician assistant, or advanced practice
9 registered nurse.

10 (19) "Physician assistant" means a physician assistant who
11 practices in accordance with a written collaborative agreement
12 that includes the completion of death certificates.

13 (Source: P.A. 101-13, eff. 6-12-19; 102-257, eff. 1-1-22;
14 102-844, eff. 1-1-23.)

15 Section 660. The Environmental Protection Act is amended
16 by changing Section 56.1 as follows:

17 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

18 Sec. 56.1. Acts prohibited.

19 (A) No person shall:

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

24 (1) the infectious potential has been eliminated

1 from the sharps by treatment; and

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

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

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

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

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

21 (2) a potentially infectious medical waste
22 manifest is completed for the waste if a manifest is
23 required under subsection (h).

24 (e) Cause or allow the acceptance of any potentially
25 infectious medical waste for purposes of transport,
26 storage, treatment, or transfer except in accordance with

1 Board regulations.

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

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

7 (A) a person transporting potentially
8 infectious medical waste generated solely by that
9 person's activities;

10 (B) noncommercial transportation of less than
11 50 pounds of potentially infectious medical waste
12 at any one time; or

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

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

16 (3) In violation of any regulation adopted by the
17 Board.

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

20 (g) Beginning July 1, 1992, conduct any potentially
21 infectious medical waste treatment, storage, or transfer
22 operation:

23 (1) without a permit issued by the Agency that
24 specifically authorizes the treatment, storage, or
25 transfer of potentially infectious medical waste. No
26 permit is required under this subsection (g) or

1 subsection (d) (1) of Section 21 for any:

2 (A) Person conducting a potentially infectious
3 medical waste treatment, storage, or transfer
4 operation for potentially infectious medical waste
5 generated by the person's own activities that are
6 treated, stored, or transferred within the site
7 where the potentially infectious medical waste is
8 generated.

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

13 (C) Sharps collection station that is operated
14 in accordance with Section 56.7.

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

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

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

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

25 (1) potentially infectious medical waste being
26 transported by generators who generated the waste by

1 their own activities, when the potentially infectious
2 medical waste is transported within or between sites
3 or facilities owned, controlled, or operated by that
4 person;

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

8 (3) potentially infectious medical waste by the
9 U.S. Postal Service.

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

15 (j) Beginning January 1, 1994, conduct a potentially
16 infectious medical waste treatment operation at an
17 incinerator in existence on the effective date of this
18 Title in violation of emission standards established for
19 these incinerators under Section 129 of the Clean Air Act
20 (42 USC 7429), as amended.

21 (k) Beginning July 1, 2015, knowingly mix household
22 sharps, including, but not limited to, hypodermic,
23 intravenous, or other medical needles or syringes or other
24 medical household waste containing used or unused sharps,
25 including, but not limited to, hypodermic, intravenous, or
26 other medical needles or syringes or other sharps, with

1 any other material intended for collection as a recyclable
2 material by a residential hauler.

3 (1) Beginning on July 1, 2015, knowingly place
4 household sharps into a container intended for collection
5 by a residential hauler for processing at a recycling
6 center.

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

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

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

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

23 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

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

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

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

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

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

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

17 (c) This Section shall not apply to acts which cause the
18 death of an unborn child if those acts were committed during
19 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
20 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2022, to
21 which the pregnant ~~individual~~ woman has consented. This
22 Section shall not apply to acts which were committed pursuant
23 to usual and customary standards of medical practice during
24 diagnostic testing or therapeutic treatment.

25 (d) Penalty. The sentence for intentional homicide of an
26 unborn child shall be the same as for first degree murder,

1 except that:

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

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

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

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

15 (e) The provisions of this Act shall not be construed to
16 prohibit the prosecution of any person under any other
17 provision of law.

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

19 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

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

1 negligently or accidentally causes the death of the unborn
2 child.

3 Serious provocation is conduct sufficient to excite an
4 intense passion in a reasonable person.

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

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

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

18 (e) This Section shall not apply to acts which cause the
19 death of an unborn child if those acts were committed during
20 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
21 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2022, to
22 which the pregnant ~~individual~~ woman has consented. This
23 Section shall not apply to acts which were committed pursuant
24 to usual and customary standards of medical practice during
25 diagnostic testing or therapeutic treatment.

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

1 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

2 Sec. 9-3.2. Involuntary manslaughter and reckless homicide
3 of an unborn child.

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

12 (b) Sentence.

13 (1) Involuntary manslaughter of an unborn child is a
14 Class 3 felony.

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

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

22 (d) This Section shall not apply to acts which cause the
23 death of an unborn child if those acts were committed during
24 any abortion, as defined in Section 2 of the Illinois Abortion
25 Law of 2022 ~~1-10 of the Reproductive Health Act~~, to which the

1 pregnant woman ~~individual~~ has consented. This Section shall
2 not apply to acts which were committed pursuant to usual and
3 customary standards of medical practice during diagnostic
4 testing or therapeutic treatment.

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

9 (Source: P.A. 101-13, eff. 6-12-19; 102-558, eff. 8-20-21.)

10 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

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

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

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

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

25 (c) Sentence. Battery of an unborn child is a Class A

1 misdemeanor. Aggravated battery of an unborn child is a Class
2 felony.

3 (d) This Section shall not apply to acts which cause
4 bodily harm to an unborn child if those acts were committed
5 during any abortion, as defined in ~~Section 1-10 of the~~
6 ~~Reproductive Health Act,~~ Section 2 of the Illinois Abortion
7 Law of 2022, to which the pregnant ~~individual~~ woman has
8 consented. This Section shall not apply to acts which were
9 committed pursuant to usual and customary standards of medical
10 practice during diagnostic testing or therapeutic treatment.
11 (Source: P.A. 101-13, eff. 6-12-19.)

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

14 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

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

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

1 of a subpoena pursuant to Section 22 of the Nursing Home
2 Administrators Licensing and Disciplinary Act; or the issuance
3 of a subpoena pursuant to Section 25.5 of the Workers'
4 Compensation Act, (13) upon the issuance of a grand jury
5 subpoena pursuant to Article 112 of the Code of Criminal
6 Procedure of 1963, or (14) to or through a health information
7 exchange, as that term is defined in Section 2 of the Mental
8 Health and Developmental Disabilities Confidentiality Act, in
9 accordance with State or federal law.

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

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

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

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

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

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

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

15 (b) "Physician" means any person who is licensed by
16 the State of Illinois under the Medical Practice Act of
17 1987;

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

22 (d) "Health care facility" means any public or private
23 hospital, clinic, center, medical school, medical training
24 institution, laboratory or diagnostic facility,
25 physician's office, infirmary, dispensary, ambulatory
26 surgical treatment center or other institution or location

1 wherein health care services are provided to any person,
2 including physician organizations and associations,
3 networks, joint ventures, and all other combinations of
4 those organizations;

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

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

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

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

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

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

24 (750 ILCS 65/15) (from Ch. 40, par. 1015)

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

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

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

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

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

22 (4) No creditor shall, with respect to any claim against a
23 spouse or former spouse for which the creditor is prohibited
24 under this subsection (a) from maintaining an action against
25 the other spouse or former spouse, engage in any collection
26 efforts against the other spouse or former spouse, including,

1 but not limited to, informal or formal collection attempts,
2 referral of the claim to a collector or collection agency for
3 collection from the other spouse or former spouse, or making
4 any representation to a credit reporting agency that the other
5 spouse or former spouse is any way liable for payment of the
6 claim.

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

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

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

22 Article 99.

23 Section 9995. No acceleration or delay. Where this Act
24 makes changes in a statute that is represented in this Act by

1 text that is not yet or no longer in effect (for example, a
2 Section represented by multiple versions), the use of that
3 text does not accelerate or delay the taking effect of (i) the
4 changes made by this Act or (ii) provisions derived from any
5 other Public Act.

6 Section 9999. Effective date. This Act takes effect upon
7 becoming law.

1

INDEX

2

Statutes amended in order of appearance

3

New Act

4

775 ILCS 55/Act rep.

5

210 ILCS 5/6.2 new

6

410 ILCS 70/9.1 new

7

735 ILCS 5/11-107.1a new

8

5 ILCS 375/6.11

9

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

10

5 ILCS 140/7.5

11

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

12

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

13

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

14

215 ILCS 5/356z.4

15

215 ILCS 5/356z.4a rep.

16

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

17

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

18

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

19

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

20

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

21

225 ILCS 65/65-43

22

225 ILCS 95/7.5

23

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

24

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

25

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

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