



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

HB2606

Introduced 2/15/2023, by Rep. Adam M. Niemerg

#### SYNOPSIS AS INTRODUCED:

See Index

Creates the Illinois Abortion Law of 2023, with provisions similar to those of the Illinois Abortion Law of 1975 before its repeal by Public Act 101-13, as well as including provisions defining "viability" and "fetal heartbeat" and restricting the performance of an abortion to a patient who resides in the State. Creates the Partial-birth Abortion Ban Act of 2023 and the Abortion Performance Refusal Act of 2023, with provisions similar to those of the Partial-birth Abortion Ban Act and the Abortion Performance Refusal Act before their repeal by Public Act 101-13. Creates the Parental Notice of Abortion Act of 2022, with provisions similar to those of the Parental Notice of Abortion Act of 1995 before its repeal by Public Act 102-685. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Acts 101-13 and 102-1117. Repeals the Reproductive Health Act, the Abortion Care Clinical Training Program Act, the Lawful Health Care Activity Act, the Protecting Reproductive Health Care Services Act, and the Youth Health and Safety Act. Effective immediately.

LRB103 26004 LNS 52358 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 1-1. Short title. This Article shall be known and  
6 may be cited as the Illinois Abortion Law of 2023. References  
7 in this Article to "this Law" mean this Article.

8 Section 1-5. Definitions. Unless the language or context  
9 clearly indicates a different meaning is intended, the  
10 following words or phrases for the purpose of this Law shall be  
11 given the meaning ascribed to them:

12 "Abortifacient" means any instrument, medicine, drug, or  
13 any other substance or device which is known to cause fetal  
14 death when employed in the usual and customary use for which it  
15 is manufactured, whether the fetus is known to exist when such  
16 substance or device is employed.

17 "Abortion" means the use of any instrument, medicine,  
18 drug, or any other substance or device to terminate the  
19 pregnancy of a woman known to be pregnant with an intention  
20 other than to increase the probability of a live birth, to  
21 preserve the life or health of the child after live birth, or  
22 to remove a dead fetus.

1 "Born alive", "live born", and "live birth", when applied  
2 to an individual organism of the species homo sapiens, each  
3 mean he or she was completely expelled or extracted from his or  
4 her mother and after such separation breathed or showed  
5 evidence of the beating of the heart, pulsation of the  
6 umbilical cord, or definite movement of voluntary muscles,  
7 irrespective of the duration of pregnancy and whether the  
8 umbilical cord has been cut or the placenta is attached.

9 "Department" means the Department of Public Health.

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

14 "Fetal heartbeat" means cardiac activity or the steady and  
15 repetitive rhythmic contraction of the fetal heart within the  
16 gestational sac.

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

20 "Physician" means any person licensed to practice medicine  
21 in all its branches under the Medical Practice Act of 1987.

22 "Viability" means either:

23 (1) that stage of fetal development when, in the  
24 medical judgment of the attending physician based on the  
25 particular facts of the case before the attending  
26 physician, there is a reasonable likelihood of sustained

1 survival of the fetus outside the womb, with or without  
2 artificial support; or

3 (2) when, in the medical judgment of the attending  
4 physician based on the particular facts of the case before  
5 the attending physician, the unborn child has a fetal  
6 heartbeat.

7 Section 1-10. Medical Judgment. No abortion shall be  
8 performed except by a physician after either (i) he or she  
9 determines that, in his or her best clinical judgment, the  
10 abortion is necessary, or (ii) he or she receives a written  
11 statement or oral communication by another physician,  
12 hereinafter called the "referring physician", certifying that  
13 in the referring physician's best clinical judgment the  
14 abortion is necessary. Any person who intentionally or  
15 knowingly performs an abortion contrary to the requirements of  
16 this Section commits a Class 2 felony.

17 Section 1-15. When an abortion may be performed.

18 (a) When the fetus is viable no abortion shall be  
19 performed unless in the medical judgment of the attending or  
20 referring physician, based on the particular facts of the case  
21 before him or her, it is necessary to preserve the life or  
22 health of the mother. Intentional, knowing, or reckless  
23 failure to conform to the requirements of this subsection is a  
24 Class 2 felony.

1           (b) When the fetus is viable the physician shall certify  
2 in writing, on a form prescribed by the Department under  
3 Section 1-25, the medical indications which, in his or her  
4 medical judgment based on the particular facts of the case  
5 before him or her, warrant performance of the abortion to  
6 preserve the life or health of the mother.

7           Section 1-20. Requirements for performing abortion.

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

16           The physician shall certify in writing, on a form  
17 prescribed by the Department under Section 1-25, the available  
18 methods considered and the reasons for choosing the method  
19 employed.

20           Any physician who intentionally, knowingly, or recklessly  
21 violates the provisions of this subsection commits a Class 3  
22 felony.

23           (b) No abortion shall be performed or induced when the  
24 fetus is viable unless there is in attendance a physician  
25 other than the physician performing or inducing the abortion

1 who shall take control of and provide immediate medical care  
2 for any child born alive as a result of the abortion. This  
3 requirement shall not apply when, in the medical judgment of  
4 the physician performing or inducing the abortion based on the  
5 particular facts of the case before him or her, there exists a  
6 medical emergency; in such a case, the physician shall  
7 describe the basis of this judgment on the form prescribed by  
8 Section 1-25. Any physician who intentionally performs or  
9 induces such an abortion and who intentionally, knowingly, or  
10 recklessly fails to arrange for the attendance of such a  
11 second physician in violation of this subsection commits a  
12 Class 3 felony.

13 Subsequent to the abortion, if a child is born alive, the  
14 physician required by this subsection to be in attendance  
15 shall exercise the same degree of professional skill, care,  
16 and diligence to preserve the life and health of the child as  
17 would be required of a physician providing immediate medical  
18 care to a child born alive in the course of a pregnancy  
19 termination which was not an abortion. Any such physician who  
20 intentionally, knowingly, or recklessly violates this  
21 subsection commits a Class 3 felony.

22 (c) The law of this State shall not be construed to imply  
23 that any living individual organism of the species homo  
24 sapiens who has been born alive is not an individual under the  
25 Criminal Code of 1961 or Criminal Code of 2012.

26 (d) Any physician who intentionally performs an abortion

1 when, in his or her medical judgment based on the particular  
2 facts of the case before him, there is a reasonable  
3 possibility of sustained survival of the fetus outside the  
4 womb, with or without artificial support, shall utilize that  
5 method of abortion which, of those he or she knows to be  
6 available, is in his or her medical judgment most likely to  
7 preserve the life and health of the fetus.

8 The physician shall certify in writing, on a form  
9 prescribed by the Department under Section 1-25, the available  
10 methods considered and the reasons for choosing the method  
11 employed.

12 Any physician who intentionally, knowingly, or recklessly  
13 violates the provisions of this subsection commits a Class 3  
14 felony.

15 (e) Nothing in Section requires a physician to employ a  
16 method of abortion which, in the medical judgment of the  
17 physician performing the abortion based on the particular  
18 facts of the case before him or her, would increase medical  
19 risk to the mother.

20 (f) When the fetus is viable and when there exists  
21 reasonable medical certainty (i) that the particular method of  
22 abortion to be employed will cause organic pain to the fetus,  
23 and (ii) that use of an anesthetic or analgesic would abolish  
24 or alleviate organic pain to the fetus caused by the  
25 particular method of abortion to be employed, then the  
26 physician who is to perform the abortion or his or her agent or

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

24 (g) No person shall sell or experiment upon a fetus  
25 produced by the fertilization of a human ovum by a human sperm  
26 unless such experimentation is therapeutic to the fetus



1 thereby produced. Intentional violation of this subsection is  
2 a Class A misdemeanor. Nothing in this subsection is intended  
3 to prohibit the performance of in vitro fertilization.

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

14 (i) No person shall intentionally perform an abortion on a  
15 pregnant woman in this State unless the pregnant woman is a  
16 resident of this State. The pregnant woman shall provide photo  
17 identification on site demonstrating that her residential  
18 address is in this State. A patient who obtains an abortion in  
19 violation of this subsection is guilty of a Class 4 felony. A  
20 physician who violates this subsection shall have his or her  
21 medical license suspended for 5 years following the violation.

22 Section 1-25. Reporting. A report of each abortion  
23 performed shall be made to the Department on forms prescribed  
24 by it. Such report forms shall not identify the patient by  
25 name, but by an individual number to be noted in the patient's

1 permanent record in the possession of the physician, and shall  
2 include information concerning the:

3 (1) identification of the physician who performed the  
4 abortion and the facility where the abortion was performed  
5 and a patient identification number;

6 (2) State in which the patient resides;

7 (3) patient's date of birth, race, and marital status;

8 (4) number of prior pregnancies;

9 (5) date of last menstrual period;

10 (6) type of abortion procedure performed;

11 (7) complications and whether the abortion resulted in  
12 a live birth;

13 (8) date the abortion was performed;

14 (9) medical indications for any abortion performed  
15 when the fetus was viable;

16 (10) information required by subsections (a) and (d)  
17 of Section 1-20, if applicable;

18 (11) basis for any medical judgment that a medical  
19 emergency existed when required under subsections (b) and  
20 (f) of Section 1-20 and when required to be reported in  
21 accordance with this Section by any provision of this Law;  
22 and

23 (12) pathologist's test results pursuant to Section  
24 1-45.

25 Such form shall be completed by the hospital or other  
26 licensed facility, signed by the physician who performed the

1 abortion or pregnancy termination, and transmitted to the  
2 Department not later than 10 days following the end of the  
3 month in which the abortion was performed.

4 If a complication of an abortion occurs or becomes known  
5 after submission of such form, a correction using the same  
6 patient identification number shall be submitted to the  
7 Department within 10 days of its becoming known.

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

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

25 The requirement for reporting to the General Assembly  
26 shall be satisfied by filing copies of the report as required

1 by Section 3.1 of the General Assembly Organization Act, and  
2 filing such additional copies with the State Government Report  
3 Distribution Center for the General Assembly as is required  
4 under paragraph (t) of Section 7 of the State Library Act.

5 Section 1-30. Reporting complications resulting from  
6 abortion/ Any physician who diagnoses a woman as having  
7 complications resulting from an abortion shall report, within  
8 a reasonable period of time, the diagnosis and a summary of her  
9 physical symptoms to the Department in accordance with  
10 procedures and upon forms required by the Department. The  
11 Department shall define the complications required to be  
12 reported by rule. The complications defined by rule shall be  
13 those which, according to contemporary medical standards, are  
14 manifested by symptoms with severity equal to or greater than  
15 hemorrhaging requiring transfusion, infection, incomplete  
16 abortion, or punctured organs. If the physician making the  
17 diagnosis of a complication knows the name or location of the  
18 facility where the abortion was performed, he or she shall  
19 report such information to the Department.

20 Any physician who intentionally violates this Section  
21 shall be subject to revocation of his or her license pursuant  
22 to paragraph (22) of Section 22 of the Medical Practice Act of  
23 1987.

24 Section 1-35. Violations.

1           (a) Any person who intentionally violates any provision of  
2 this Law commits a Class A misdemeanor unless a specific  
3 penalty is otherwise provided. Any person who intentionally  
4 falsifies any writing required by this Law commits a Class A  
5 misdemeanor.

6           Intentional, knowing, reckless, or negligent violations of  
7 this Law shall constitute unprofessional conduct which causes  
8 public harm under Section 22 of the Medical Practice Act of  
9 1987, Section 70-5 of the Nurse Practice Act, and Section 21 of  
10 the Physician Assistant Practice Act of 1987.

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

17           (b) Any hospital or licensed facility which, or any  
18 physician who intentionally, knowingly, or recklessly fails to  
19 submit a complete report to the Department in accordance with  
20 the provisions of Section 1-25 and any person who  
21 intentionally, knowingly, recklessly or negligently fails to  
22 maintain the confidentiality of any reports required under  
23 this Law or reports required by Section 1-30 or 1-45 commits a  
24 Class B misdemeanor.

25           (c) Any person who sells any drug, medicine, instrument,  
26 or other substance which he or she knows to be an abortifacient

1 and which is in fact an abortifacient, unless upon  
2 prescription of a physician, is guilty of a Class B  
3 misdemeanor. Any person who prescribes or administers any  
4 instrument, medicine, drug, or other substance or device,  
5 which he or she knows to be an abortifacient, and which is in  
6 fact an abortifacient, and intentionally, knowingly, or  
7 recklessly fails to inform the person for whom it is  
8 prescribed or upon whom it is administered that it is an  
9 abortifacient commits a Class C misdemeanor.

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

16 Section 1-40. Referral fee.

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

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

1           Section 1-45. Gross and microscopic analysis and tissue  
2 report. The dead fetus and all tissue removed at the time of  
3 abortion shall be submitted for a gross and microscopic  
4 analysis and tissue report to a board eligible or certified  
5 pathologist as a matter of record in all cases. The results of  
6 the analysis and report shall be given to the physician who  
7 performed the abortion within 7 days of the abortion and such  
8 physician shall report any complications relevant to the  
9 woman's medical condition to his or her patient within 48  
10 hours of receiving a report, if possible. Any evidence of live  
11 birth or of viability shall be reported within 7 days, if  
12 possible, to the Department by the pathologist. Intentional  
13 failure of the pathologist to report any evidence of live  
14 birth or of viability to the Department is a Class B  
15 misdemeanor.

16           Section 1-50. Use of tissues or cells. Nothing in this Law  
17 shall prohibit the use of any tissues or cells obtained from a  
18 dead fetus or dead premature infant whose death did not result  
19 from an induced abortion, for therapeutic purposes or  
20 scientific, research, or laboratory experimentation, as long  
21 as the written consent to such use is obtained from one of the  
22 parents of such fetus or infant.

23           Section 1-55. No requirement to perform abortion. No  
24 physician, hospital, ambulatory surgical center, nor employee

1       thereof, shall be required against his, her, or its conscience  
2       declared in writing to perform, permit, or participate in any  
3       abortion, and the failure or refusal to do so shall not be the  
4       basis for any civil, criminal, administrative, or disciplinary  
5       action, proceeding, penalty, or punishment. If any request for  
6       an abortion is denied, the patient shall be promptly notified.

7             Section 1-60. Severability; effective dates.

8             (a) If any provision, word, phrase, or clause of this Law  
9       or the application thereof to any person or circumstance shall  
10       be held invalid, such invalidity shall not affect the  
11       provisions, words, phrases, clauses, or application of this  
12       Law which can be given effect without the invalid provision,  
13       word, phrase, clause, or application, and to this end the  
14       provisions, words, phrases, and clauses of this Law are  
15       declared to be severable.

16            (b) Within 60 days from the effective date of this Law, the  
17       Department shall issue rules pursuant to Section 1-25. Insofar  
18       as Section 1-25 requires registration under the Vital Records  
19       Act, it shall not take effect until such rules are issued. The  
20       Department shall make available the forms required under  
21       Section 1-25 within 30 days of the effective date of this Law.  
22       No requirement that any person report information to the  
23       Department shall become effective until the Department has  
24       made available the forms required under Section 1-25.



1 Article 2.

2 Section 2-1. Short title. This Article may be cited as the  
3 Partial-birth Abortion Ban Act of 2023. References in this  
4 Article to "this Act" mean this Article.

5 Section 2-5. Definitions. As used in this Act:

6 "Fetus" and "infant" are used interchangeably to refer to  
7 the biological offspring of human parents.

8 "Partial-birth abortion" means an abortion in which the  
9 person performing the abortion partially vaginally delivers a  
10 living human fetus or infant before killing the fetus or  
11 infant and completing the delivery.

12 Section 2-10. 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, as  
20 long as no other medical procedure would suffice for that  
21 purpose.

22 Section 2-15. 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 2-20. 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 3-1. Short title. This Article may be cited as the  
19 Abortion Performance Refusal Act of 2023. References in this  
20 Article to "this Act" mean this Article.

21 Section 3-5. Recommendation, performance, or assistance in  
22 performance of abortion not required.

1 (a) No physician, nurse or other person who refuses to  
2 recommend, perform, or assist in the performance of an  
3 abortion, whether such abortion is a crime, shall be liable to  
4 any person for damages allegedly arising from such refusal.

5 (b) No hospital that refuses to permit the performance of  
6 an abortion upon its premises, whether such abortion is a  
7 crime, shall be liable to any person for damages allegedly  
8 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 is a crime, shall be answerable in civil damages  
16 equal to 3 times the amount of proved damages, but in no case  
17 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 Section 4-1. Short title. This Act may be cited as the  
24 Parental Notice of Abortion Act of 2023. References in this

1 Article to "this Act" mean this Article.

2 Section 4-5. Legislative findings and purpose. The General  
3 Assembly finds that notification of a family member as defined  
4 in this Act is in the best interest of an unemancipated minor,  
5 and the General Assembly's purpose in enacting this parental  
6 notice law is to further and protect the best interests of an  
7 unemancipated minor.

8 The medical, emotional, and psychological consequences of  
9 abortion are sometimes serious and long-lasting, and immature  
10 minors often lack the ability to make fully informed choices  
11 that consider both the immediate and long-range consequences.

12 Parental consultation is usually in the best interests of  
13 the minor and is desirable since the capacity to become  
14 pregnant and the capacity for mature judgment concerning the  
15 wisdom of an abortion are not necessarily related.

16 Section 4-10. Definitions. As used in this Act:

17 "Abortion" means the use of any instrument, medicine,  
18 drug, or any other substance or device to terminate the  
19 pregnancy of a woman known to be pregnant with an intention  
20 other than to increase the probability of a live birth, to  
21 preserve the life or health of a child after live birth, or to  
22 remove a dead fetus.

23 "Actual notice" means the giving of notice directly, in  
24 person, or by telephone.

1 "Adult family member" means a person over 21 years of age  
2 who is the parent, grandparent, step-parent living in the  
3 household, or legal guardian.

4 "Constructive notice" means notice by certified mail to  
5 the last known address of the person entitled to notice with  
6 delivery deemed to have occurred 48 hours after the certified  
7 notice is mailed.

8 "Incompetent" means any person who has been adjudged as  
9 mentally ill or as a person with a developmental disability  
10 and who, because of mental illness or developmental  
11 disability, is not fully able to manage oneself and for whom a  
12 guardian of the person has been appointed under paragraph (1)  
13 of subsection (a) of Section 11a-3 of the Probate Act of 1975.

14 "Medical emergency" means a condition that, on the basis  
15 of the physician's good faith clinical judgment, so  
16 complicates the medical condition of a pregnant woman as to  
17 necessitate the immediate abortion of her pregnancy to avert  
18 her death or for which a delay will create serious risk of  
19 substantial and irreversible impairment of major bodily  
20 function.

21 "Minor" means any person under 18 years of age who is not  
22 or has not been married or who has not been emancipated under  
23 the Emancipation of Minors Act.

24 "Neglect" means the failure of an adult family member to  
25 supply a child with necessary food, clothing, shelter, or  
26 medical care when reasonably able to do so or the failure to

1 protect a child from conditions or actions that imminently and  
2 seriously endanger the child's physical or mental health when  
3 reasonably able to do so.

4 "Physical abuse" means any physical injury intentionally  
5 inflicted by an adult family member on a child.

6 "Physician" means any person licensed to practice medicine  
7 in all its branches under the Medical Practice Act of 1987.

8 "Sexual abuse" means any sexual conduct or sexual  
9 penetration as defined in Section 11-0.1 of the Criminal Code  
10 of 2012 that is prohibited by the criminal laws of the State  
11 and committed against a minor by an adult family member as  
12 defined in this Act.

13 Section 4-15. Notice to adult family member. No person  
14 shall knowingly perform an abortion upon a minor or upon an  
15 incompetent person unless the physician or his or her agent  
16 has given at least 48 hours actual notice to an adult family  
17 member of the pregnant minor or incompetent person of his or  
18 her intention to perform the abortion, unless that person or  
19 his or her agent has received a written statement by a  
20 referring physician certifying that the referring physician or  
21 his or her agent has given at least 48 hours notice to an adult  
22 family member of the pregnant minor or incompetent person. If  
23 actual notice is not possible after a reasonable effort, the  
24 physician or his or her agent must give 48 hours constructive  
25 notice.

1 Section 4-20. Exceptions. Notice shall not be required  
2 under this Act if:

3 (1) the minor or incompetent person is accompanied by  
4 a person entitled to notice;

5 (2) notice is waived in writing by a person who is  
6 entitled to notice;

7 (3) the attending physician certifies in the patient's  
8 medical record that a medical emergency exists and there  
9 is insufficient time to provide the required notice;

10 (4) the minor declares in writing that she is a victim  
11 of sexual abuse, neglect, or physical abuse by an adult  
12 family member. The attending physician must certify in the  
13 patient's medical record that he or she has received the  
14 written declaration of abuse or neglect. Any notification  
15 of public authorities of abuse that may be required under  
16 other laws of this State need not be made by the person  
17 performing the abortion until after the minor receives an  
18 abortion that otherwise complies with the requirements of  
19 this Act; or

20 (5) notice is waived under Section 4-25.

21 Section 4-25. Procedure for judicial waiver of notice.

22 (a) The requirements and procedures under this Section are  
23 available to minors and incompetent persons whether they are  
24 residents of this State.

1           (b) The minor or incompetent person may petition any  
2 circuit court for a waiver of the notice requirement and may  
3 participate in proceedings on her own behalf. The court shall  
4 appoint a guardian ad litem for her. Any guardian ad litem  
5 appointed under this Act shall act to maintain the  
6 confidentiality of the proceedings. The circuit court shall  
7 advise her that she has a right to court-appointed counsel and  
8 shall provide her with counsel upon her request.

9           (c) Court proceedings under this Section shall be  
10 confidential and shall ensure the anonymity of the minor or  
11 incompetent person. All court proceedings under this Section  
12 shall be sealed. The minor or incompetent person shall have  
13 the right to file her petition in the circuit court using a  
14 pseudonym or using solely her initials. All documents related  
15 to this petition shall be confidential and shall not be made  
16 available to the public.

17           These proceedings shall be given precedence over other  
18 pending matters to the extent necessary to ensure that the  
19 court reaches a decision promptly. The court shall rule and  
20 issue written findings of fact and conclusions of law within  
21 48 hours of the time that the petition is filed, except that  
22 the 48-hour limitation may be extended at the request of the  
23 minor or incompetent person. If the court fails to rule within  
24 the 48-hour period and an extension is not requested, then the  
25 petition shall be deemed to have been granted, and the notice  
26 requirement shall be waived.



1 (d) Notice shall be waived if the court finds by a  
2 preponderance of the evidence either:

3 (1) that the minor or incompetent person is  
4 sufficiently mature and well enough informed to decide  
5 intelligently whether to have an abortion; or

6 (2) that notification under Section 4-15 would not be  
7 in the best interests of the minor or incompetent person.

8 (e) A court that conducts proceedings under this Section  
9 shall issue written and specific factual findings and legal  
10 conclusions supporting its decision and shall order that a  
11 confidential record of the evidence and the judge's findings  
12 and conditions be maintained.

13 (f) An expedited confidential appeal shall be available,  
14 as the Supreme Court provides by rule, to any minor or  
15 incompetent person to whom the circuit court denies a waiver  
16 of notice. An order authorizing an abortion without notice  
17 shall not be subject to appeal.

18 (g) The Supreme Court is respectfully requested to adopt  
19 any rules necessary to ensure that proceedings under this Act  
20 are handled in an expeditious and confidential manner.

21 (h) No fees shall be required of any minor or incompetent  
22 person who avails herself of the procedures provided by this  
23 Section.

24 Section 4-30. Minor's consent to abortion. A person may  
25 not perform an abortion on a minor without the minor's

1 consent, except in a medical emergency.

2 Section 4-35. Reports. The Department of Public Health  
3 shall comply with the reporting requirements set forth in the  
4 consent decree in *Herbst v. O'Malley*, case no. 84-C-5602 in  
5 the U.S. District Court for the Northern District of Illinois,  
6 Eastern Division.

7 Section 4-40. Penalties.

8 (a) Any physician who willfully fails to provide notice as  
9 required under this Act before performing an abortion on a  
10 minor or an incompetent person shall be referred to the  
11 Illinois State Medical Board for action in accordance with  
12 Section 22 of the Medical Practice Act of 1987.

13 (b) Any person, not authorized under this Act, who signs  
14 any waiver of notice for a minor or incompetent person seeking  
15 an abortion, is guilty of a Class C misdemeanor.

16 Section 4-45. Immunity. Any physician who, in good faith,  
17 provides notice in accordance with Section 4-15 or relies on  
18 an exception under Section 4-20 shall not be subject to any  
19 type of civil or criminal liability or discipline for  
20 unprofessional conduct for failure to give required notice.

21 Section 4-50. Severability and inseverability. If any  
22 provision of this Act or its application to any person or

1 circumstance is held invalid, the invalidity of that provision  
2 or application does not affect other provisions or  
3 applications of the Act that can be given effect without the  
4 invalid provision or application, except that Section 4-25 is  
5 inseverable to the extent that if all or any substantial and  
6 material part of Section 4-25 is held invalid, then the entire  
7 Act is invalid.

8 Article 5.

9 Section 5-5. The Freedom of Information Act is amended by  
10 changing Section 7.5 as follows:

11 (5 ILCS 140/7.5)

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

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

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

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

1 records prepared by the Experimental Organ Transplantation  
2 Procedures Board or its staff relating to applications it  
3 has received.

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

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

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

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

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

24 (i) Information contained in a local emergency energy  
25 plan submitted to a municipality in accordance with a  
26 local emergency energy plan ordinance that is adopted

1 under Section 11-21.5-5 of the Illinois Municipal Code.

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

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

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

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

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

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

1           (p) Security portions of system safety program plans,  
2           investigation reports, surveys, schedules, lists, data, or  
3           information compiled, collected, or prepared by or for the  
4           Department of Transportation under Sections 2705-300 and  
5           2705-616 of the Department of Transportation Law of the  
6           Civil Administrative Code of Illinois, the Regional  
7           Transportation Authority under Section 2.11 of the  
8           Regional Transportation Authority Act, or the St. Clair  
9           County Transit District under the Bi-State Transit Safety  
10          Act.

11          (q) Information prohibited from being disclosed by the  
12          Personnel ~~Record~~ Review Act.

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

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

17          (t) All identified or deidentified health information  
18          in the form of health data or medical records contained  
19          in, stored in, submitted to, transferred by, or released  
20          from the Illinois Health Information Exchange, and  
21          identified or deidentified health information in the form  
22          of health data and medical records of the Illinois Health  
23          Information Exchange in the possession of the Illinois  
24          Health Information Exchange Office due to its  
25          administration of the Illinois Health Information  
26          Exchange. The terms "identified" and "deidentified" shall

1 be given the same meaning as in the Health Insurance  
2 Portability and Accountability Act of 1996, Public Law  
3 104-191, or any subsequent amendments thereto, and any  
4 regulations promulgated thereunder.

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

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

18 (v-5) Records of the Firearm Owner's Identification  
19 Card Review Board that are exempted from disclosure under  
20 Section 10 of the Firearm Owners Identification Card Act.

21 (w) Personally identifiable information which is  
22 exempted from disclosure under subsection (g) of Section  
23 19.1 of the Toll Highway Act.

24 (x) Information which is exempted from disclosure  
25 under Section 5-1014.3 of the Counties Code or Section  
26 8-11-21 of the Illinois Municipal Code.

1           (y) Confidential information under the Adult  
2 Protective Services Act and its predecessor enabling  
3 statute, the Elder Abuse and Neglect Act, including  
4 information about the identity and administrative finding  
5 against any caregiver of a verified and substantiated  
6 decision of abuse, neglect, or financial exploitation of  
7 an eligible adult maintained in the Registry established  
8 under Section 7.5 of the Adult Protective Services Act.

9           (z) Records and information provided to a fatality  
10 review team or the Illinois Fatality Review Team Advisory  
11 Council under Section 15 of the Adult Protective Services  
12 Act.

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

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

17           (cc) Recordings made under the Law Enforcement  
18 Officer-Worn Body Camera Act, except to the extent  
19 authorized under that Act.

20           (dd) Information that is prohibited from being  
21 disclosed under Section 45 of the Condominium and Common  
22 Interest Community Ombudsperson Act.

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

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



1 (gg) Information that is prohibited from being  
2 disclosed under Section 7-603.5 of the Illinois Vehicle  
3 Code.

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

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

9 (jj) Information and reports that are required to be  
10 submitted to the Department of Labor by registering day  
11 and temporary labor service agencies but are exempt from  
12 disclosure under subsection (a-1) of Section 45 of the Day  
13 and Temporary Labor Services Act.

14 (kk) Information prohibited from disclosure under the  
15 Seizure and Forfeiture Reporting Act.

16 (ll) Information the disclosure of which is restricted  
17 and exempted under Section 5-30.8 of the Illinois Public  
18 Aid Code.

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

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

23 (oo) Communications, notes, records, and reports  
24 arising out of a peer support counseling session  
25 prohibited from disclosure under the First Responders  
26 Suicide Prevention Act.

1 (pp) Names and all identifying information relating to  
2 an employee of an emergency services provider or law  
3 enforcement agency under the First Responders Suicide  
4 Prevention Act.

5 (qq) (Blank). ~~Information and records held by the~~  
6 ~~Department of Public Health and its authorized~~  
7 ~~representatives collected under the Reproductive Health~~  
8 ~~Act.~~

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

11 (ss) Data reported by an employer to the Department of  
12 Human Rights pursuant to Section 2-108 of the Illinois  
13 Human Rights Act.

14 (tt) Recordings made under the Children's Advocacy  
15 Center Act, except to the extent authorized under that  
16 Act.

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

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

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

24 (xx) Information that is exempt from disclosure or  
25 information that shall not be made public under the  
26 Illinois Insurance Code.

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

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

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

7           (bbb) Information that is prohibited from disclosure  
8 by the Illinois Police Training Act and the Illinois State  
9 Police Act.

10          (ccc) Records exempt from disclosure under Section  
11 2605-304 of the Illinois State Police Law of the Civil  
12 Administrative Code of Illinois.

13          (ddd) Information prohibited from being disclosed  
14 under Section 35 of the Address Confidentiality for  
15 Victims of Domestic Violence, Sexual Assault, Human  
16 Trafficking, or Stalking Act.

17          (eee) Information prohibited from being disclosed  
18 under subsection (b) of Section 75 of the Domestic  
19 Violence Fatality Review Act.

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

23          (ggg) Information prohibited from disclosure under  
24 paragraph (3) of subsection (a) of Section 14 of the Nurse  
25 Agency Licensing Act.

26          (hhh) Information submitted to the Department of State

1 Police in an affidavit or application for an assault  
2 weapon endorsement, assault weapon attachment endorsement,  
3 .50 caliber rifle endorsement, or .50 caliber cartridge  
4 endorsement under the Firearm Owners Identification Card  
5 Act.

6 (Source: P.A. 101-13, eff. 6-12-19; 101-27, eff. 6-25-19;  
7 101-81, eff. 7-12-19; 101-221, eff. 1-1-20; 101-236, eff.  
8 1-1-20; 101-375, eff. 8-16-19; 101-377, eff. 8-16-19; 101-452,  
9 eff. 1-1-20; 101-466, eff. 1-1-20; 101-600, eff. 12-6-19;  
10 101-620, eff. 12-20-19; 101-649, eff. 7-7-20; 101-652, eff.  
11 1-1-22; 101-656, eff. 3-23-21; 102-36, eff. 6-25-21; 102-237,  
12 eff. 1-1-22; 102-292, eff. 1-1-22; 102-520, eff. 8-20-21;  
13 102-559, eff. 8-20-21; 102-813, eff. 5-13-22; 102-946, eff.  
14 7-1-22; 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23.)

15 Section 5-10. The State Employees Group Insurance Act of  
16 1971 is amended by changing Section 6.11 as follows:

17 (5 ILCS 375/6.11)

18 (Text of Section before amendment by P.A. 102-768)

19 Sec. 6.11. Required health benefits; Illinois Insurance  
20 Code requirements. The program of health benefits shall  
21 provide the post-mastectomy care benefits required to be  
22 covered by a policy of accident and health insurance under  
23 Section 356t of the Illinois Insurance Code. The program of  
24 health benefits shall provide the coverage required under

1 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,  
2 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,  
3 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,  
4 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
5 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
6 356z.53, 356z.54, 356z.56, 356z.57, and 356z.59, ~~and 356z.60~~  
7 of the Illinois Insurance Code. The program of health benefits  
8 must comply with Sections 155.22a, 155.37, 355b, 356z.19,  
9 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance  
10 Code. The Department of Insurance shall enforce the  
11 requirements of this Section with respect to Sections 370c and  
12 370c.1 of the Illinois Insurance Code; all other requirements  
13 of this Section shall be enforced by the Department of Central  
14 Management Services.

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

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

1 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
2 revised 12-13-22.)

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

4 Sec. 6.11. Required health benefits; Illinois Insurance  
5 Code requirements. The program of health benefits shall  
6 provide the post-mastectomy care benefits required to be  
7 covered by a policy of accident and health insurance under  
8 Section 356t of the Illinois Insurance Code. The program of  
9 health benefits shall provide the coverage required under  
10 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,  
11 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,  
12 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,  
13 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
14 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
15 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, and 356z.59, ~~and~~  
16 ~~356z.60~~ of the Illinois Insurance Code. The program of health  
17 benefits must comply with Sections 155.22a, 155.37, 355b,  
18 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois  
19 Insurance Code. The Department of Insurance shall enforce the  
20 requirements of this Section with respect to Sections 370c and  
21 370c.1 of the Illinois Insurance Code; all other requirements  
22 of this Section shall be enforced by the Department of Central  
23 Management Services.

24 Rulemaking authority to implement Public Act 95-1045, if  
25 any, is conditioned on the rules being adopted in accordance

1 with all provisions of the Illinois Administrative Procedure  
2 Act and all rules and procedures of the Joint Committee on  
3 Administrative Rules; any purported rule not so adopted, for  
4 whatever reason, is unauthorized.

5 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;  
6 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.  
7 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,  
8 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;  
9 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.  
10 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,  
11 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;  
12 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

13 Section 5-15. The Children and Family Services Act is  
14 amended by changing Section 5 as follows:

15 (20 ILCS 505/5) (from Ch. 23, par. 5005)

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

20 (a) For purposes of this Section:

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

24 (A) were committed to the Department pursuant to

1 the Juvenile Court Act or the Juvenile Court Act of  
2 1987 and who continue under the jurisdiction of the  
3 court; or

4 (B) were accepted for care, service and training  
5 by the Department prior to the age of 18 and whose best  
6 interest in the discretion of the Department would be  
7 served by continuing that care, service and training  
8 because of severe emotional disturbances, physical  
9 disability, social adjustment or any combination  
10 thereof, or because of the need to complete an  
11 educational or vocational training program.

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

16 (3) "Child welfare services" means public social  
17 services which are directed toward the accomplishment of  
18 the following purposes:

19 (A) protecting and promoting the health, safety  
20 and welfare of children, including homeless,  
21 dependent, or neglected children;

22 (B) remedying, or assisting in the solution of  
23 problems which may result in, the neglect, abuse,  
24 exploitation, or delinquency of children;

25 (C) preventing the unnecessary separation of  
26 children from their families by identifying family



1 problems, assisting families in resolving their  
2 problems, and preventing the breakup of the family  
3 where the prevention of child removal is desirable and  
4 possible when the child can be cared for at home  
5 without endangering the child's health and safety;

6 (D) restoring to their families children who have  
7 been removed, by the provision of services to the  
8 child and the families when the child can be cared for  
9 at home without endangering the child's health and  
10 safety;

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

14 (F) assuring safe and adequate care of children  
15 away from their homes, in cases where the child cannot  
16 be returned home or cannot be placed for adoption. At  
17 the time of placement, the Department shall consider  
18 concurrent planning, as described in subsection (1-1)  
19 of this Section so that permanency may occur at the  
20 earliest opportunity. Consideration should be given so  
21 that if reunification fails or is delayed, the  
22 placement made is the best available placement to  
23 provide permanency for the child;

24 (G) (blank);

25 (H) (blank); and

26 (I) placing and maintaining children in facilities

1 that provide separate living quarters for children  
2 under the age of 18 and for children 18 years of age  
3 and older, unless a child 18 years of age is in the  
4 last year of high school education or vocational  
5 training, in an approved individual or group treatment  
6 program, in a licensed shelter facility, or secure  
7 child care facility. The Department is not required to  
8 place or maintain children:

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

10 (ii) who are persons with a developmental  
11 disability, as defined in the Mental Health and  
12 Developmental Disabilities Code, or

13 (iii) who are female children who are  
14 pregnant, pregnant and parenting, or parenting, or

15 (iv) who are siblings, in facilities that  
16 provide separate living quarters for children 18  
17 years of age and older and for children under 18  
18 years of age.

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

22 (c) The Department shall establish and maintain  
23 tax-supported child welfare services and extend and seek to  
24 improve voluntary services throughout the State, to the end  
25 that services and care shall be available on an equal basis  
26 throughout the State to children requiring such services.

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

19           (e) (Blank).

20           (f) (Blank).

21           (g) The Department shall establish rules and regulations  
22 concerning its operation of programs designed to meet the  
23 goals of child safety and protection, family preservation,  
24 family reunification, and adoption, including, but not limited  
25 to:

26                 (1) adoption;

- 1 (2) foster care;
- 2 (3) family counseling;
- 3 (4) protective services;
- 4 (5) (blank);
- 5 (6) homemaker service;
- 6 (7) return of runaway children;
- 7 (8) (blank);
- 8 (9) placement under Section 5-7 of the Juvenile Court
- 9 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile
- 10 Court Act of 1987 in accordance with the federal Adoption
- 11 Assistance and Child Welfare Act of 1980; and
- 12 (10) interstate services.

13 Rules and regulations established by the Department shall  
14 include provisions for training Department staff and the staff  
15 of Department grantees, through contracts with other agencies  
16 or resources, in screening techniques to identify substance  
17 use disorders, as defined in the Substance Use Disorder Act,  
18 approved by the Department of Human Services, as a successor  
19 to the Department of Alcoholism and Substance Abuse, for the  
20 purpose of identifying children and adults who should be  
21 referred for an assessment at an organization appropriately  
22 licensed by the Department of Human Services for substance use  
23 disorder treatment.

24 (h) If the Department finds that there is no appropriate  
25 program or facility within or available to the Department for  
26 a youth in care and that no licensed private facility has an

1 adequate and appropriate program or none agrees to accept the  
2 youth in care, the Department shall create an appropriate  
3 individualized, program-oriented plan for such youth in care.  
4 The plan may be developed within the Department or through  
5 purchase of services by the Department to the extent that it is  
6 within its statutory authority to do.

7 (i) Service programs shall be available throughout the  
8 State and shall include but not be limited to the following  
9 services:

- 10 (1) case management;
- 11 (2) homemakers;
- 12 (3) counseling;
- 13 (4) parent education;
- 14 (5) day care; and
- 15 (6) emergency assistance and advocacy.

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

- 18 (1) comprehensive family-based services;
- 19 (2) assessments;
- 20 (3) respite care; and
- 21 (4) in-home health services.

22 The Department shall provide transportation for any of the  
23 services it makes available to children or families or for  
24 which it refers children or families.

25 (j) The Department may provide categories of financial  
26 assistance and education assistance grants, and shall

1 establish rules and regulations concerning the assistance and  
2 grants, to persons who adopt children with physical or mental  
3 disabilities, children who are older, or other hard-to-place  
4 children who (i) immediately prior to their adoption were  
5 youth in care or (ii) were determined eligible for financial  
6 assistance with respect to a prior adoption and who become  
7 available for adoption because the prior adoption has been  
8 dissolved and the parental rights of the adoptive parents have  
9 been terminated or because the child's adoptive parents have  
10 died. The Department may continue to provide financial  
11 assistance and education assistance grants for a child who was  
12 determined eligible for financial assistance under this  
13 subsection (j) in the interim period beginning when the  
14 child's adoptive parents died and ending with the finalization  
15 of the new adoption of the child by another adoptive parent or  
16 parents. The Department may also provide categories of  
17 financial assistance and education assistance grants, and  
18 shall establish rules and regulations for the assistance and  
19 grants, to persons appointed guardian of the person under  
20 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,  
21 4-25, or 5-740 of the Juvenile Court Act of 1987 for children  
22 who were youth in care for 12 months immediately prior to the  
23 appointment of the guardian.

24 The amount of assistance may vary, depending upon the  
25 needs of the child and the adoptive parents, as set forth in  
26 the annual assistance agreement. Special purpose grants are

1 allowed where the child requires special service but such  
2 costs may not exceed the amounts which similar services would  
3 cost the Department if it were to provide or secure them as  
4 guardian of the child.

5 Any financial assistance provided under this subsection is  
6 inalienable by assignment, sale, execution, attachment,  
7 garnishment, or any other remedy for recovery or collection of  
8 a judgment or debt.

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

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

17 (l) The Department shall offer family preservation  
18 services, as defined in Section 8.2 of the Abused and  
19 Neglected Child Reporting Act, to help families, including  
20 adoptive and extended families. Family preservation services  
21 shall be offered (i) to prevent the placement of children in  
22 substitute care when the children can be cared for at home or  
23 in the custody of the person responsible for the children's  
24 welfare, (ii) to reunite children with their families, or  
25 (iii) to maintain an adoptive placement. Family preservation  
26 services shall only be offered when doing so will not endanger

1 the children's health or safety. With respect to children who  
2 are in substitute care pursuant to the Juvenile Court Act of  
3 1987, family preservation services shall not be offered if a  
4 goal other than those of subdivisions (A), (B), or (B-1) of  
5 subsection (2) of Section 2-28 of that Act has been set, except  
6 that reunification services may be offered as provided in  
7 paragraph (F) of subsection (2) of Section 2-28 of that Act.  
8 Nothing in this paragraph shall be construed to create a  
9 private right of action or claim on the part of any individual  
10 or child welfare agency, except that when a child is the  
11 subject of an action under Article II of the Juvenile Court Act  
12 of 1987 and the child's service plan calls for services to  
13 facilitate achievement of the permanency goal, the court  
14 hearing the action under Article II of the Juvenile Court Act  
15 of 1987 may order the Department to provide the services set  
16 out in the plan, if those services are not provided with  
17 reasonable promptness and if those services are available.

18 The Department shall notify the child and his family of  
19 the Department's responsibility to offer and provide family  
20 preservation services as identified in the service plan. The  
21 child and his family shall be eligible for services as soon as  
22 the report is determined to be "indicated". The Department may  
23 offer services to any child or family with respect to whom a  
24 report of suspected child abuse or neglect has been filed,  
25 prior to concluding its investigation under Section 7.12 of  
26 the Abused and Neglected Child Reporting Act. However, the



1 child's or family's willingness to accept services shall not  
2 be considered in the investigation. The Department may also  
3 provide services to any child or family who is the subject of  
4 any report of suspected child abuse or neglect or may refer  
5 such child or family to services available from other agencies  
6 in the community, even if the report is determined to be  
7 unfounded, if the conditions in the child's or family's home  
8 are reasonably likely to subject the child or family to future  
9 reports of suspected child abuse or neglect. Acceptance of  
10 such services shall be voluntary. The Department may also  
11 provide services to any child or family after completion of a  
12 family assessment, as an alternative to an investigation, as  
13 provided under the "differential response program" provided  
14 for in subsection (a-5) of Section 7.4 of the Abused and  
15 Neglected Child Reporting Act.

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

1 hearings involving sanctions for violation of aftercare  
2 release conditions and aftercare release revocation hearings.

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

1 a neurological condition, including, but not limited to,  
2 Asperger's Syndrome and autism, as defined in the most recent  
3 edition of the Diagnostic and Statistical Manual of Mental  
4 Disorders of the American Psychiatric Association.

5 (1-1) The legislature recognizes that the best interests  
6 of the child require that the child be placed in the most  
7 permanent living arrangement as soon as is practically  
8 possible. To achieve this goal, the legislature directs the  
9 Department of Children and Family Services to conduct  
10 concurrent planning so that permanency may occur at the  
11 earliest opportunity. Permanent living arrangements may  
12 include prevention of placement of a child outside the home of  
13 the family when the child can be cared for at home without  
14 endangering the child's health or safety; reunification with  
15 the family, when safe and appropriate, if temporary placement  
16 is necessary; or movement of the child toward the most  
17 permanent living arrangement and permanent legal status.

18 When determining reasonable efforts to be made with  
19 respect to a child, as described in this subsection, and in  
20 making such reasonable efforts, the child's health and safety  
21 shall be the paramount concern.

22 When a child is placed in foster care, the Department  
23 shall ensure and document that reasonable efforts were made to  
24 prevent or eliminate the need to remove the child from the  
25 child's home. The Department must make reasonable efforts to  
26 reunify the family when temporary placement of the child

1 occurs unless otherwise required, pursuant to the Juvenile  
2 Court Act of 1987. At any time after the dispositional hearing  
3 where the Department believes that further reunification  
4 services would be ineffective, it may request a finding from  
5 the court that reasonable efforts are no longer appropriate.  
6 The Department is not required to provide further  
7 reunification services after such a finding.

8 A decision to place a child in substitute care shall be  
9 made with considerations of the child's health, safety, and  
10 best interests. At the time of placement, consideration should  
11 also be given so that if reunification fails or is delayed, the  
12 placement made is the best available placement to provide  
13 permanency for the child.

14 The Department shall adopt rules addressing concurrent  
15 planning for reunification and permanency. The Department  
16 shall consider the following factors when determining  
17 appropriateness of concurrent planning:

- 18 (1) the likelihood of prompt reunification;
- 19 (2) the past history of the family;
- 20 (3) the barriers to reunification being addressed by  
21 the family;
- 22 (4) the level of cooperation of the family;
- 23 (5) the foster parents' willingness to work with the  
24 family to reunite;
- 25 (6) the willingness and ability of the foster family  
26 to provide an adoptive home or long-term placement;

1 (7) the age of the child;

2 (8) placement of siblings.

3 (m) The Department may assume temporary custody of any  
4 child if:

5 (1) it has received a written consent to such  
6 temporary custody signed by the parents of the child or by  
7 the parent having custody of the child if the parents are  
8 not living together or by the guardian or custodian of the  
9 child if the child is not in the custody of either parent,  
10 or

11 (2) the child is found in the State and neither a  
12 parent, guardian nor custodian of the child can be  
13 located.

14 If the child is found in his or her residence without a parent,  
15 guardian, custodian, or responsible caretaker, the Department  
16 may, instead of removing the child and assuming temporary  
17 custody, place an authorized representative of the Department  
18 in that residence until such time as a parent, guardian, or  
19 custodian enters the home and expresses a willingness and  
20 apparent ability to ensure the child's health and safety and  
21 resume permanent charge of the child, or until a relative  
22 enters the home and is willing and able to ensure the child's  
23 health and safety and assume charge of the child until a  
24 parent, guardian, or custodian enters the home and expresses  
25 such willingness and ability to ensure the child's safety and  
26 resume permanent charge. After a caretaker has remained in the

1 home for a period not to exceed 12 hours, the Department must  
2 follow those procedures outlined in Section 2-9, 3-11, 4-8, or  
3 5-415 of the Juvenile Court Act of 1987.

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

18 The Department shall ensure that any child taken into  
19 custody is scheduled for an appointment for a medical  
20 examination.

21 A parent, guardian, or custodian of a child in the  
22 temporary custody of the Department who would have custody of  
23 the child if he were not in the temporary custody of the  
24 Department may deliver to the Department a signed request that  
25 the Department surrender the temporary custody of the child.  
26 The Department may retain temporary custody of the child for

1 10 days after the receipt of the request, during which period  
2 the Department may cause to be filed a petition pursuant to the  
3 Juvenile Court Act of 1987. If a petition is so filed, the  
4 Department shall retain temporary custody of the child until  
5 the court orders otherwise. If a petition is not filed within  
6 the 10-day period, the child shall be surrendered to the  
7 custody of the requesting parent, guardian, or custodian not  
8 later than the expiration of the 10-day period, at which time  
9 the authority and duties of the Department with respect to the  
10 temporary custody of the child shall terminate.

11 (m-1) The Department may place children under 18 years of  
12 age in a secure child care facility licensed by the Department  
13 that cares for children who are in need of secure living  
14 arrangements for their health, safety, and well-being after a  
15 determination is made by the facility director and the  
16 Director or the Director's designate prior to admission to the  
17 facility subject to Section 2-27.1 of the Juvenile Court Act  
18 of 1987. This subsection (m-1) does not apply to a child who is  
19 subject to placement in a correctional facility operated  
20 pursuant to Section 3-15-2 of the Unified Code of Corrections,  
21 unless the child is a youth in care who was placed in the care  
22 of the Department before being subject to placement in a  
23 correctional facility and a court of competent jurisdiction  
24 has ordered placement of the child in a secure care facility.

25 (n) The Department may place children under 18 years of  
26 age in licensed child care facilities when in the opinion of



1 the Department, appropriate services aimed at family  
2 preservation have been unsuccessful and cannot ensure the  
3 child's health and safety or are unavailable and such  
4 placement would be for their best interest. Payment for board,  
5 clothing, care, training and supervision of any child placed  
6 in a licensed child care facility may be made by the  
7 Department, by the parents or guardians of the estates of  
8 those children, or by both the Department and the parents or  
9 guardians, except that no payments shall be made by the  
10 Department for any child placed in a licensed child care  
11 facility for board, clothing, care, training and supervision  
12 of such a child that exceed the average per capita cost of  
13 maintaining and of caring for a child in institutions for  
14 dependent or neglected children operated by the Department.  
15 However, such restriction on payments does not apply in cases  
16 where children require specialized care and treatment for  
17 problems of severe emotional disturbance, physical disability,  
18 social adjustment, or any combination thereof and suitable  
19 facilities for the placement of such children are not  
20 available at payment rates within the limitations set forth in  
21 this Section. All reimbursements for services delivered shall  
22 be absolutely inalienable by assignment, sale, attachment, or  
23 garnishment or otherwise.

24 (n-1) The Department shall provide or authorize child  
25 welfare services, aimed at assisting minors to achieve  
26 sustainable self-sufficiency as independent adults, for any

1 minor eligible for the reinstatement of wardship pursuant to  
2 subsection (2) of Section 2-33 of the Juvenile Court Act of  
3 1987, whether or not such reinstatement is sought or allowed,  
4 provided that the minor consents to such services and has not  
5 yet attained the age of 21. The Department shall have  
6 responsibility for the development and delivery of services  
7 under this Section. An eligible youth may access services  
8 under this Section through the Department of Children and  
9 Family Services or by referral from the Department of Human  
10 Services. Youth participating in services under this Section  
11 shall cooperate with the assigned case manager in developing  
12 an agreement identifying the services to be provided and how  
13 the youth will increase skills to achieve self-sufficiency. A  
14 homeless shelter is not considered appropriate housing for any  
15 youth receiving child welfare services under this Section. The  
16 Department shall continue child welfare services under this  
17 Section to any eligible minor until the minor becomes 21 years  
18 of age, no longer consents to participate, or achieves  
19 self-sufficiency as identified in the minor's service plan.  
20 The Department of Children and Family Services shall create  
21 clear, readable notice of the rights of former foster youth to  
22 child welfare services under this Section and how such  
23 services may be obtained. The Department of Children and  
24 Family Services and the Department of Human Services shall  
25 disseminate this information statewide. The Department shall  
26 adopt regulations describing services intended to assist

1 minors in achieving sustainable self-sufficiency as  
2 independent adults.

3 (o) The Department shall establish an administrative  
4 review and appeal process for children and families who  
5 request or receive child welfare services from the Department.  
6 Youth in care who are placed by private child welfare  
7 agencies, and foster families with whom those youth are  
8 placed, shall be afforded the same procedural and appeal  
9 rights as children and families in the case of placement by the  
10 Department, including the right to an initial review of a  
11 private agency decision by that agency. The Department shall  
12 ensure that any private child welfare agency, which accepts  
13 youth in care for placement, affords those rights to children  
14 and foster families. The Department shall accept for  
15 administrative review and an appeal hearing a complaint made  
16 by (i) a child or foster family concerning a decision  
17 following an initial review by a private child welfare agency  
18 or (ii) a prospective adoptive parent who alleges a violation  
19 of subsection (j-5) of this Section. An appeal of a decision  
20 concerning a change in the placement of a child shall be  
21 conducted in an expedited manner. A court determination that a  
22 current foster home placement is necessary and appropriate  
23 under Section 2-28 of the Juvenile Court Act of 1987 does not  
24 constitute a judicial determination on the merits of an  
25 administrative appeal, filed by a former foster parent,  
26 involving a change of placement decision.

1 (p) (Blank).

2 (q) The Department may receive and use, in their entirety,  
3 for the benefit of children any gift, donation, or bequest of  
4 money or other property which is received on behalf of such  
5 children, or any financial benefits to which such children are  
6 or may become entitled while under the jurisdiction or care of  
7 the Department, except that the benefits described in Section  
8 5.46 must be used and conserved consistent with the provisions  
9 under Section 5.46.

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

21 In disbursing funds from children's accounts, the  
22 Department shall:

23 (1) Establish standards in accordance with State and  
24 federal laws for disbursing money from children's  
25 accounts. In all circumstances, the Department's  
26 "Guardianship Administrator" or his or her designee must

1 approve disbursements from children's accounts. The  
2 Department shall be responsible for keeping complete  
3 records of all disbursements for each account for any  
4 purpose.

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

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

19 (r) The Department shall promulgate regulations  
20 encouraging all adoption agencies to voluntarily forward to  
21 the Department or its agent names and addresses of all persons  
22 who have applied for and have been approved for adoption of a  
23 hard-to-place child or child with a disability and the names  
24 of such children who have not been placed for adoption. A list  
25 of such names and addresses shall be maintained by the  
26 Department or its agent, and coded lists which maintain the

1 confidentiality of the person seeking to adopt the child and  
2 of the child shall be made available, without charge, to every  
3 adoption agency in the State to assist the agencies in placing  
4 such children for adoption. The Department may delegate to an  
5 agent its duty to maintain and make available such lists. The  
6 Department shall ensure that such agent maintains the  
7 confidentiality of the person seeking to adopt the child and  
8 of the child.

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

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

- 25 (1) an order entered by an Illinois court specifically  
26 directs the Department to perform such services; and

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

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

13          (u) In addition to other information that must be  
14          provided, whenever the Department places a child with a  
15          prospective adoptive parent or parents, in a licensed foster  
16          home, group home, or child care institution, or in a relative  
17          home, the Department shall provide to the prospective adoptive  
18          parent or parents or other caretaker:

19               (1) available detailed information concerning the  
20               child's educational and health history, copies of  
21               immunization records (including insurance and medical card  
22               information), a history of the child's previous  
23               placements, if any, and reasons for placement changes  
24               excluding any information that identifies or reveals the  
25               location of any previous caretaker;

26               (2) a copy of the child's portion of the client

1 service plan, including any visitation arrangement, and  
2 all amendments or revisions to it as related to the child;  
3 and

4 (3) information containing details of the child's  
5 individualized educational plan when the child is  
6 receiving special education services.

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

22 The information described in this subsection shall be  
23 provided in writing. In the case of emergency placements when  
24 time does not allow prior review, preparation, and collection  
25 of written information, the Department shall provide such  
26 information as it becomes available. Within 10 business days



1 after placement, the Department shall obtain from the  
2 prospective adoptive parent or parents or other caretaker a  
3 signed verification of receipt of the information provided.  
4 Within 10 business days after placement, the Department shall  
5 provide to the child's guardian ad litem a copy of the  
6 information provided to the prospective adoptive parent or  
7 parents or other caretaker. The information provided to the  
8 prospective adoptive parent or parents or other caretaker  
9 shall be reviewed and approved regarding accuracy at the  
10 supervisory level.

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

22 (v) The Department shall access criminal history record  
23 information as defined in the Illinois Uniform Conviction  
24 Information Act and information maintained in the adjudicatory  
25 and dispositional record system as defined in Section 2605-355  
26 of the Illinois State Police Law if the Department determines

1 the information is necessary to perform its duties under the  
2 Abused and Neglected Child Reporting Act, the Child Care Act  
3 of 1969, and the Children and Family Services Act. The  
4 Department shall provide for interactive computerized  
5 communication and processing equipment that permits direct  
6 on-line communication with the Illinois State Police's central  
7 criminal history data repository. The Department shall comply  
8 with all certification requirements and provide certified  
9 operators who have been trained by personnel from the Illinois  
10 State Police. In addition, one Office of the Inspector General  
11 investigator shall have training in the use of the criminal  
12 history information access system and have access to the  
13 terminal. The Department of Children and Family Services and  
14 its employees shall abide by rules and regulations established  
15 by the Illinois State Police relating to the access and  
16 dissemination of this information.

17 (v-1) Prior to final approval for placement of a child,  
18 the Department shall conduct a criminal records background  
19 check of the prospective foster or adoptive parent, including  
20 fingerprint-based checks of national crime information  
21 databases. Final approval for placement shall not be granted  
22 if the record check reveals a felony conviction for child  
23 abuse or neglect, for spousal abuse, for a crime against  
24 children, or for a crime involving violence, including rape,  
25 sexual assault, or homicide, but not including other physical  
26 assault or battery, or if there is a felony conviction for

1 physical assault, battery, or a drug-related offense committed  
2 within the past 5 years.

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

11 (w) Within 120 days of August 20, 1995 (the effective date  
12 of Public Act 89-392), the Department shall prepare and submit  
13 to the Governor and the General Assembly, a written plan for  
14 the development of in-state licensed secure child care  
15 facilities that care for children who are in need of secure  
16 living arrangements for their health, safety, and well-being.  
17 For purposes of this subsection, secure care facility shall  
18 mean a facility that is designed and operated to ensure that  
19 all entrances and exits from the facility, a building or a  
20 distinct part of the building, are under the exclusive control  
21 of the staff of the facility, whether or not the child has the  
22 freedom of movement within the perimeter of the facility,  
23 building, or distinct part of the building. The plan shall  
24 include descriptions of the types of facilities that are  
25 needed in Illinois; the cost of developing these secure care  
26 facilities; the estimated number of placements; the potential

1 cost savings resulting from the movement of children currently  
2 out-of-state who are projected to be returned to Illinois; the  
3 necessary geographic distribution of these facilities in  
4 Illinois; and a proposed timetable for development of such  
5 facilities.

6 (x) The Department shall conduct annual credit history  
7 checks to determine the financial history of children placed  
8 under its guardianship pursuant to the Juvenile Court Act of  
9 1987. The Department shall conduct such credit checks starting  
10 when a youth in care turns 12 years old and each year  
11 thereafter for the duration of the guardianship as terminated  
12 pursuant to the Juvenile Court Act of 1987. The Department  
13 shall determine if financial exploitation of the child's  
14 personal information has occurred. If financial exploitation  
15 appears to have taken place or is presently ongoing, the  
16 Department shall notify the proper law enforcement agency, the  
17 proper State's Attorney, or the Attorney General.

18 (y) Beginning on July 22, 2010 (the effective date of  
19 Public Act 96-1189), a child with a disability who receives  
20 residential and educational services from the Department shall  
21 be eligible to receive transition services in accordance with  
22 Article 14 of the School Code from the age of 14.5 through age  
23 21, inclusive, notwithstanding the child's residential  
24 services arrangement. For purposes of this subsection, "child  
25 with a disability" means a child with a disability as defined  
26 by the federal Individuals with Disabilities Education

1 Improvement Act of 2004.

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

20 For purposes of this subsection:

21 "Background information" means all of the following:

22 (i) Upon the request of the Department of Children and  
23 Family Services, conviction information obtained from the  
24 Illinois State Police as a result of a fingerprint-based  
25 criminal history records check of the Illinois criminal  
26 history records database and the Federal Bureau of

1 Investigation criminal history records database concerning  
2 a Department employee or Department applicant.

3 (ii) Information obtained by the Department of  
4 Children and Family Services after performing a check of  
5 the Illinois State Police's Sex Offender Database, as  
6 authorized by Section 120 of the Sex Offender Community  
7 Notification Law, concerning a Department employee or  
8 Department applicant.

9 (iii) Information obtained by the Department of  
10 Children and Family Services after performing a check of  
11 the Child Abuse and Neglect Tracking System (CANTS)  
12 operated and maintained by the Department.

13 "Department employee" means a full-time or temporary  
14 employee coded or certified within the State of Illinois  
15 Personnel System.

16 "Department applicant" means an individual who has  
17 conditional Department full-time or part-time work, a  
18 contractor, an individual used to replace or supplement staff,  
19 an academic intern, a volunteer in Department offices or on  
20 Department contracts, a work-study student, an individual or  
21 entity licensed by the Department, or an unlicensed service  
22 provider who works as a condition of a contract or an agreement  
23 and whose work may bring the unlicensed service provider into  
24 contact with Department clients or client records.

25 (Source: P.A. 101-13, eff. 6-12-19; 101-79, eff. 7-12-19;  
26 101-81, eff. 7-12-19; 102-538, eff. 8-20-21; 102-558, eff.

1 8-20-21; 102-1014, eff. 5-27-22.)

2 Section 5-20. The Criminal Identification Act is amended  
3 by changing Section 3.2 as follows:

4 (20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)

5 Sec. 3.2. ~~(a)~~ It is the duty of any person conducting or  
6 operating a medical facility, or any physician or nurse as  
7 soon as treatment permits to notify the local law enforcement  
8 agency of that jurisdiction upon the application for treatment  
9 of a person who is not accompanied by a law enforcement  
10 officer, when it reasonably appears that the person requesting  
11 treatment has received:

12 (1) any injury resulting from the discharge of a  
13 firearm; or

14 (2) any injury sustained in the commission of or as a  
15 victim of a criminal offense.

16 Any hospital, physician or nurse shall be forever held  
17 harmless from any civil liability for their reasonable  
18 compliance with the provisions of this Section.

19 ~~(b) Notwithstanding subsection (a), nothing in this~~  
20 ~~Section shall be construed to require the reporting of lawful~~  
21 ~~health care activity, whether such activity may constitute a~~  
22 ~~violation of another state's law.~~

23 ~~(c) As used in this Section:~~

24 ~~"Lawful health care" means:~~

1           ~~(1) reproductive health care that is not unlawful~~  
2           ~~under the laws of this State, including on any theory of~~  
3           ~~vicarious, joint, several, or conspiracy liability; or~~

4           ~~(2) the treatment of gender dysphoria or the~~  
5           ~~affirmation of an individual's gender identity or gender~~  
6           ~~expression, including but not limited to, all supplies,~~  
7           ~~care, and services of a medical, behavioral health, mental~~  
8           ~~health, surgical, psychiatric, therapeutic, diagnostic,~~  
9           ~~preventative, rehabilitative, or supportive nature that is~~  
10           ~~not unlawful under the laws of this State, including on~~  
11           ~~any theory of vicarious, joint, several, or conspiracy~~  
12           ~~liability.~~

13           ~~"Lawful health care activity" means seeking, providing,~~  
14           ~~receiving, assisting in seeking, providing, or receiving,~~  
15           ~~providing material support for, or traveling to obtain lawful~~  
16           ~~health care.~~

17           (Source: P.A. 102-1117, eff. 1-13-23.)

18           Section 5-25. The Counties Code is amended by changing  
19           Sections 3-3013, 3-4006, and 5-1069.3 as follows:

20           (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

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

22           Sec. 3-3013. Preliminary investigations; blood and urine  
23           analysis; summoning jury; reports. Every coroner, whenever,  
24           as soon as he knows or is informed that the dead body of any



1 person is found, or lying within his county, whose death is  
2 suspected of being:

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

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

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

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

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

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

1 3-3014 to attempt to ascertain the cause of death, either by  
2 autopsy or otherwise.

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

26 In all other cases coming within the jurisdiction of the

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

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

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

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

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

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

1 county shall receive compensation from the county at the same  
2 rate as the rate of compensation that is paid to petit or grand  
3 jurors in the county.

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

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

25 In addition, in every case in which domestic violence is  
26 determined to be a contributing factor in a death, the coroner

1 shall report the death to the Illinois State Police.

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

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

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

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

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

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

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

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

26          In cases of accidental death involving a motor vehicle in



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

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

1 coroner suspects that drugs may have been involved in the  
2 death, either directly or indirectly, a toxicological  
3 examination shall be performed which may include analyses of  
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5 the coroner suspects a death is due to toxic substances, other  
6 than drugs, the coroner shall consult with the toxicologist  
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15 obtained), whenever possible, to be withdrawn from the body of  
16 the decedent in a timely fashion. For proper preservation of  
17 the specimens, collected blood and buccal specimens shall be  
18 dried and tissue specimens shall be frozen if available  
19 equipment exists. As soon as possible, but no later than 30  
20 days after the collection of the specimens, the coroner or  
21 medical examiner shall release those specimens to the police  
22 agency responsible for investigating the death. As soon as  
23 possible, but no later than 30 days after the receipt from the  
24 coroner or medical examiner, the police agency shall submit  
25 the specimens using the agency case number to a National DNA  
26 Index System (NDIS) participating laboratory within this

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

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

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

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

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

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

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

25           All deaths in State institutions and all deaths of wards  
26 of the State or youth in care as defined in Section 4d of the

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

15 (Source: P.A. 101-13, eff. 6-12-19; 102-538, eff. 8-20-21;  
16 102-982, eff. 7-1-23; revised 8-23-22.)

17 (55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

18 Sec. 3-4006. Duties of public defender. The Public  
19 Defender, as directed by the court, shall act as attorney,  
20 without fee, before any court within any county for all  
21 persons who are held in custody or who are charged with the  
22 commission of any criminal offense, and who the court finds  
23 are unable to employ counsel.

24 The Public Defender shall be the attorney, without fee,  
25 when so appointed by the court under Section 1-20 of the

1 Juvenile Court Act or Section 1-5 of the Juvenile Court Act of  
2 1987 or by any court under subsection (b) of Section 4-5 of the  
3 Parental Notice of Abortion Act of 2023 for any party who the  
4 court finds is financially unable to employ counsel.

5 In cases subject to Section 5-170 of the Juvenile Court  
6 Act of 1987 involving a minor who was under 15 years of age at  
7 the time of the commission of the offense, that occurs in a  
8 county with a full-time public defender office, a public  
9 defender, without fee or appointment, may represent and have  
10 access to a minor during a custodial interrogation. In cases  
11 subject to Section 5-170 of the Juvenile Court Act of 1987  
12 involving a minor who was under 15 years of age at the time of  
13 the commission of the offense, that occurs in a county without  
14 a full-time public defender, the law enforcement agency  
15 conducting the custodial interrogation shall ensure that the  
16 minor is able to consult with an attorney who is under contract  
17 with the county to provide public defender services.  
18 Representation by the public defender shall terminate at the  
19 first court appearance if the court determines that the minor  
20 is not indigent.

21 Every court shall, with the consent of the defendant and  
22 where the court finds that the rights of the defendant would be  
23 prejudiced by the appointment of the public defender, appoint  
24 counsel other than the public defender, except as otherwise  
25 provided in Section 113-3 of the "Code of Criminal Procedure  
26 of 1963". That counsel shall be compensated as is provided by

1 law. He shall also, in the case of the conviction of any such  
2 person, prosecute any proceeding in review which in his  
3 judgment the interests of justice require.

4 In counties with a population over 3,000,000, the public  
5 defender, without fee or appointment and with the concurrence  
6 of the county board, may act as attorney to noncitizens in  
7 immigration cases. Representation by the public defender in  
8 immigration cases shall be limited to those arising in  
9 immigration courts located within the geographical boundaries  
10 of the county where the public defender has been appointed to  
11 office unless the board authorizes the public defender to  
12 provide representation outside the county.

13 (Source: P.A. 102-410, eff. 1-1-22; 102-1117, eff. 1-13-23.)

14 (55 ILCS 5/5-1069.3)

15 Sec. 5-1069.3. Required health benefits. If a county,  
16 including a home rule county, is a self-insurer for purposes  
17 of providing health insurance coverage for its employees, the  
18 coverage shall include coverage for the post-mastectomy care  
19 benefits required to be covered by a policy of accident and  
20 health insurance under Section 356t and the coverage required  
21 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,  
22 ~~356z.4, 356z.4a,~~ 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,  
23 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,  
24 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,  
25 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53,



1 356z.54, 356z.56, 356z.57, and 356z.59, ~~and 356z.60~~ of the  
2 Illinois Insurance Code. The coverage shall comply with  
3 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois  
4 Insurance Code. The Department of Insurance shall enforce the  
5 requirements of this Section. The requirement that health  
6 benefits be covered as provided in this Section is an  
7 exclusive power and function of the State and is a denial and  
8 limitation under Article VII, Section 6, subsection (h) of the  
9 Illinois Constitution. A home rule county to which this  
10 Section applies must comply with every provision of this  
11 Section.

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

18 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
19 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
20 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,  
21 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;  
22 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.  
23 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,  
24 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
25 102-1117, eff. 1-13-23.)

1 Section 5-30. The Illinois Municipal Code is amended by  
2 changing Section 10-4-2.3 as follows:

3 (65 ILCS 5/10-4-2.3)

4 Sec. 10-4-2.3. Required health benefits. If a  
5 municipality, including a home rule municipality, is a  
6 self-insurer for purposes of providing health insurance  
7 coverage for its employees, the coverage shall include  
8 coverage for the post-mastectomy care benefits required to be  
9 covered by a policy of accident and health insurance under  
10 Section 356t and the coverage required under Sections 356g,  
11 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, ~~356z.4, 356z.4a,~~  
12 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
13 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,  
14 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,  
15 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,  
16 356z.56, 356z.57, and 356z.59, ~~and 356z.60~~ of the Illinois  
17 Insurance Code. The coverage shall comply with Sections  
18 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance  
19 Code. The Department of Insurance shall enforce the  
20 requirements of this Section. The requirement that health  
21 benefits be covered as provided in this is an exclusive power  
22 and function of the State and is a denial and limitation under  
23 Article VII, Section 6, subsection (h) of the Illinois  
24 Constitution. A home rule municipality to which this Section  
25 applies must comply with every provision of this Section.

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

7 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
8 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
9 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,  
10 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;  
11 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.  
12 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,  
13 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
14 102-1117, eff. 1-13-23.)

15 Section 5-35. The School Code is amended by changing  
16 Section 10-22.3f as follows:

17 (105 ILCS 5/10-22.3f)

18 Sec. 10-22.3f. Required health benefits. Insurance  
19 protection and benefits for employees shall provide the  
20 post-mastectomy care benefits required to be covered by a  
21 policy of accident and health insurance under Section 356t and  
22 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
23 356q, 356u, 356w, 356x, ~~356z.4, 356z.4a,~~ 356z.6, 356z.8,  
24 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,

1 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
2 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
3 356z.53, 356z.54, 356z.56, 356z.57, and 356z.59, ~~and 356z.60~~  
4 of the Illinois Insurance Code. Insurance policies shall  
5 comply with Section 356z.19 of the Illinois Insurance Code.  
6 The coverage shall comply with Sections 155.22a, 355b, and  
7 370c of the Illinois Insurance Code. The Department of  
8 Insurance shall enforce the requirements of this Section.

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

15 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
16 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
17 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,  
18 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;  
19 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff.  
20 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,  
21 eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

22 Section 5-40. The Ambulatory Surgical Treatment Center Act  
23 is amended by changing Sections 2 and 3 and by adding Section  
24 6.2 as follows:

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

2 Sec. 2. It is declared to be the public policy that the  
3 State has a legitimate interest in assuring that all medical  
4 procedures, including abortions, are performed under  
5 circumstances that insure maximum safety. Therefore, the  
6 purpose of this Act is to provide for the better protection of  
7 the public health through the development, establishment, and  
8 enforcement of standards (1) for the care of individuals in  
9 ambulatory surgical treatment centers, and (2) for the  
10 construction, maintenance and operation of ambulatory surgical  
11 treatment centers, which, in light of advancing knowledge,  
12 will promote safe and adequate treatment of such individuals  
13 in ambulatory surgical treatment centers.

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

15 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

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

19 (A) "Ambulatory surgical treatment center" means any  
20 institution, place or building devoted primarily to the  
21 maintenance and operation of facilities for the performance of  
22 surgical procedures. "Ambulatory surgical treatment center"  
23 includes any place that meets and complies with the definition  
24 of an ambulatory surgical treatment center under the rules  
25 adopted by the Department or any facility in which a medical or

1 surgical procedure is utilized to terminate a pregnancy,  
2 irrespective of whether the facility is devoted primarily to  
3 this purpose. Such facility shall not provide beds or other  
4 accommodations for the overnight stay of patients; however,  
5 facilities devoted exclusively to the treatment of children  
6 may provide accommodations and beds for their patients for up  
7 to 23 hours following admission. Individual patients shall be  
8 discharged in an ambulatory condition without danger to the  
9 continued well being of the patients or shall be transferred  
10 to a hospital.

11 The term "ambulatory surgical treatment center" does not  
12 include any of the following:

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

16 (2) Any person or institution required to be licensed  
17 pursuant to the Nursing Home Care Act, the Specialized  
18 Mental Health Rehabilitation Act of 2013, the ID/DD  
19 Community Care Act, or the MC/DD Act.

20 (3) Hospitals or ambulatory surgical treatment centers  
21 maintained by the State or any department or agency  
22 thereof, where such department or agency has authority  
23 under law to establish and enforce standards for the  
24 hospitals or ambulatory surgical treatment centers under  
25 its management and control.

26 (4) Hospitals or ambulatory surgical treatment centers

1 maintained by the Federal Government or agencies thereof.

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

6 ~~(6) Any facility in which the performance of abortion~~  
7 ~~procedures, including procedures to terminate a pregnancy~~  
8 ~~or to manage pregnancy loss, is limited to those performed~~  
9 ~~without general, epidural, or spinal anesthesia, and which~~  
10 ~~is not otherwise required to be an ambulatory surgical~~  
11 ~~treatment center. For purposes of this paragraph,~~  
12 ~~"general, epidural, or spinal anesthesia" does not include~~  
13 ~~local anesthesia or intravenous sedation. Nothing in this~~  
14 ~~paragraph shall be construed to limit any such facility~~  
15 ~~from voluntarily electing to apply for licensure as an~~  
16 ~~ambulatory surgical treatment center.~~

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

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

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

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

26 (F) "Dentist" means a person licensed to practice

1 dentistry under the Illinois Dental Practice Act.

2 (G) "Podiatric physician" means a person licensed to  
3 practice podiatry under the Podiatric Medical Practice Act of  
4 1987.

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

6 (210 ILCS 5/6.2 new)

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

15 Section 5-45. The Birth Center Licensing Act is amended by  
16 changing Sections 5 and 30 as follows:

17 (210 ILCS 170/5)

18 Sec. 5. Definitions. In this Act:

19 "Birth center" means a designated site, other than a  
20 hospital:

21 (1) in which births are planned to occur following a  
22 normal, uncomplicated, and low-risk pregnancy;

23 (2) that is not the pregnant person's usual place of



1 residence;

2 (3) that is exclusively dedicated to serving the  
3 childbirth-related needs of pregnant persons and their  
4 newborns, and has no more than 10 beds;

5 (4) that offers prenatal care and community education  
6 services and coordinates these services with other health  
7 care services available in the community; and

8 (5) that does not provide general anesthesia or  
9 surgery.

10 "Certified nurse midwife" means an advanced practice  
11 registered nurse licensed in Illinois under the Nurse Practice  
12 Act with full practice authority or who is delegated such  
13 authority as part of a written collaborative agreement with a  
14 physician who is associated with the birthing center or who  
15 has privileges at a nearby birthing hospital.

16 "Department" means the Illinois Department of Public  
17 Health.

18 "Hospital" does not include places where pregnant females  
19 are received, cared for, or treated during delivery if it is in  
20 a licensed birth center, nor include any facility required to  
21 be licensed as a birth center.

22 "Licensed certified professional midwife" means a person  
23 who has successfully met the requirements under Section 45 of  
24 the Licensed Certified Professional Midwife Practice Act and  
25 holds an active license to practice as a licensed certified  
26 professional midwife in Illinois.

1 "Physician" means a physician licensed to practice  
2 medicine in all its branches in Illinois.

3 (Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23;  
4 102-1117, eff. 1-13-23.)

5 (210 ILCS 170/30)

6 Sec. 30. Minimum standards.

7 ~~(a)~~ The Department's rules adopted pursuant to Section 60  
8 of this Act shall contain minimum standards to protect the  
9 health and safety of a patient of a birth center. In adopting  
10 rules for birth centers, the Department shall consider:

11 (1) the Commission for the Accreditation of Birth  
12 Centers' Standards for Freestanding Birth Centers;

13 (2) the American Academy of Pediatrics and American  
14 College of Obstetricians and Gynecologists Guidelines for  
15 Perinatal Care; and

16 (3) the Regionalized Perinatal Health Care Code.

17 ~~(b) Nothing in this Section shall be construed to prohibit~~  
18 ~~a facility licensed as a birth center from offering other~~  
19 ~~reproductive health care subject to any applicable laws,~~  
20 ~~rules, regulations, or licensing requirements for those~~  
21 ~~services. In this subsection, "reproductive health care" has~~  
22 ~~the same meaning as used in Section 1-10 of the Reproductive~~  
23 ~~Health Act.~~

24 (Source: P.A. 102-518, eff. 8-20-21; 102-813, eff. 5-13-22;  
25 102-1117, eff. 1-13-23.)

1 Section 5-50. The Illinois Insurance Code is amended by  
2 changing Sections 356z.3a and 356z.4 as follows:

3 (215 ILCS 5/356z.3a)

4 Sec. 356z.3a. Billing; emergency services;  
5 nonparticipating providers.

6 (a) As used in this Section:

7 "Ancillary services" means:

8 (1) items and services related to emergency medicine,  
9 anesthesiology, pathology, radiology, and neonatology that  
10 are provided by any health care provider;

11 (2) items and services provided by assistant surgeons,  
12 hospitalists, and intensivists;

13 (3) diagnostic services, including radiology and  
14 laboratory services, except for advanced diagnostic  
15 laboratory tests identified on the most current list  
16 published by the United States Secretary of Health and  
17 Human Services under 42 U.S.C. 300gg-132(b)(3);

18 (4) items and services provided by other specialty  
19 practitioners as the United States Secretary of Health and  
20 Human Services specifies through rulemaking under 42  
21 U.S.C. 300gg-132(b)(3);

22 (5) items and services provided by a nonparticipating  
23 provider if there is no participating provider who can  
24 furnish the item or service at the facility. ~~and~~

1           ~~(6) items and services provided by a nonparticipating~~  
2           ~~provider if there is no participating provider who will~~  
3           ~~furnish the item or service because a participating~~  
4           ~~provider has asserted the participating provider's rights~~  
5           ~~under the Health Care Right of Conscience Act.~~

6           "Cost sharing" means the amount an insured, beneficiary,  
7           or enrollee is responsible for paying for a covered item or  
8           service under the terms of the policy or certificate. "Cost  
9           sharing" includes copayments, coinsurance, and amounts paid  
10          toward deductibles, but does not include amounts paid towards  
11          premiums, balance billing by out-of-network providers, or the  
12          cost of items or services that are not covered under the policy  
13          or certificate.

14          "Emergency department of a hospital" means any hospital  
15          department that provides emergency services, including a  
16          hospital outpatient department.

17          "Emergency medical condition" has the meaning ascribed to  
18          that term in Section 10 of the Managed Care Reform and Patient  
19          Rights Act.

20          "Emergency medical screening examination" has the meaning  
21          ascribed to that term in Section 10 of the Managed Care Reform  
22          and Patient Rights Act.

23          "Emergency services" means, with respect to an emergency  
24          medical condition:

25                 (1) in general, an emergency medical screening  
26                 examination, including ancillary services routinely

1 available to the emergency department to evaluate such  
2 emergency medical condition, and such further medical  
3 examination and treatment as would be required to  
4 stabilize the patient regardless of the department of the  
5 hospital or other facility in which such further  
6 examination or treatment is furnished; or

7 (2) additional items and services for which benefits  
8 are provided or covered under the coverage and that are  
9 furnished by a nonparticipating provider or  
10 nonparticipating emergency facility regardless of the  
11 department of the hospital or other facility in which such  
12 items are furnished after the insured, beneficiary, or  
13 enrollee is stabilized and as part of outpatient  
14 observation or an inpatient or outpatient stay with  
15 respect to the visit in which the services described in  
16 paragraph (1) are furnished. Services after stabilization  
17 cease to be emergency services only when all the  
18 conditions of 42 U.S.C. 300gg-111(a)(3)(C)(ii)(II) and  
19 regulations thereunder are met.

20 "Freestanding Emergency Center" means a facility licensed  
21 under Section 32.5 of the Emergency Medical Services (EMS)  
22 Systems Act.

23 "Health care facility" means, in the context of  
24 non-emergency services, any of the following:

25 (1) a hospital as defined in 42 U.S.C. 1395x(e);

26 (2) a hospital outpatient department;

1           (3) a critical access hospital certified under 42  
2 U.S.C. 1395i-4(e);

3           (4) an ambulatory surgical treatment center as defined  
4 in the Ambulatory Surgical Treatment Center Act; or

5           (5) any recipient of a license under the Hospital  
6 Licensing Act that is not otherwise described in this  
7 definition.

8           "Health care provider" means a provider as defined in  
9 subsection (d) of Section 370g. "Health care provider" does  
10 not include a provider of air ambulance or ground ambulance  
11 services.

12           "Health care services" has the meaning ascribed to that  
13 term in subsection (a) of Section 370g.

14           "Health insurance issuer" has the meaning ascribed to that  
15 term in Section 5 of the Illinois Health Insurance Portability  
16 and Accountability Act.

17           "Nonparticipating emergency facility" means, with respect  
18 to the furnishing of an item or service under a policy of group  
19 or individual health insurance coverage, any of the following  
20 facilities that does not have a contractual relationship  
21 directly or indirectly with a health insurance issuer in  
22 relation to the coverage:

23           (1) an emergency department of a hospital;

24           (2) a Freestanding Emergency Center;

25           (3) an ambulatory surgical treatment center as defined  
26 in the Ambulatory Surgical Treatment Center Act; or

1           (4) with respect to emergency services described in  
2           paragraph (2) of the definition of "emergency services", a  
3           hospital.

4           "Nonparticipating provider" means, with respect to the  
5           furnishing of an item or service under a policy of group or  
6           individual health insurance coverage, any health care provider  
7           who does not have a contractual relationship directly or  
8           indirectly with a health insurance issuer in relation to the  
9           coverage.

10          "Participating emergency facility" means any of the  
11          following facilities that has a contractual relationship  
12          directly or indirectly with a health insurance issuer offering  
13          group or individual health insurance coverage setting forth  
14          the terms and conditions on which a relevant health care  
15          service is provided to an insured, beneficiary, or enrollee  
16          under the coverage:

17                 (1) an emergency department of a hospital;

18                 (2) a Freestanding Emergency Center;

19                 (3) an ambulatory surgical treatment center as defined  
20                 in the Ambulatory Surgical Treatment Center Act; or

21                 (4) with respect to emergency services described in  
22                 paragraph (2) of the definition of "emergency services", a  
23                 hospital.

24          For purposes of this definition, a single case agreement  
25          between an emergency facility and an issuer that is used to  
26          address unique situations in which an insured, beneficiary, or

1 enrollee requires services that typically occur out-of-network  
2 constitutes a contractual relationship and is limited to the  
3 parties to the agreement.

4 "Participating health care facility" means any health care  
5 facility that has a contractual relationship directly or  
6 indirectly with a health insurance issuer offering group or  
7 individual health insurance coverage setting forth the terms  
8 and conditions on which a relevant health care service is  
9 provided to an insured, beneficiary, or enrollee under the  
10 coverage. A single case agreement between an emergency  
11 facility and an issuer that is used to address unique  
12 situations in which an insured, beneficiary, or enrollee  
13 requires services that typically occur out-of-network  
14 constitutes a contractual relationship for purposes of this  
15 definition and is limited to the parties to the agreement.

16 "Participating provider" means any health care provider  
17 that has a contractual relationship directly or indirectly  
18 with a health insurance issuer offering group or individual  
19 health insurance coverage setting forth the terms and  
20 conditions on which a relevant health care service is provided  
21 to an insured, beneficiary, or enrollee under the coverage.

22 "Qualifying payment amount" has the meaning given to that  
23 term in 42 U.S.C. 300gg-111(a)(3)(E) and the regulations  
24 promulgated thereunder.

25 "Recognized amount" means the lesser of the amount  
26 initially billed by the provider or the qualifying payment



1 amount.

2 "Stabilize" means "stabilization" as defined in Section 10  
3 of the Managed Care Reform and Patient Rights Act.

4 "Treating provider" means a health care provider who has  
5 evaluated the individual.

6 "Visit" means, with respect to health care services  
7 furnished to an individual at a health care facility, health  
8 care services furnished by a provider at the facility, as well  
9 as equipment, devices, telehealth services, imaging services,  
10 laboratory services, and preoperative and postoperative  
11 services regardless of whether the provider furnishing such  
12 services is at the facility.

13 (b) Emergency services. When a beneficiary, insured, or  
14 enrollee receives emergency services from a nonparticipating  
15 provider or a nonparticipating emergency facility, the health  
16 insurance issuer shall ensure that the beneficiary, insured,  
17 or enrollee shall incur no greater out-of-pocket costs than  
18 the beneficiary, insured, or enrollee would have incurred with  
19 a participating provider or a participating emergency  
20 facility. Any cost-sharing requirements shall be applied as  
21 though the emergency services had been received from a  
22 participating provider or a participating facility. Cost  
23 sharing shall be calculated based on the recognized amount for  
24 the emergency services. If the cost sharing for the same item  
25 or service furnished by a participating provider would have  
26 been a flat-dollar copayment, that amount shall be the

1 cost-sharing amount unless the provider has billed a lesser  
2 total amount. In no event shall the beneficiary, insured,  
3 enrollee, or any group policyholder or plan sponsor be liable  
4 to or billed by the health insurance issuer, the  
5 nonparticipating provider, or the nonparticipating emergency  
6 facility for any amount beyond the cost sharing calculated in  
7 accordance with this subsection with respect to the emergency  
8 services delivered. Administrative requirements or limitations  
9 shall be no greater than those applicable to emergency  
10 services received from a participating provider or a  
11 participating emergency facility.

12 (b-5) Non-emergency services at participating health care  
13 facilities.

14 (1) When a beneficiary, insured, or enrollee utilizes  
15 a participating health care facility and, due to any  
16 reason, covered ancillary services are provided by a  
17 nonparticipating provider during or resulting from the  
18 visit, the health insurance issuer shall ensure that the  
19 beneficiary, insured, or enrollee shall incur no greater  
20 out-of-pocket costs than the beneficiary, insured, or  
21 enrollee would have incurred with a participating provider  
22 for the ancillary services. Any cost-sharing requirements  
23 shall be applied as though the ancillary services had been  
24 received from a participating provider. Cost sharing shall  
25 be calculated based on the recognized amount for the  
26 ancillary services. If the cost sharing for the same item

1 or service furnished by a participating provider would  
2 have been a flat-dollar copayment, that amount shall be  
3 the cost-sharing amount unless the provider has billed a  
4 lesser total amount. In no event shall the beneficiary,  
5 insured, enrollee, or any group policyholder or plan  
6 sponsor be liable to or billed by the health insurance  
7 issuer, the nonparticipating provider, or the  
8 participating health care facility for any amount beyond  
9 the cost sharing calculated in accordance with this  
10 subsection with respect to the ancillary services  
11 delivered. In addition to ancillary services, the  
12 requirements of this paragraph shall also apply with  
13 respect to covered items or services furnished as a result  
14 of unforeseen, urgent medical needs that arise at the time  
15 an item or service is furnished, regardless of whether the  
16 nonparticipating provider satisfied the notice and consent  
17 criteria under paragraph (2) of this subsection.

18 (2) When a beneficiary, insured, or enrollee utilizes  
19 a participating health care facility and receives  
20 non-emergency covered health care services other than  
21 those described in paragraph (1) of this subsection from a  
22 nonparticipating provider during or resulting from the  
23 visit, the health insurance issuer shall ensure that the  
24 beneficiary, insured, or enrollee incurs no greater  
25 out-of-pocket costs than the beneficiary, insured, or  
26 enrollee would have incurred with a participating provider

1 unless the nonparticipating provider or the participating  
2 health care facility on behalf of the nonparticipating  
3 provider satisfies the notice and consent criteria  
4 provided in 42 U.S.C. 300gg-132 and regulations  
5 promulgated thereunder. If the notice and consent criteria  
6 are not satisfied, then:

7 (A) any cost-sharing requirements shall be applied  
8 as though the health care services had been received  
9 from a participating provider;

10 (B) cost sharing shall be calculated based on the  
11 recognized amount for the health care services; and

12 (C) in no event shall the beneficiary, insured,  
13 enrollee, or any group policyholder or plan sponsor be  
14 liable to or billed by the health insurance issuer,  
15 the nonparticipating provider, or the participating  
16 health care facility for any amount beyond the cost  
17 sharing calculated in accordance with this subsection  
18 with respect to the health care services delivered.

19 (c) Notwithstanding any other provision of this Code,  
20 except when the notice and consent criteria are satisfied for  
21 the situation in paragraph (2) of subsection (b-5), any  
22 benefits a beneficiary, insured, or enrollee receives for  
23 services under the situations in subsection (b) or (b-5) are  
24 assigned to the nonparticipating providers or the facility  
25 acting on their behalf. Upon receipt of the provider's bill or  
26 facility's bill, the health insurance issuer shall provide the

1 nonparticipating provider or the facility with a written  
2 explanation of benefits that specifies the proposed  
3 reimbursement and the applicable deductible, copayment, or  
4 coinsurance amounts owed by the insured, beneficiary, or  
5 enrollee. The health insurance issuer shall pay any  
6 reimbursement subject to this Section directly to the  
7 nonparticipating provider or the facility.

8 (d) For bills assigned under subsection (c), the  
9 nonparticipating provider or the facility may bill the health  
10 insurance issuer for the services rendered, and the health  
11 insurance issuer may pay the billed amount or attempt to  
12 negotiate reimbursement with the nonparticipating provider or  
13 the facility. Within 30 calendar days after the provider or  
14 facility transmits the bill to the health insurance issuer,  
15 the issuer shall send an initial payment or notice of denial of  
16 payment with the written explanation of benefits to the  
17 provider or facility. If attempts to negotiate reimbursement  
18 for services provided by a nonparticipating provider do not  
19 result in a resolution of the payment dispute within 30 days  
20 after receipt of written explanation of benefits by the health  
21 insurance issuer, then the health insurance issuer or  
22 nonparticipating provider or the facility may initiate binding  
23 arbitration to determine payment for services provided on a  
24 per-bill basis. The party requesting arbitration shall notify  
25 the other party arbitration has been initiated and state its  
26 final offer before arbitration. In response to this notice,

1 the nonrequesting party shall inform the requesting party of  
2 its final offer before the arbitration occurs. Arbitration  
3 shall be initiated by filing a request with the Department of  
4 Insurance.

5 (e) The Department of Insurance shall publish a list of  
6 approved arbitrators or entities that shall provide binding  
7 arbitration. These arbitrators shall be American Arbitration  
8 Association or American Health Lawyers Association trained  
9 arbitrators. Both parties must agree on an arbitrator from the  
10 Department of Insurance's or its approved entity's list of  
11 arbitrators. If no agreement can be reached, then a list of 5  
12 arbitrators shall be provided by the Department of Insurance  
13 or the approved entity. From the list of 5 arbitrators, the  
14 health insurance issuer can veto 2 arbitrators and the  
15 provider or facility can veto 2 arbitrators. The remaining  
16 arbitrator shall be the chosen arbitrator. This arbitration  
17 shall consist of a review of the written submissions by both  
18 parties. The arbitrator shall not establish a rebuttable  
19 presumption that the qualifying payment amount should be the  
20 total amount owed to the provider or facility by the  
21 combination of the issuer and the insured, beneficiary, or  
22 enrollee. Binding arbitration shall provide for a written  
23 decision within 45 days after the request is filed with the  
24 Department of Insurance. Both parties shall be bound by the  
25 arbitrator's decision. The arbitrator's expenses and fees,  
26 together with other expenses, not including attorney's fees,

1 incurred in the conduct of the arbitration, shall be paid as  
2 provided in the decision.

3 (f) (Blank).

4 (g) Section 368a of this Act shall not apply during the  
5 pendency of a decision under subsection (d). Upon the issuance  
6 of the arbitrator's decision, Section 368a applies with  
7 respect to the amount, if any, by which the arbitrator's  
8 determination exceeds the issuer's initial payment under  
9 subsection (c), or the entire amount of the arbitrator's  
10 determination if initial payment was denied. Any interest  
11 required to be paid to a provider under Section 368a shall not  
12 accrue until after 30 days of an arbitrator's decision as  
13 provided in subsection (d), but in no circumstances longer  
14 than 150 days from the date the nonparticipating  
15 facility-based provider billed for services rendered.

16 (h) Nothing in this Section shall be interpreted to change  
17 the prudent layperson provisions with respect to emergency  
18 services under the Managed Care Reform and Patient Rights Act.

19 (i) Nothing in this Section shall preclude a health care  
20 provider from billing a beneficiary, insured, or enrollee for  
21 reasonable administrative fees, such as service fees for  
22 checks returned for nonsufficient funds and missed  
23 appointments.

24 (j) Nothing in this Section shall preclude a beneficiary,  
25 insured, or enrollee from assigning benefits to a  
26 nonparticipating provider when the notice and consent criteria

1 are satisfied under paragraph (2) of subsection (b-5) or in  
2 any other situation not described in subsection (b) or (b-5).

3 (k) Except when the notice and consent criteria are  
4 satisfied under paragraph (2) of subsection (b-5), if an  
5 individual receives health care services under the situations  
6 described in subsection (b) or (b-5), no referral requirement  
7 or any other provision contained in the policy or certificate  
8 of coverage shall deny coverage, reduce benefits, or otherwise  
9 defeat the requirements of this Section for services that  
10 would have been covered with a participating provider.  
11 However, this subsection shall not be construed to preclude a  
12 provider contract with a health insurance issuer, or with an  
13 administrator or similar entity acting on the issuer's behalf,  
14 from imposing requirements on the participating provider,  
15 participating emergency facility, or participating health care  
16 facility relating to the referral of covered individuals to  
17 nonparticipating providers.

18 (l) Except if the notice and consent criteria are  
19 satisfied under paragraph (2) of subsection (b-5),  
20 cost-sharing amounts calculated in conformity with this  
21 Section shall count toward any deductible or out-of-pocket  
22 maximum applicable to in-network coverage.

23 (m) The Department has the authority to enforce the  
24 requirements of this Section in the situations described in  
25 subsections (b) and (b-5), and in any other situation for  
26 which 42 U.S.C. Chapter 6A, Subchapter XXV, Parts D or E and



1 regulations promulgated thereunder would prohibit an  
2 individual from being billed or liable for emergency services  
3 furnished by a nonparticipating provider or nonparticipating  
4 emergency facility or for non-emergency health care services  
5 furnished by a nonparticipating provider at a participating  
6 health care facility.

7 (n) This Section does not apply with respect to air  
8 ambulance or ground ambulance services. This Section does not  
9 apply to any policy of excepted benefits or to short-term,  
10 limited-duration health insurance coverage.

11 (Source: P.A. 102-901, eff. 7-1-22; 102-1117, eff. 1-13-23.)

12 (215 ILCS 5/356z.4)

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

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

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

18 (B) The federal Patient Protection and Affordable Care  
19 Act includes a contraceptive coverage guarantee as part of  
20 a broader requirement for health insurance to cover key  
21 preventive care services without out-of-pocket costs for  
22 patients.

23 (C) The General Assembly intends to build on existing  
24 State and federal law to promote gender equity and women's  
25 health and to ensure greater contraceptive coverage equity

1 and timely access to all federal Food and Drug  
2 Administration approved methods of birth control for all  
3 individuals covered by an individual or group health  
4 insurance policy in Illinois.

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

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

10 "Contraceptive services" includes consultations,  
11 examinations, procedures, and medical services related to the  
12 use of contraceptive methods (including natural family  
13 planning) to prevent an unintended pregnancy.

14 "Medical necessity", for the purposes of this subsection  
15 (a), includes, but is not limited to, considerations such as  
16 severity of side effects, differences in permanence and  
17 reversibility of contraceptive, and ability to adhere to the  
18 appropriate use of the item or service, as determined by the  
19 attending provider.

20 "Therapeutic equivalent version" means drugs, devices, or  
21 products that can be expected to have the same clinical effect  
22 and safety profile when administered to patients under the  
23 conditions specified in the labeling and satisfy the following  
24 general criteria:

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

26 (ii) they are pharmaceutical equivalents in that they

1 (A) contain identical amounts of the same active drug  
2 ingredient in the same dosage form and route of  
3 administration and (B) meet compendial or other applicable  
4 standards of strength, quality, purity, and identity;

5 (iii) they are bioequivalent in that (A) they do not  
6 present a known or potential bioequivalence problem and  
7 they meet an acceptable in vitro standard or (B) if they do  
8 present such a known or potential problem, they are shown  
9 to meet an appropriate bioequivalence standard;

10 (iv) they are adequately labeled; and

11 (v) they are manufactured in compliance with Current  
12 Good Manufacturing Practice regulations.

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

18 (A) All contraceptive drugs, devices, and other  
19 products approved by the United States Food and Drug  
20 Administration. This includes all over-the-counter  
21 contraceptive drugs, devices, and products approved by the  
22 United States Food and Drug Administration, excluding male  
23 condoms. The following apply:

24 (i) If the United States Food and Drug  
25 Administration has approved one or more therapeutic  
26 equivalent versions of a contraceptive drug, device,

1 or product, a policy is not required to include all  
2 such therapeutic equivalent versions in its formulary,  
3 so long as at least one is included and covered without  
4 cost-sharing and in accordance with this Section.

5 (ii) If an individual's attending provider  
6 recommends a particular service or item approved by  
7 the United States Food and Drug Administration based  
8 on a determination of medical necessity with respect  
9 to that individual, the plan or issuer must cover that  
10 service or item without cost sharing. The plan or  
11 issuer must defer to the determination of the  
12 attending provider.

13 (iii) If a drug, device, or product is not  
14 covered, plans and issuers must have an easily  
15 accessible, transparent, and sufficiently expedient  
16 process that is not unduly burdensome on the  
17 individual or a provider or other individual acting as  
18 a patient's authorized representative to ensure  
19 coverage without cost sharing.

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

22 (B) Voluntary sterilization procedures.

23 (C) Contraceptive services, patient education, and  
24 counseling on contraception.

25 (D) Follow-up services related to the drugs, devices,  
26 products, and procedures covered under this Section,

1 including, but not limited to, management of side effects,  
2 counseling for continued adherence, and device insertion  
3 and removal.

4 (4) Except as otherwise provided in this subsection (a), a  
5 policy subject to this subsection (a) shall not impose a  
6 deductible, coinsurance, copayment, or any other cost-sharing  
7 requirement on the coverage provided. The provisions of this  
8 paragraph do not apply to coverage of voluntary male  
9 sterilization procedures to the extent such coverage would  
10 disqualify a high-deductible health plan from eligibility for  
11 a health savings account pursuant to the federal Internal  
12 Revenue Code, 26 U.S.C. 223.

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

16 (6) If, at any time, the Secretary of the United States  
17 Department of Health and Human Services, or its successor  
18 agency, promulgates rules or regulations to be published in  
19 the Federal Register or publishes a comment in the Federal  
20 Register or issues an opinion, guidance, or other action that  
21 would require the State, pursuant to any provision of the  
22 Patient Protection and Affordable Care Act (Public Law  
23 111-148), including, but not limited to, 42 U.S.C.  
24 18031(d)(3)(B) or any successor provision, to defray the cost  
25 of any coverage outlined in this subsection (a), then this  
26 subsection (a) is inoperative with respect to all coverage

1 outlined in this subsection (a) other than that authorized  
2 under Section 1902 of the Social Security Act, 42 U.S.C.  
3 1396a, and the State shall not assume any obligation for the  
4 cost of the coverage set forth in this subsection (a).

5 (b) This subsection (b) shall become operative if and only  
6 if subsection (a) becomes inoperative.

7 An individual or group policy of accident and health  
8 insurance amended, delivered, issued, or renewed in this State  
9 after the date this subsection (b) becomes operative that  
10 provides coverage for outpatient services and outpatient  
11 prescription drugs or devices must provide coverage for the  
12 insured and any dependent of the insured covered by the policy  
13 for all outpatient contraceptive services and all outpatient  
14 contraceptive drugs and devices approved by the Food and Drug  
15 Administration. Coverage required under this Section may not  
16 impose any deductible, coinsurance, waiting period, or other  
17 cost-sharing or limitation that is greater than that required  
18 for any outpatient service or outpatient prescription drug or  
19 device otherwise covered by the policy.

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

23 As used in this subsection (b), "outpatient contraceptive  
24 service" means consultations, examinations, procedures, and  
25 medical services, provided on an outpatient basis and related  
26 to the use of contraceptive methods (including natural family

1 planning) to prevent an unintended pregnancy.

2 (c) Nothing in this Section shall be construed to require  
3 an insurance company to cover services related to an abortion  
4 as the term "abortion" is defined in Section 1-25 of the  
5 Illinois Abortion Law of 2023. ~~(Blank).~~

6 (d) If a plan or issuer utilizes a network of providers,  
7 nothing in this Section shall be construed to require coverage  
8 or to prohibit the plan or issuer from imposing cost-sharing  
9 for items or services described in this Section that are  
10 provided or delivered by an out-of-network provider, unless  
11 the plan or issuer does not have in its network a provider who  
12 is able to or is willing to provide the applicable items or  
13 services.

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

15 Section 5-55. The Network Adequacy and Transparency Act is  
16 amended by changing Section 10 as follows:

17 (215 ILCS 124/10)

18 Sec. 10. Network adequacy.

19 (a) An insurer providing a network plan shall file a  
20 description of all of the following with the Director:

21 (1) The written policies and procedures for adding  
22 providers to meet patient needs based on increases in the  
23 number of beneficiaries, changes in the  
24 patient-to-provider ratio, changes in medical and health

1 care capabilities, and increased demand for services.

2 (2) The written policies and procedures for making  
3 referrals within and outside the network.

4 (3) The written policies and procedures on how the  
5 network plan will provide 24-hour, 7-day per week access  
6 to network-affiliated primary care, emergency services,  
7 and women's principal health care providers.

8 An insurer shall not prohibit a preferred provider from  
9 discussing any specific or all treatment options with  
10 beneficiaries irrespective of the insurer's position on those  
11 treatment options or from advocating on behalf of  
12 beneficiaries within the utilization review, grievance, or  
13 appeals processes established by the insurer in accordance  
14 with any rights or remedies available under applicable State  
15 or federal law.

16 (b) Insurers must file for review a description of the  
17 services to be offered through a network plan. The description  
18 shall include all of the following:

19 (1) A geographic map of the area proposed to be served  
20 by the plan by county service area and zip code, including  
21 marked locations for preferred providers.

22 (2) As deemed necessary by the Department, the names,  
23 addresses, phone numbers, and specialties of the providers  
24 who have entered into preferred provider agreements under  
25 the network plan.

26 (3) The number of beneficiaries anticipated to be



1 covered by the network plan.

2 (4) An Internet website and toll-free telephone number  
3 for beneficiaries and prospective beneficiaries to access  
4 current and accurate lists of preferred providers,  
5 additional information about the plan, as well as any  
6 other information required by Department rule.

7 (5) A description of how health care services to be  
8 rendered under the network plan are reasonably accessible  
9 and available to beneficiaries. The description shall  
10 address all of the following:

11 (A) the type of health care services to be  
12 provided by the network plan;

13 (B) the ratio of physicians and other providers to  
14 beneficiaries, by specialty and including primary care  
15 physicians and facility-based physicians when  
16 applicable under the contract, necessary to meet the  
17 health care needs and service demands of the currently  
18 enrolled population;

19 (C) the travel and distance standards for plan  
20 beneficiaries in county service areas; and

21 (D) a description of how the use of telemedicine,  
22 telehealth, or mobile care services may be used to  
23 partially meet the network adequacy standards, if  
24 applicable.

25 (6) A provision ensuring that whenever a beneficiary  
26 has made a good faith effort, as evidenced by accessing

1 the provider directory, calling the network plan, and  
2 calling the provider, to utilize preferred providers for a  
3 covered service and it is determined the insurer does not  
4 have the appropriate preferred providers due to  
5 insufficient number, type, or unreasonable travel distance  
6 or delay, ~~or preferred providers refusing to provide a~~  
7 ~~covered service because it is contrary to the conscience~~  
8 ~~of the preferred providers, as protected by the Health~~  
9 ~~Care Right of Conscience Act,~~ the insurer shall ensure,  
10 directly or indirectly, by terms contained in the payer  
11 contract, that the beneficiary will be provided the  
12 covered service at no greater cost to the beneficiary than  
13 if the service had been provided by a preferred provider.  
14 This paragraph (6) does not apply to: (A) a beneficiary  
15 who willfully chooses to access a non-preferred provider  
16 for health care services available through the panel of  
17 preferred providers, or (B) a beneficiary enrolled in a  
18 health maintenance organization. In these circumstances,  
19 the contractual requirements for non-preferred provider  
20 reimbursements shall apply unless Section 356z.3a of the  
21 Illinois Insurance Code requires otherwise. In no event  
22 shall a beneficiary who receives care at a participating  
23 health care facility be required to search for  
24 participating providers under the circumstances described  
25 in subsection (b) or (b-5) of Section 356z.3a of the  
26 Illinois Insurance Code except under the circumstances

1 described in paragraph (2) of subsection (b-5).

2 (7) A provision that the beneficiary shall receive  
3 emergency care coverage such that payment for this  
4 coverage is not dependent upon whether the emergency  
5 services are performed by a preferred or non-preferred  
6 provider and the coverage shall be at the same benefit  
7 level as if the service or treatment had been rendered by a  
8 preferred provider. For purposes of this paragraph (7),  
9 "the same benefit level" means that the beneficiary is  
10 provided the covered service at no greater cost to the  
11 beneficiary than if the service had been provided by a  
12 preferred provider. This provision shall be consistent  
13 with Section 356z.3a of the Illinois Insurance Code.

14 (8) A limitation that, if the plan provides that the  
15 beneficiary will incur a penalty for failing to  
16 pre-certify inpatient hospital treatment, the penalty may  
17 not exceed \$1,000 per occurrence in addition to the plan  
18 cost sharing provisions.

19 (c) The network plan shall demonstrate to the Director a  
20 minimum ratio of providers to plan beneficiaries as required  
21 by the Department.

22 (1) The ratio of physicians or other providers to plan  
23 beneficiaries shall be established annually by the  
24 Department in consultation with the Department of Public  
25 Health based upon the guidance from the federal Centers  
26 for Medicare and Medicaid Services. The Department shall

1 not establish ratios for vision or dental providers who  
2 provide services under dental-specific or vision-specific  
3 benefits. The Department shall consider establishing  
4 ratios for the following physicians or other providers:

5 (A) Primary Care;

6 (B) Pediatrics;

7 (C) Cardiology;

8 (D) Gastroenterology;

9 (E) General Surgery;

10 (F) Neurology;

11 (G) OB/GYN;

12 (H) Oncology/Radiation;

13 (I) Ophthalmology;

14 (J) Urology;

15 (K) Behavioral Health;

16 (L) Allergy/Immunology;

17 (M) Chiropractic;

18 (N) Dermatology;

19 (O) Endocrinology;

20 (P) Ears, Nose, and Throat (ENT)/Otolaryngology;

21 (Q) Infectious Disease;

22 (R) Nephrology;

23 (S) Neurosurgery;

24 (T) Orthopedic Surgery;

25 (U) Physiatry/Rehabilitative;

26 (V) Plastic Surgery;

- 1 (W) Pulmonary;  
2 (X) Rheumatology;  
3 (Y) Anesthesiology;  
4 (Z) Pain Medicine;  
5 (AA) Pediatric Specialty Services;  
6 (BB) Outpatient Dialysis; and  
7 (CC) HIV.

8 (2) The Director shall establish a process for the  
9 review of the adequacy of these standards, along with an  
10 assessment of additional specialties to be included in the  
11 list under this subsection (c).

12 (d) The network plan shall demonstrate to the Director  
13 maximum travel and distance standards for plan beneficiaries,  
14 which shall be established annually by the Department in  
15 consultation with the Department of Public Health based upon  
16 the guidance from the federal Centers for Medicare and  
17 Medicaid Services. These standards shall consist of the  
18 maximum minutes or miles to be traveled by a plan beneficiary  
19 for each county type, such as large counties, metro counties,  
20 or rural counties as defined by Department rule.

21 The maximum travel time and distance standards must  
22 include standards for each physician and other provider  
23 category listed for which ratios have been established.

24 The Director shall establish a process for the review of  
25 the adequacy of these standards along with an assessment of  
26 additional specialties to be included in the list under this

1 subsection (d).

2 (d-5)(1) Every insurer shall ensure that beneficiaries  
3 have timely and proximate access to treatment for mental,  
4 emotional, nervous, or substance use disorders or conditions  
5 in accordance with the provisions of paragraph (4) of  
6 subsection (a) of Section 370c of the Illinois Insurance Code.  
7 Insurers shall use a comparable process, strategy, evidentiary  
8 standard, and other factors in the development and application  
9 of the network adequacy standards for timely and proximate  
10 access to treatment for mental, emotional, nervous, or  
11 substance use disorders or conditions and those for the access  
12 to treatment for medical and surgical conditions. As such, the  
13 network adequacy standards for timely and proximate access  
14 shall equally be applied to treatment facilities and providers  
15 for mental, emotional, nervous, or substance use disorders or  
16 conditions and specialists providing medical or surgical  
17 benefits pursuant to the parity requirements of Section 370c.1  
18 of the Illinois Insurance Code and the federal Paul Wellstone  
19 and Pete Domenici Mental Health Parity and Addiction Equity  
20 Act of 2008. Notwithstanding the foregoing, the network  
21 adequacy standards for timely and proximate access to  
22 treatment for mental, emotional, nervous, or substance use  
23 disorders or conditions shall, at a minimum, satisfy the  
24 following requirements:

25 (A) For beneficiaries residing in the metropolitan  
26 counties of Cook, DuPage, Kane, Lake, McHenry, and Will,

1 network adequacy standards for timely and proximate access  
2 to treatment for mental, emotional, nervous, or substance  
3 use disorders or conditions means a beneficiary shall not  
4 have to travel longer than 30 minutes or 30 miles from the  
5 beneficiary's residence to receive outpatient treatment  
6 for mental, emotional, nervous, or substance use disorders  
7 or conditions. Beneficiaries shall not be required to wait  
8 longer than 10 business days between requesting an initial  
9 appointment and being seen by the facility or provider of  
10 mental, emotional, nervous, or substance use disorders or  
11 conditions for outpatient treatment or to wait longer than  
12 20 business days between requesting a repeat or follow-up  
13 appointment and being seen by the facility or provider of  
14 mental, emotional, nervous, or substance use disorders or  
15 conditions for outpatient treatment; however, subject to  
16 the protections of paragraph (3) of this subsection, a  
17 network plan shall not be held responsible if the  
18 beneficiary or provider voluntarily chooses to schedule an  
19 appointment outside of these required time frames.

20 (B) For beneficiaries residing in Illinois counties  
21 other than those counties listed in subparagraph (A) of  
22 this paragraph, network adequacy standards for timely and  
23 proximate access to treatment for mental, emotional,  
24 nervous, or substance use disorders or conditions means a  
25 beneficiary shall not have to travel longer than 60  
26 minutes or 60 miles from the beneficiary's residence to

1 receive outpatient treatment for mental, emotional,  
2 nervous, or substance use disorders or conditions.  
3 Beneficiaries shall not be required to wait longer than 10  
4 business days between requesting an initial appointment  
5 and being seen by the facility or provider of mental,  
6 emotional, nervous, or substance use disorders or  
7 conditions for outpatient treatment or to wait longer than  
8 20 business days between requesting a repeat or follow-up  
9 appointment and being seen by the facility or provider of  
10 mental, emotional, nervous, or substance use disorders or  
11 conditions for outpatient treatment; however, subject to  
12 the protections of paragraph (3) of this subsection, a  
13 network plan shall not be held responsible if the  
14 beneficiary or provider voluntarily chooses to schedule an  
15 appointment outside of these required time frames.

16 (2) For beneficiaries residing in all Illinois counties,  
17 network adequacy standards for timely and proximate access to  
18 treatment for mental, emotional, nervous, or substance use  
19 disorders or conditions means a beneficiary shall not have to  
20 travel longer than 60 minutes or 60 miles from the  
21 beneficiary's residence to receive inpatient or residential  
22 treatment for mental, emotional, nervous, or substance use  
23 disorders or conditions.

24 (3) If there is no in-network facility or provider  
25 available for a beneficiary to receive timely and proximate  
26 access to treatment for mental, emotional, nervous, or



1 substance use disorders or conditions in accordance with the  
2 network adequacy standards outlined in this subsection, the  
3 insurer shall provide necessary exceptions to its network to  
4 ensure admission and treatment with a provider or at a  
5 treatment facility in accordance with the network adequacy  
6 standards in this subsection.

7 (e) Except for network plans solely offered as a group  
8 health plan, these ratio and time and distance standards apply  
9 to the lowest cost-sharing tier of any tiered network.

10 (f) The network plan may consider use of other health care  
11 service delivery options, such as telemedicine or telehealth,  
12 mobile clinics, and centers of excellence, or other ways of  
13 delivering care to partially meet the requirements set under  
14 this Section.

15 (g) Except for the requirements set forth in subsection  
16 (d-5), insurers who are not able to comply with the provider  
17 ratios and time and distance standards established by the  
18 Department may request an exception to these requirements from  
19 the Department. The Department may grant an exception in the  
20 following circumstances:

21 (1) if no providers or facilities meet the specific  
22 time and distance standard in a specific service area and  
23 the insurer (i) discloses information on the distance and  
24 travel time points that beneficiaries would have to travel  
25 beyond the required criterion to reach the next closest  
26 contracted provider outside of the service area and (ii)

1 provides contact information, including names, addresses,  
2 and phone numbers for the next closest contracted provider  
3 or facility;

4 (2) if patterns of care in the service area do not  
5 support the need for the requested number of provider or  
6 facility type and the insurer provides data on local  
7 patterns of care, such as claims data, referral patterns,  
8 or local provider interviews, indicating where the  
9 beneficiaries currently seek this type of care or where  
10 the physicians currently refer beneficiaries, or both; or

11 (3) other circumstances deemed appropriate by the  
12 Department consistent with the requirements of this Act.

13 (h) Insurers are required to report to the Director any  
14 material change to an approved network plan within 15 days  
15 after the change occurs and any change that would result in  
16 failure to meet the requirements of this Act. Upon notice from  
17 the insurer, the Director shall reevaluate the network plan's  
18 compliance with the network adequacy and transparency  
19 standards of this Act.

20 (Source: P.A. 102-144, eff. 1-1-22; 102-901, eff. 7-1-22;  
21 102-1117, eff. 1-13-23.)

22 Section 5-60. The Health Maintenance Organization Act is  
23 amended by changing Section 5-3 as follows:

24 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

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 ~~356z.60~~, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,  
14 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,  
15 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
16 subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
17 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
18 Illinois 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; 102-1117, eff. 1-13-23; revised 1-22-23.)

12 Section 5-65. The Limited Health Service Organization Act  
13 is amended by changing Section 4003 as follows:

14 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

15 Sec. 4003. Illinois Insurance Code provisions. Limited  
16 health service organizations shall be subject to the  
17 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
18 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
19 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,  
20 355b, 356q, 356v, ~~356z.4, 356z.4a~~, 356z.10, 356z.21, 356z.22,  
21 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
22 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.57,  
23 356z.59, 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2,  
24 409, 412, 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII



1 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance  
2 Code. ~~Nothing in this Section shall require a limited health~~  
3 ~~care plan to cover any service that is not a limited health~~  
4 ~~service.~~ For purposes of the Illinois Insurance Code, except  
5 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,  
6 limited health service organizations in the following  
7 categories are deemed to be domestic companies:

8 (1) a corporation under the laws of this State; or

9 (2) a corporation organized under the laws of another  
10 state, 30% or more of the enrollees of which are residents  
11 of this State, except a corporation subject to  
12 substantially the same requirements in its state of  
13 organization as is a domestic company under Article VIII  
14 1/2 of the Illinois Insurance Code.

15 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
16 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.  
17 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,  
18 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
19 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.  
20 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

21 Section 5-70. The Voluntary Health Services Plans Act is  
22 amended by changing Section 10 as follows:

23 (215 ILCS 165/10) (from Ch. 32, par. 604)

24 Sec. 10. Application of Insurance Code provisions. Health

1 services plan corporations and all persons interested therein  
2 or dealing therewith shall be subject to the provisions of  
3 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
4 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,  
5 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,  
6 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, ~~356z.4a~~, 356z.5,  
7 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
8 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,  
9 356z.26, 356z.29, ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33,  
10 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,  
11 356z.56, 356z.57, 356z.59, ~~356z.60~~, 364.01, 364.3, 367.2,  
12 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and  
13 paragraphs (7) and (15) of Section 367 of the Illinois  
14 Insurance Code.

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

21 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;  
22 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.  
23 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,  
24 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;  
25 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.  
26 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,

1 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;  
2 102-1117, eff. 1-13-23.)

3 Section 5-75. The Behavior Analyst Licensing Act is  
4 amended by changing Section 60 as follows:

5 (225 ILCS 6/60)

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

7 Sec. 60. Grounds for disciplinary action.

8 (a) The Department may refuse to issue or renew a license,  
9 or may suspend, revoke, place on probation, reprimand, or take  
10 any other disciplinary or nondisciplinary action deemed  
11 appropriate by the Department, including the imposition of  
12 fines not to exceed \$10,000 for each violation, with regard to  
13 any license issued under the provisions of this Act for any one  
14 or a combination of the following grounds:

15 (1) material misstatements in furnishing information  
16 to the Department or to any other State agency or in  
17 furnishing information to any insurance company with  
18 respect to a claim on behalf of a licensee or a patient;

19 (2) violations or negligent or intentional disregard  
20 of this Act or its rules;

21 (3) conviction of or entry of a plea of guilty or nolo  
22 contendere, finding of guilt, jury verdict, or entry of  
23 judgment or sentencing, including, but not limited to,  
24 convictions, preceding sentences of supervision,

1 conditional discharge, or first offender probation, under  
2 the laws of any jurisdiction of the United States that is  
3 (i) a felony or (ii) a misdemeanor, an essential element  
4 of which is dishonesty, or that is directly related to the  
5 practice of behavior analysis;

6 (4) fraud or misrepresentation in applying for or  
7 procuring a license under this Act or in connection with  
8 applying for renewal or restoration of a license under  
9 this Act;

10 (5) professional incompetence;

11 (6) gross negligence in practice under this Act;

12 (7) aiding or assisting another person in violating  
13 any provision of this Act or its rules;

14 (8) failing to provide information within 60 days in  
15 response to a written request made by the Department;

16 (9) engaging in dishonorable, unethical, or  
17 unprofessional conduct of a character likely to deceive,  
18 defraud, or harm the public as defined by the rules of the  
19 Department or violating the rules of professional conduct  
20 adopted by the Department;

21 (10) habitual or excessive use or abuse of drugs  
22 defined in law as controlled substances, of alcohol, or of  
23 any other substances that results in the inability to  
24 practice with reasonable judgment, skill, or safety;

25 (11) adverse action taken by another state or  
26 jurisdiction if at least one of the grounds for the

1 discipline is the same or substantially equivalent to  
2 those set forth in this Section;

3 (12) directly or indirectly giving to or receiving  
4 from any person, firm, corporation, partnership, or  
5 association any fee, commission, rebate, or other form of  
6 compensation for any professional service not actually  
7 rendered; nothing in this paragraph affects any bona fide  
8 independent contractor or employment arrangements among  
9 health care professionals, health facilities, health care  
10 providers, or other entities, except as otherwise  
11 prohibited by law; any employment arrangements may include  
12 provisions for compensation, health insurance, pension, or  
13 other employment benefits for the provision of services  
14 within the scope of the licensee's practice under this  
15 Act; nothing in this paragraph shall be construed to  
16 require an employment arrangement to receive professional  
17 fees for services rendered;

18 (13) a finding by the Department that the licensee,  
19 after having the license placed on probationary status,  
20 has violated the terms of probation or failed to comply  
21 with those terms;

22 (14) abandonment, without cause, of a client;

23 (15) willfully making or filing false records or  
24 reports relating to a licensee's practice, including, but  
25 not limited to, false records filed with federal or State  
26 agencies or departments;

1           (16) willfully failing to report an instance of  
2           suspected child abuse or neglect as required by the Abused  
3           and Neglected Child Reporting Act;

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

11          (18) physical illness, mental illness, or any other  
12          impairment or disability, including, but not limited to,  
13          deterioration through the aging process, or loss of motor  
14          skills that results in the inability to practice the  
15          profession with reasonable judgment, skill, or safety;

16          (19) solicitation of professional services by using  
17          false or misleading advertising;

18          (20) violation of the Health Care Worker Self-Referral  
19          Act;

20          (21) willfully failing to report an instance of  
21          suspected abuse, neglect, financial exploitation, or  
22          self-neglect of an eligible adult as defined in and  
23          required by the Adult Protective Services Act; or

24          (22) being named as an abuser in a verified report by  
25          the Department on Aging under the Adult Protective  
26          Services Act, and upon proof by clear and convincing

1 evidence that the licensee abused, neglected, or  
2 financially exploited an eligible adult as defined in the  
3 Adult Protective Services Act.

4 (b) The determination by a court that a licensee is  
5 subject to involuntary admission or judicial admission as  
6 provided in the Mental Health and Developmental Disabilities  
7 Code shall result in an automatic suspension of the licensee's  
8 license. The suspension shall end upon a finding by a court  
9 that the licensee is no longer subject to involuntary  
10 admission or judicial admission and issues an order so finding  
11 and discharging the patient, and upon the recommendation of  
12 the Board to the Secretary that the licensee be allowed to  
13 resume professional practice.

14 (c) The Department shall refuse to issue or renew or may  
15 suspend the license of a person who (i) fails to file a tax  
16 return, pay the tax, penalty, or interest shown in a filed tax  
17 return, or pay any final assessment of tax, penalty, or  
18 interest, as required by any tax Act administered by the  
19 Department of Revenue, until the requirements of the tax Act  
20 are satisfied or (ii) has failed to pay any court-ordered  
21 child support as determined by a court order or by referral  
22 from the Department of Healthcare and Family Services.

23 ~~(c-1) The Department shall not revoke, suspend, place on~~  
24 ~~probation, reprimand, refuse to issue or renew, or take any~~  
25 ~~other disciplinary or non-disciplinary action against the~~  
26 ~~license or permit issued under this Act based solely upon the~~

1 ~~licensed behavior analyst recommending, aiding, assisting,~~  
2 ~~referring for, or participating in any health care service, so~~  
3 ~~long as the care was not unlawful under the laws of this State,~~  
4 ~~regardless of whether the patient was a resident of this State~~  
5 ~~or another state.~~

6 ~~(c-2) The Department shall not revoke, suspend, place on~~  
7 ~~prohibition, reprimand, refuse to issue or renew, or take any~~  
8 ~~other disciplinary or non disciplinary action against the~~  
9 ~~license or permit issued under this Act to practice as a~~  
10 ~~licensed behavior analyst based upon the licensed behavior~~  
11 ~~analyst's license being revoked or suspended, or the licensed~~  
12 ~~behavior analyst being otherwise disciplined by any other~~  
13 ~~state, if that revocation, suspension, or other form of~~  
14 ~~discipline was based solely on the licensed behavior analyst~~  
15 ~~violating another state's laws prohibiting the provision of,~~  
16 ~~authorization of, recommendation of, aiding or assisting in,~~  
17 ~~referring for, or participation in any health care service if~~  
18 ~~that health care service as provided would not have been~~  
19 ~~unlawful under the laws of this State and is consistent with~~  
20 ~~the standards of conduct for a licensed behavior analyst~~  
21 ~~practicing in Illinois.~~

22 ~~(c-3) The conduct specified in subsections (c-1) and (c-2)~~  
23 ~~shall not constitute grounds for suspension under Section 125.~~

24 ~~(c-4) The Department shall not revoke, suspend, summarily~~  
25 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
26 ~~renew, or take any other disciplinary or non disciplinary~~



1 ~~action against the license or permit issued under this Act to~~  
2 ~~practice as a licensed behavior analyst based solely upon the~~  
3 ~~license of a licensed behavior analyst being revoked or the~~  
4 ~~licensed behavior analyst being otherwise disciplined by any~~  
5 ~~other state or territory other than Illinois for the referral~~  
6 ~~for or having otherwise participated in any health care~~  
7 ~~service, if the revocation or disciplinary action was based~~  
8 ~~solely on a violation of the other state's law prohibiting~~  
9 ~~such health care services in the state, for a resident of the~~  
10 ~~state, or in any other state.~~

11 (d) In enforcing this Section, the Department, upon a  
12 showing of a possible violation, may compel a person licensed  
13 to practice under this Act, or who has applied for licensure  
14 under this Act, to submit to a mental or physical examination,  
15 or both, which may include a substance abuse or sexual  
16 offender evaluation, as required by and at the expense of the  
17 Department.

18 (1) The Department shall specifically designate the  
19 examining physician licensed to practice medicine in all  
20 of its branches or, if applicable, the multidisciplinary  
21 team involved in providing the mental or physical  
22 examination or both. The multidisciplinary team shall be  
23 led by a physician licensed to practice medicine in all of  
24 its branches and may consist of one or more or a  
25 combination of physicians licensed to practice medicine in  
26 all of its branches, licensed clinical psychologists,

1 licensed clinical professional counselors, and other  
2 professional and administrative staff. Any examining  
3 physician or member of the multidisciplinary team may  
4 require any person ordered to submit to an examination  
5 pursuant to this Section to submit to any additional  
6 supplemental testing deemed necessary to complete any  
7 examination or evaluation process, including, but not  
8 limited to, blood testing, urinalysis, psychological  
9 testing, or neuropsychological testing.

10 (2) The Department may order the examining physician  
11 or any member of the multidisciplinary team to present  
12 testimony concerning this mental or physical examination  
13 of the licensee or applicant. No information, report,  
14 record, or other documents in any way related to the  
15 examination shall be excluded by reason of any common law  
16 or statutory privilege relating to communications between  
17 the licensee or applicant and the examining physician or  
18 any member of the multidisciplinary team. No authorization  
19 is necessary from the licensee or applicant ordered to  
20 undergo an examination for the examining physician or any  
21 member of the multidisciplinary team to provide  
22 information, reports, records, or other documents or to  
23 provide any testimony regarding the examination and  
24 evaluation.

25 (3) The person to be examined may have, at the  
26 person's own expense, another physician of the person's

1 choice present during all aspects of the examination.  
2 However, that physician shall be present only to observe  
3 and may not interfere in any way with the examination.

4 (4) The failure of any person to submit to a mental or  
5 physical examination without reasonable cause, when  
6 ordered, shall result in an automatic suspension of the  
7 person's license until the person submits to the  
8 examination.

9 (e) If the Department finds a person unable to practice  
10 because of the reasons set forth in this Section, the  
11 Department or Board may require that person to submit to care,  
12 counseling, or treatment by physicians approved or designated  
13 by the Department or Board, as a condition, term, or  
14 restriction for continued, reinstated, or renewed licensure to  
15 practice; or, in lieu of care, counseling, or treatment, the  
16 Department may file, or the Board may recommend to the  
17 Department to file, a complaint to immediately suspend,  
18 revoke, or otherwise discipline the license of the person. Any  
19 person whose license was granted, continued, reinstated,  
20 renewed, disciplined, or supervised subject to the terms,  
21 conditions, or restrictions, and who fails to comply with the  
22 terms, conditions, or restrictions, shall be referred to the  
23 Secretary for a determination as to whether the person shall  
24 have the person's license suspended immediately, pending a  
25 hearing by the Department.

26 (f) All fines imposed shall be paid within 60 days after

1 the effective date of the order imposing the fine or in  
2 accordance with the terms set forth in the order imposing the  
3 fine.

4 If the Secretary immediately suspends a person's license  
5 under this subsection, a hearing on that person's license must  
6 be convened by the Department within 30 days after the  
7 suspension and completed without appreciable delay. The  
8 Department and Board shall have the authority to review the  
9 subject person's record of treatment and counseling regarding  
10 the impairment, to the extent permitted by applicable federal  
11 statutes and regulations safeguarding the confidentiality of  
12 medical records.

13 A person licensed under this Act and affected under this  
14 Section shall be afforded an opportunity to demonstrate to the  
15 Department or Board that the person can resume practice in  
16 compliance with acceptable and prevailing standards under the  
17 provisions of the person's license.

18 ~~(g) The Department may adopt rules to implement the~~  
19 ~~changes made by this amendatory Act of the 102nd General~~  
20 ~~Assembly.~~

21 (Source: P.A. 102-953, eff. 5-27-22; 102-1117, eff. 1-13-23.)

22 Section 5-80. The Clinical Psychologist Licensing Act is  
23 amended by changing Section 15 as follows:

24 (225 ILCS 15/15) (from Ch. 111, par. 5365)

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

2 Sec. 15. Disciplinary action; grounds.

3 ~~(a)~~ The Department may refuse to issue, refuse to renew,  
4 suspend, or revoke any license, or may place on probation,  
5 reprimand, or take other disciplinary or non-disciplinary  
6 action deemed appropriate by the Department, including the  
7 imposition of fines not to exceed \$10,000 for each violation,  
8 with regard to any license issued under the provisions of this  
9 Act for any one or a combination of the following reasons:

10 (1) Conviction of, or entry of a plea of guilty or nolo  
11 contendere to, any crime that is a felony under the laws of  
12 the United States or any state or territory thereof or  
13 that is a misdemeanor of which an essential element is  
14 dishonesty, or any crime that is directly related to the  
15 practice of the profession.

16 (2) Gross negligence in the rendering of clinical  
17 psychological services.

18 (3) Using fraud or making any misrepresentation in  
19 applying for a license or in passing the examination  
20 provided for in this Act.

21 (4) Aiding or abetting or conspiring to aid or abet a  
22 person, not a clinical psychologist licensed under this  
23 Act, in representing himself or herself as so licensed or  
24 in applying for a license under this Act.

25 (5) Violation of any provision of this Act or the  
26 rules promulgated thereunder.

1           (6) Professional connection or association with any  
2 person, firm, association, partnership or corporation  
3 holding himself, herself, themselves, or itself out in any  
4 manner contrary to this Act.

5           (7) Unethical, unauthorized or unprofessional conduct  
6 as defined by rule. In establishing those rules, the  
7 Department shall consider, though is not bound by, the  
8 ethical standards for psychologists promulgated by  
9 recognized national psychology associations.

10           (8) Aiding or assisting another person in violating  
11 any provisions of this Act or the rules promulgated  
12 thereunder.

13           (9) Failing to provide, within 60 days, information in  
14 response to a written request made by the Department.

15           (10) Habitual or excessive use or addiction to  
16 alcohol, narcotics, stimulants, or any other chemical  
17 agent or drug that results in a clinical psychologist's  
18 inability to practice with reasonable judgment, skill or  
19 safety.

20           (11) Discipline by another state, territory, the  
21 District of Columbia or foreign country, if at least one  
22 of the grounds for the discipline is the same or  
23 substantially equivalent to those set forth herein.

24           (12) Directly or indirectly giving or receiving from  
25 any person, firm, corporation, association or partnership  
26 any fee, commission, rebate, or other form of compensation

1 for any professional service not actually or personally  
2 rendered. Nothing in this paragraph (12) affects any bona  
3 fide independent contractor or employment arrangements  
4 among health care professionals, health facilities, health  
5 care providers, or other entities, except as otherwise  
6 prohibited by law. Any employment arrangements may include  
7 provisions for compensation, health insurance, pension, or  
8 other employment benefits for the provision of services  
9 within the scope of the licensee's practice under this  
10 Act. Nothing in this paragraph (12) shall be construed to  
11 require an employment arrangement to receive professional  
12 fees for services rendered.

13 (13) A finding that the licensee, after having his or  
14 her license placed on probationary status, has violated  
15 the terms of probation.

16 (14) Willfully making or filing false records or  
17 reports, including but not limited to, false records or  
18 reports filed with State agencies or departments.

19 (15) Physical illness, including but not limited to,  
20 deterioration through the aging process, mental illness or  
21 disability that results in the inability to practice the  
22 profession with reasonable judgment, skill and safety.

23 (16) Willfully failing to report an instance of  
24 suspected child abuse or neglect as required by the Abused  
25 and Neglected Child Reporting Act.

26 (17) Being named as a perpetrator in an indicated

1 report by the Department of Children and Family Services  
2 pursuant to the Abused and Neglected Child Reporting Act,  
3 and upon proof by clear and convincing evidence that the  
4 licensee has caused a child to be an abused child or  
5 neglected child as defined in the Abused and Neglected  
6 Child Reporting Act.

7 (18) Violation of the Health Care Worker Self-Referral  
8 Act.

9 (19) Making a material misstatement in furnishing  
10 information to the Department, any other State or federal  
11 agency, or any other entity.

12 (20) Failing to report to the Department any adverse  
13 judgment, settlement, or award arising from a liability  
14 claim related to an act or conduct similar to an act or  
15 conduct that would constitute grounds for action as set  
16 forth in this Section.

17 (21) Failing to report to the Department any adverse  
18 final action taken against a licensee or applicant by  
19 another licensing jurisdiction, including any other state  
20 or territory of the United States or any foreign state or  
21 country, or any peer review body, health care institution,  
22 professional society or association related to the  
23 profession, governmental agency, law enforcement agency,  
24 or court for an act or conduct similar to an act or conduct  
25 that would constitute grounds for disciplinary action as  
26 set forth in this Section.



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

6           (23) Violating state or federal laws or regulations  
7       relating to controlled substances, legend drugs, or  
8       ephedra as defined in the Ephedra Prohibition Act.

9           (24) Exceeding the terms of a collaborative agreement  
10       or the prescriptive authority delegated to a licensee by  
11       his or her collaborating physician or established under a  
12       written collaborative agreement.

13       The entry of an order by any circuit court establishing  
14       that any person holding a license under this Act is subject to  
15       involuntary admission or judicial admission as provided for in  
16       the Mental Health and Developmental Disabilities Code,  
17       operates as an automatic suspension of that license. That  
18       person may have his or her license restored only upon the  
19       determination by a circuit court that the patient is no longer  
20       subject to involuntary admission or judicial admission and the  
21       issuance of an order so finding and discharging the patient  
22       and upon the Board's recommendation to the Department that the  
23       license be restored. Where the circumstances so indicate, the  
24       Board may recommend to the Department that it require an  
25       examination prior to restoring any license so automatically  
26       suspended.

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

8           In enforcing this Section, the Department or Board upon a  
9 showing of a possible violation may compel any person licensed  
10 to practice under this Act, or who has applied for licensure or  
11 certification pursuant to this Act, to submit to a mental or  
12 physical examination, or both, as required by and at the  
13 expense of the Department. The examining physicians or  
14 clinical psychologists shall be those specifically designated  
15 by the Department. The Board or the Department may order the  
16 examining physician or clinical psychologist to present  
17 testimony concerning this mental or physical examination of  
18 the licensee or applicant. No information shall be excluded by  
19 reason of any common law or statutory privilege relating to  
20 communications between the licensee or applicant and the  
21 examining physician or clinical psychologist. The person to be  
22 examined may have, at his or her own expense, another  
23 physician or clinical psychologist of his or her choice  
24 present during all aspects of the examination. Failure of any  
25 person to submit to a mental or physical examination, when  
26 directed, shall be grounds for suspension of a license until

1 the person submits to the examination if the Department or  
2 Board finds, after notice and hearing, that the refusal to  
3 submit to the examination was without reasonable cause.

4 If the Department or Board finds a person unable to  
5 practice because of the reasons set forth in this Section, the  
6 Department or Board may require that person to submit to care,  
7 counseling or treatment by physicians or clinical  
8 psychologists approved or designated by the Department, as a  
9 condition, term, or restriction for continued, reinstated, or  
10 renewed licensure to practice; or, in lieu of care, counseling  
11 or treatment, the Board may recommend to the Department to  
12 file or the Department may file a complaint to immediately  
13 suspend, revoke or otherwise discipline the license of the  
14 person. Any person whose license was granted, continued,  
15 reinstated, renewed, disciplined or supervised subject to such  
16 terms, conditions or restrictions, and who fails to comply  
17 with such terms, conditions or restrictions, shall be referred  
18 to the Secretary for a determination as to whether the person  
19 shall have his or her license suspended immediately, pending a  
20 hearing by the Board.

21 In instances in which the Secretary immediately suspends a  
22 person's license under this Section, a hearing on that  
23 person's license must be convened by the Board within 15 days  
24 after the suspension and completed without appreciable delay.  
25 The Board shall have the authority to review the subject  
26 person's record of treatment and counseling regarding the

1 impairment, to the extent permitted by applicable federal  
2 statutes and regulations safeguarding the confidentiality of  
3 medical records.

4 A person licensed under this Act and affected under this  
5 Section shall be afforded an opportunity to demonstrate to the  
6 Board that he or she can resume practice in compliance with  
7 acceptable and prevailing standards under the provisions of  
8 his or her license.

9 ~~(b) The Department shall not revoke, suspend, place on  
10 probation, reprimand, refuse to issue or renew, or take any  
11 other disciplinary or non-disciplinary action against the  
12 license or permit issued under this Act based solely upon the  
13 licensed clinical psychologist recommending, aiding,  
14 assisting, referring for, or participating in any health care  
15 service, so long as the care was not unlawful under the laws of  
16 this State, regardless of whether the patient was a resident  
17 of this State or another state.~~

18 ~~(c) The Department shall not revoke, suspend, place on  
19 prohibition, reprimand, refuse to issue or renew, or take any  
20 other disciplinary or non-disciplinary action against the  
21 license or permit issued under this Act to practice as a  
22 licensed clinical psychologist based upon the licensed  
23 clinical psychologist's license being revoked or suspended, or  
24 the licensed clinical psychologist being otherwise disciplined  
25 by any other state, if that revocation, suspension, or other  
26 form of discipline was based solely on the licensed clinical~~

1 ~~psychologist violating another state's laws prohibiting the~~  
2 ~~provision of, authorization of, recommendation of, aiding or~~  
3 ~~assisting in, referring for, or participation in any health~~  
4 ~~care service if that health care service as provided would not~~  
5 ~~have been unlawful under the laws of this State and is~~  
6 ~~consistent with the standards of conduct for a licensed~~  
7 ~~clinical psychologist practicing in Illinois.~~

8 ~~(d) The conduct specified in subsections (b) and (c) shall~~  
9 ~~not constitute grounds for suspension under Section 21.6.~~

10 ~~(e) The Department shall not revoke, suspend, summarily~~  
11 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
12 ~~renew, or take any other disciplinary or non-disciplinary~~  
13 ~~action against the license or permit issued under this Act to~~  
14 ~~practice as a licensed clinical psychologist based solely upon~~  
15 ~~the license of a licensed clinical psychologist being revoked~~  
16 ~~or the licensed clinical psychologist being otherwise~~  
17 ~~disciplined by any other state or territory other than~~  
18 ~~Illinois for the referral for or having otherwise participated~~  
19 ~~in any health care service, if the revocation or disciplinary~~  
20 ~~action was based solely on a violation of the other state's law~~  
21 ~~prohibiting such health care services in the state, for a~~  
22 ~~resident of the state, or in any other state.~~

23 ~~(f) The Department may adopt rules to implement the~~  
24 ~~changes made by this amendatory Act of the 102nd General~~  
25 ~~Assembly.~~

26 (Source: P.A. 102-1117, eff. 1-13-23.)

1           Section 5-85. The Clinical Social Work and Social Work  
2 Practice Act is amended by changing Section 19 as follows:

3           (225 ILCS 20/19) (from Ch. 111, par. 6369)

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

5           Sec. 19. Grounds for disciplinary action.

6           (1) The Department may refuse to issue or renew a license,  
7 or may suspend, revoke, place on probation, reprimand, or take  
8 any other disciplinary or non-disciplinary action deemed  
9 appropriate by the Department, including the imposition of  
10 fines not to exceed \$10,000 for each violation, with regard to  
11 any license issued under the provisions of this Act for any one  
12 or a combination of the following grounds:

13           (a) material misstatements in furnishing information  
14 to the Department or to any other State agency or in  
15 furnishing information to any insurance company with  
16 respect to a claim on behalf of a licensee or a patient;

17           (b) violations or negligent or intentional disregard  
18 of this Act, or any of the rules promulgated hereunder;

19           (c) conviction of or entry of a plea of guilty or nolo  
20 contendere, finding of guilt, jury verdict, or entry of  
21 judgment or sentencing, including, but not limited to,  
22 convictions, preceding sentences of supervision,  
23 conditional discharge, or first offender probation, under  
24 the laws of any jurisdiction of the United States that is

1 (i) a felony or (ii) a misdemeanor, an essential element  
2 of which is dishonesty, or that is directly related to the  
3 practice of the clinical social work or social work  
4 professions;

5 (d) fraud or misrepresentation in applying for or  
6 procuring a license under this Act or in connection with  
7 applying for renewal or restoration of a license under  
8 this Act;

9 (e) professional incompetence;

10 (f) gross negligence in practice under this Act;

11 (g) aiding or assisting another person in violating  
12 any provision of this Act or its rules;

13 (h) failing to provide information within 60 days in  
14 response to a written request made by the Department;

15 (i) engaging in dishonorable, unethical or  
16 unprofessional conduct of a character likely to deceive,  
17 defraud or harm the public as defined by the rules of the  
18 Department, or violating the rules of professional conduct  
19 adopted by the Department;

20 (j) habitual or excessive use or abuse of drugs  
21 defined in law as controlled substances, of alcohol, or of  
22 any other substances that results in the inability to  
23 practice with reasonable judgment, skill, or safety;

24 (k) adverse action taken by another state or  
25 jurisdiction, if at least one of the grounds for the  
26 discipline is the same or substantially equivalent to

1 those set forth in this Section;

2 (l) directly or indirectly giving to or receiving from  
3 any person, firm, corporation, partnership, or association  
4 any fee, commission, rebate or other form of compensation  
5 for any professional service not actually rendered.  
6 Nothing in this paragraph (l) affects any bona fide  
7 independent contractor or employment arrangements among  
8 health care professionals, health facilities, health care  
9 providers, or other entities, except as otherwise  
10 prohibited by law. Any employment arrangements may include  
11 provisions for compensation, health insurance, pension, or  
12 other employment benefits for the provision of services  
13 within the scope of the licensee's practice under this  
14 Act. Nothing in this paragraph (l) shall be construed to  
15 require an employment arrangement to receive professional  
16 fees for services rendered;

17 (m) a finding by the Department that the licensee,  
18 after having the license placed on probationary status,  
19 has violated the terms of probation or failed to comply  
20 with such terms;

21 (n) abandonment, without cause, of a client;

22 (o) willfully making or filing false records or  
23 reports relating to a licensee's practice, including, but  
24 not limited to, false records filed with Federal or State  
25 agencies or departments;

26 (p) willfully failing to report an instance of



1 suspected child abuse or neglect as required by the Abused  
2 and Neglected Child Reporting Act;

3 (q) being named as a perpetrator in an indicated  
4 report by the Department of Children and Family Services  
5 under the Abused and Neglected Child Reporting Act, and  
6 upon proof by clear and convincing evidence that the  
7 licensee has caused a child to be an abused child or  
8 neglected child as defined in the Abused and Neglected  
9 Child Reporting Act;

10 (r) physical illness, mental illness, or any other  
11 impairment or disability, including, but not limited to,  
12 deterioration through the aging process, or loss of motor  
13 skills that results in the inability to practice the  
14 profession with reasonable judgment, skill or safety;

15 (s) solicitation of professional services by using  
16 false or misleading advertising;

17 (t) violation of the Health Care Worker Self-Referral  
18 Act;

19 (u) willfully failing to report an instance of  
20 suspected abuse, neglect, financial exploitation, or  
21 self-neglect of an eligible adult as defined in and  
22 required by the Adult Protective Services Act; or

23 (v) being named as an abuser in a verified report by  
24 the Department on Aging under the Adult Protective  
25 Services Act, and upon proof by clear and convincing  
26 evidence that the licensee abused, neglected, or

1 financially exploited an eligible adult as defined in the  
2 Adult Protective Services Act.

3 (2) (Blank).

4 (3) The determination by a court that a licensee is  
5 subject to involuntary admission or judicial admission as  
6 provided in the Mental Health and Developmental Disabilities  
7 Code, will result in an automatic suspension of his license.  
8 Such suspension will end upon a finding by a court that the  
9 licensee is no longer subject to involuntary admission or  
10 judicial admission and issues an order so finding and  
11 discharging the patient, and upon the recommendation of the  
12 Board to the Secretary that the licensee be allowed to resume  
13 professional practice.

14 (4) The Department shall refuse to issue or renew or may  
15 suspend the license of a person who (i) fails to file a return,  
16 pay the tax, penalty, or interest shown in a filed return, or  
17 pay any final assessment of tax, penalty, or interest, as  
18 required by any tax Act administered by the Department of  
19 Revenue, until the requirements of the tax Act are satisfied  
20 or (ii) has failed to pay any court-ordered child support as  
21 determined by a court order or by referral from the Department  
22 of Healthcare and Family Services.

23 ~~(4.5) The Department shall not revoke, suspend, summarily~~  
24 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
25 ~~renew, or take any other disciplinary or non-disciplinary~~  
26 ~~action against a license or permit issued under this Act based~~

1 ~~solely upon the licensed clinical social worker authorizing,~~  
2 ~~recommending, aiding, assisting, referring for, or otherwise~~  
3 ~~participating in any health care service, so long as the care~~  
4 ~~was not unlawful under the laws of this State, regardless of~~  
5 ~~whether the patient was a resident of this State or another~~  
6 ~~state.~~

7 ~~(4.10) The Department shall not revoke, suspend, summarily~~  
8 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
9 ~~renew, or take any other disciplinary or non disciplinary~~  
10 ~~action against the license or permit issued under this Act to~~  
11 ~~practice as a licensed clinical social worker based upon the~~  
12 ~~licensed clinical social worker's license being revoked or~~  
13 ~~suspended, or the licensed clinical social worker being~~  
14 ~~otherwise disciplined by any other state, if that revocation,~~  
15 ~~suspension, or other form of discipline was based solely on~~  
16 ~~the licensed clinical social worker violating another state's~~  
17 ~~laws prohibiting the provision of, authorization of,~~  
18 ~~recommendation of, aiding or assisting in, referring for, or~~  
19 ~~participation in any health care service if that health care~~  
20 ~~service as provided would not have been unlawful under the~~  
21 ~~laws of this State and is consistent with the standards of~~  
22 ~~conduct for a licensed clinical social worker practicing in~~  
23 ~~Illinois.~~

24 ~~(4.15) The conduct specified in subsections (4.5) and~~  
25 ~~(4.10) shall not constitute grounds for suspension under~~  
26 ~~Section 32.~~

1       ~~(4.20) An applicant seeking licensure, certification, or~~  
2 ~~authorization pursuant to this Act who has been subject to~~  
3 ~~disciplinary action by a duly authorized professional~~  
4 ~~disciplinary agency of another jurisdiction solely on the~~  
5 ~~basis of having authorized, recommended, aided, assisted,~~  
6 ~~referred for, or otherwise participated in health care shall~~  
7 ~~not be denied such licensure, certification, or authorization,~~  
8 ~~unless the Department determines that such action would have~~  
9 ~~constituted professional misconduct in this State; however,~~  
10 ~~nothing in this Section shall be construed as prohibiting the~~  
11 ~~Department from evaluating the conduct of such applicant and~~  
12 ~~making a determination regarding the licensure, certification,~~  
13 ~~or authorization to practice a profession under this Act.~~

14       (5) (a) In enforcing this Section, the Department or Board,  
15 upon a showing of a possible violation, may compel a person  
16 licensed to practice under this Act, or who has applied for  
17 licensure under this Act, to submit to a mental or physical  
18 examination, or both, which may include a substance abuse or  
19 sexual offender evaluation, as required by and at the expense  
20 of the Department.

21       (b) The Department shall specifically designate the  
22 examining physician licensed to practice medicine in all of  
23 its branches or, if applicable, the multidisciplinary team  
24 involved in providing the mental or physical examination or  
25 both. The multidisciplinary team shall be led by a physician  
26 licensed to practice medicine in all of its branches and may

1 consist of one or more or a combination of physicians licensed  
2 to practice medicine in all of its branches, licensed clinical  
3 psychologists, licensed clinical social workers, licensed  
4 clinical professional counselors, and other professional and  
5 administrative staff. Any examining physician or member of the  
6 multidisciplinary team may require any person ordered to  
7 submit to an examination pursuant to this Section to submit to  
8 any additional supplemental testing deemed necessary to  
9 complete any examination or evaluation process, including, but  
10 not limited to, blood testing, urinalysis, psychological  
11 testing, or neuropsychological testing.

12 (c) The Board or the Department may order the examining  
13 physician or any member of the multidisciplinary team to  
14 present testimony concerning this mental or physical  
15 examination of the licensee or applicant. No information,  
16 report, record, or other documents in any way related to the  
17 examination shall be excluded by reason of any common law or  
18 statutory privilege relating to communications between the  
19 licensee or applicant and the examining physician or any  
20 member of the multidisciplinary team. No authorization is  
21 necessary from the licensee or applicant ordered to undergo an  
22 examination for the examining physician or any member of the  
23 multidisciplinary team to provide information, reports,  
24 records, or other documents or to provide any testimony  
25 regarding the examination and evaluation.

26 (d) The person to be examined may have, at his or her own

1 expense, another physician of his or her choice present during  
2 all aspects of the examination. However, that physician shall  
3 be present only to observe and may not interfere in any way  
4 with the examination.

5 (e) Failure of any person to submit to a mental or physical  
6 examination without reasonable cause, when ordered, shall  
7 result in an automatic suspension of his or her license until  
8 the person submits to the examination.

9 (f) If the Department or Board finds a person unable to  
10 practice because of the reasons set forth in this Section, the  
11 Department or Board may require that person to submit to care,  
12 counseling, or treatment by physicians approved or designated  
13 by the Department or Board, as a condition, term, or  
14 restriction for continued, reinstated, or renewed licensure to  
15 practice; or, in lieu of care, counseling or treatment, the  
16 Department may file, or the Board may recommend to the  
17 Department to file, a complaint to immediately suspend,  
18 revoke, or otherwise discipline the license of the person. Any  
19 person whose license was granted, continued, reinstated,  
20 renewed, disciplined or supervised subject to such terms,  
21 conditions or restrictions, and who fails to comply with such  
22 terms, conditions, or restrictions, shall be referred to the  
23 Secretary for a determination as to whether the person shall  
24 have his or her license suspended immediately, pending a  
25 hearing by the Department.

26 (g) All fines imposed shall be paid within 60 days after

1 the effective date of the order imposing the fine or in  
2 accordance with the terms set forth in the order imposing the  
3 fine.

4 In instances in which the Secretary immediately suspends a  
5 person's license under this Section, a hearing on that  
6 person's license must be convened by the Department within 30  
7 days after the suspension and completed without appreciable  
8 delay. The Department and Board shall have the authority to  
9 review the subject person's record of treatment and counseling  
10 regarding the impairment, to the extent permitted by  
11 applicable federal statutes and regulations safeguarding the  
12 confidentiality of medical records.

13 A person licensed under this Act and affected under this  
14 Section shall be afforded an opportunity to demonstrate to the  
15 Department or Board that he or she can resume practice in  
16 compliance with acceptable and prevailing standards under the  
17 provisions of his or her license.

18 ~~(h) The Department may adopt rules to implement the~~  
19 ~~changes made by this amendatory Act of the 102nd General~~  
20 ~~Assembly.~~

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

22 Section 5-90. The Marriage and Family Therapy Licensing  
23 Act is amended by changing Section 85 as follows:

24 (225 ILCS 55/85) (from Ch. 111, par. 8351-85)

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

2 Sec. 85. Refusal, revocation, or suspension.

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

10 (1) Material misstatement in furnishing information to  
11 the Department.

12 (2) Violation of any provision of this Act or its  
13 rules.

14 (3) Conviction of or entry of a plea of guilty or nolo  
15 contendere, finding of guilt, jury verdict, or entry of  
16 judgment or sentencing, including, but not limited to,  
17 convictions, preceding sentences of supervision,  
18 conditional discharge, or first offender probation, under  
19 the laws of any jurisdiction of the United States that is  
20 (i) a felony or (ii) a misdemeanor, an essential element  
21 of which is dishonesty or that is directly related to the  
22 practice of the profession.

23 (4) Fraud or misrepresentation in applying for or  
24 procuring a license under this Act or in connection with  
25 applying for renewal or restoration of a license under  
26 this Act or its rules.



1 (5) Professional incompetence.

2 (6) Gross negligence in practice under this Act.

3 (7) Aiding or assisting another person in violating  
4 any provision of this Act or its rules.

5 (8) Failing, within 60 days, to provide information in  
6 response to a written request made by the Department.

7 (9) Engaging in dishonorable, unethical, or  
8 unprofessional conduct of a character likely to deceive,  
9 defraud or harm the public as defined by the rules of the  
10 Department, or violating the rules of professional conduct  
11 adopted by the Department.

12 (10) Habitual or excessive use or abuse of drugs  
13 defined in law as controlled substances, of alcohol, or  
14 any other substance that results in the inability to  
15 practice with reasonable judgment, skill, or safety.

16 (11) Discipline by another jurisdiction if at least  
17 one of the grounds for the discipline is the same or  
18 substantially equivalent to those set forth in this Act.

19 (12) Directly or indirectly giving to or receiving  
20 from any person, firm, corporation, partnership, or  
21 association any fee, commission, rebate, or other form of  
22 compensation for any professional services not actually or  
23 personally rendered. Nothing in this paragraph (12)  
24 affects any bona fide independent contractor or employment  
25 arrangements among health care professionals, health  
26 facilities, health care providers, or other entities,

1           except as otherwise prohibited by law. Any employment  
2           arrangements may include provisions for compensation,  
3           health insurance, pension, or other employment benefits  
4           for the provision of services within the scope of the  
5           licensee's practice under this Act. Nothing in this  
6           paragraph (12) shall be construed to require an employment  
7           arrangement to receive professional fees for services  
8           rendered.

9           (13) A finding by the Department that the licensee,  
10          after having his or her license placed on probationary  
11          status, has violated the terms of probation or failed to  
12          comply with the terms.

13          (14) Abandonment of a patient without cause.

14          (15) Willfully making or filing false records or  
15          reports relating to a licensee's practice, including but  
16          not limited to false records filed with State agencies or  
17          departments.

18          (16) Willfully failing to report an instance of  
19          suspected child abuse or neglect as required by the Abused  
20          and Neglected Child Reporting Act.

21          (17) Being named as a perpetrator in an indicated  
22          report by the Department of Children and Family Services  
23          under the Abused and Neglected Child Reporting Act and  
24          upon proof by clear and convincing evidence that the  
25          licensee has caused a child to be an abused child or  
26          neglected child as defined in the Abused and Neglected

1 Child Reporting Act.

2 (18) Physical illness or mental illness or impairment,  
3 including, but not limited to, deterioration through the  
4 aging process or loss of motor skill that results in the  
5 inability to practice the profession with reasonable  
6 judgment, skill, or safety.

7 (19) Solicitation of professional services by using  
8 false or misleading advertising.

9 (20) A pattern of practice or other behavior that  
10 demonstrates incapacity or incompetence to practice under  
11 this Act.

12 (21) Practicing under a false or assumed name, except  
13 as provided by law.

14 (22) Gross, willful, and continued overcharging for  
15 professional services, including filing false statements  
16 for collection of fees or moneys for which services are  
17 not rendered.

18 (23) Failure to establish and maintain records of  
19 patient care and treatment as required by law.

20 (24) Cheating on or attempting to subvert the  
21 licensing examinations administered under this Act.

22 (25) Willfully failing to report an instance of  
23 suspected abuse, neglect, financial exploitation, or  
24 self-neglect of an eligible adult as defined in and  
25 required by the Adult Protective Services Act.

26 (26) Being named as an abuser in a verified report by

1 the Department on Aging and under the Adult Protective  
2 Services Act and upon proof by clear and convincing  
3 evidence that the licensee abused, neglected, or  
4 financially exploited an eligible adult as defined in the  
5 Adult Protective Services Act.

6 (b) (Blank).

7 (c) The determination by a circuit court that a licensee  
8 is subject to involuntary admission or judicial admission, as  
9 provided in the Mental Health and Developmental Disabilities  
10 Code, operates as an automatic suspension. The suspension will  
11 terminate only upon a finding by a court that the patient is no  
12 longer subject to involuntary admission or judicial admission  
13 and the issuance of an order so finding and discharging the  
14 patient, and upon the recommendation of the Board to the  
15 Secretary that the licensee be allowed to resume his or her  
16 practice as a licensed marriage and family therapist or an  
17 associate licensed marriage and family therapist.

18 (d) The Department shall refuse to issue or may suspend  
19 the license of any person who fails to file a return, pay the  
20 tax, penalty, or interest shown in a filed return or pay any  
21 final assessment of tax, penalty, or interest, as required by  
22 any tax Act administered by the Illinois Department of  
23 Revenue, until the time the requirements of the tax Act are  
24 satisfied.

25 ~~(d-5) The Department shall not revoke, suspend, summarily~~  
26 ~~suspend, place on prohibition, reprimand, refuse to issue or~~

1 ~~renew, or take any other disciplinary or non-disciplinary~~  
2 ~~action against the license or permit issued under this Act to~~  
3 ~~practice as a marriage and family therapist or associate~~  
4 ~~licensed marriage and family therapist based solely upon the~~  
5 ~~marriage and family therapist or associate licensed marriage~~  
6 ~~and family therapist authorizing, recommending, aiding,~~  
7 ~~assisting, referring for, or otherwise participating in any~~  
8 ~~health care service, so long as the care was not Unlawful under~~  
9 ~~the laws of this State, regardless of whether the patient was a~~  
10 ~~resident of this State or another state.~~

11 ~~(d-10) The Department shall not revoke, suspend, summarily~~  
12 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
13 ~~renew, or take any other disciplinary or non-disciplinary~~  
14 ~~action against the license or permit issued under this Act to~~  
15 ~~practice as a marriage and family therapist or associate~~  
16 ~~licensed marriage and family therapist based upon the marriage~~  
17 ~~and family therapist's or associate licensed marriage and~~  
18 ~~family therapist's license being revoked or suspended, or the~~  
19 ~~marriage and family therapist or associate licensed marriage~~  
20 ~~and family therapist being otherwise disciplined by any other~~  
21 ~~state, if that revocation, suspension, or other form of~~  
22 ~~discipline was based solely on the marriage and family~~  
23 ~~therapist or associate licensed marriage and family therapist~~  
24 ~~violating another state's laws prohibiting the provision of,~~  
25 ~~authorization of, recommendation of, aiding or assisting in,~~  
26 ~~referring for, or participation in any health care service if~~

1 ~~that health care service as provided would not have been~~  
2 ~~unlawful under the laws of this State and is consistent with~~  
3 ~~the standards of conduct for a marriage and family therapist~~  
4 ~~or an associate licensed marriage and family therapist~~  
5 ~~practicing in Illinois.~~

6 ~~(d 15) The conduct specified in subsections (d 5) or~~  
7 ~~(d 10) shall not constitute grounds for suspension under~~  
8 ~~Section 145.~~

9 ~~(d 20) An applicant seeking licensure, certification, or~~  
10 ~~authorization pursuant to this Act who has been subject to~~  
11 ~~disciplinary action by a duly authorized professional~~  
12 ~~disciplinary agency of another jurisdiction solely on the~~  
13 ~~basis of having authorized, recommended, aided, assisted,~~  
14 ~~referred for, or otherwise participated in health care shall~~  
15 ~~not be denied such licensure, certification, or authorization,~~  
16 ~~unless the Department determines that such action would have~~  
17 ~~constituted professional misconduct in this State; however,~~  
18 ~~nothing in this Section shall be construed as prohibiting the~~  
19 ~~Department from evaluating the conduct of such applicant and~~  
20 ~~making a determination regarding the licensure, certification,~~  
21 ~~or authorization to practice a profession under this Act.~~

22 (e) In enforcing this Section, the Department or Board  
23 upon a showing of a possible violation may compel an  
24 individual licensed to practice under this Act, or who has  
25 applied for licensure under this Act, to submit to a mental or  
26 physical examination, or both, which may include a substance

1 abuse or sexual offender evaluation, as required by and at the  
2 expense of the Department.

3 The Department shall specifically designate the examining  
4 physician licensed to practice medicine in all of its branches  
5 or, if applicable, the multidisciplinary team involved in  
6 providing the mental or physical examination or both. The  
7 multidisciplinary team shall be led by a physician licensed to  
8 practice medicine in all of its branches and may consist of one  
9 or more or a combination of physicians licensed to practice  
10 medicine in all of its branches, licensed clinical  
11 psychologists, licensed clinical social workers, licensed  
12 clinical professional counselors, licensed marriage and family  
13 therapists, and other professional and administrative staff.  
14 Any examining physician or member of the multidisciplinary  
15 team may require any person ordered to submit to an  
16 examination and evaluation pursuant to this Section to submit  
17 to any additional supplemental testing deemed necessary to  
18 complete any examination or evaluation process, including, but  
19 not limited to, blood testing, urinalysis, psychological  
20 testing, or neuropsychological testing.

21 The Department may order the examining physician or any  
22 member of the multidisciplinary team to provide to the  
23 Department any and all records, including business records,  
24 that relate to the examination and evaluation, including any  
25 supplemental testing performed.

26 The Department or Board may order the examining physician

1 or any member of the multidisciplinary team to present  
2 testimony concerning the mental or physical examination of the  
3 licensee or applicant. No information, report, record, or  
4 other documents in any way related to the examination shall be  
5 excluded by reason of any common law or statutory privilege  
6 relating to communications between the licensee or applicant  
7 and the examining physician or any member of the  
8 multidisciplinary team. No authorization is necessary from the  
9 licensee or applicant ordered to undergo an examination for  
10 the examining physician or any member of the multidisciplinary  
11 team to provide information, reports, records, or other  
12 documents or to provide any testimony regarding the  
13 examination and evaluation.

14 The individual to be examined may have, at his or her own  
15 expense, another physician of his or her choice present during  
16 all aspects of this examination. However, that physician shall  
17 be present only to observe and may not interfere in any way  
18 with the examination.

19 Failure of an individual to submit to a mental or physical  
20 examination, when ordered, shall result in an automatic  
21 suspension of his or her license until the individual submits  
22 to the examination.

23 If the Department or Board finds an individual unable to  
24 practice because of the reasons set forth in this Section, the  
25 Department or Board may require that individual to submit to  
26 care, counseling, or treatment by physicians approved or



1 designated by the Department or Board, as a condition, term,  
2 or restriction for continued, reinstated, or renewed licensure  
3 to practice; or, in lieu of care, counseling, or treatment,  
4 the Department may file, or the Board may recommend to the  
5 Department to file, a complaint to immediately suspend,  
6 revoke, or otherwise discipline the license of the individual.  
7 An individual whose license was granted, continued,  
8 reinstated, renewed, disciplined or supervised subject to such  
9 terms, conditions, or restrictions, and who fails to comply  
10 with such terms, conditions, or restrictions, shall be  
11 referred to the Secretary for a determination as to whether  
12 the individual shall have his or her license suspended  
13 immediately, pending a hearing by the Department.

14 In instances in which the Secretary immediately suspends a  
15 person's license under this Section, a hearing on that  
16 person's license must be convened by the Department within 30  
17 days after the suspension and completed without appreciable  
18 delay. The Department and Board shall have the authority to  
19 review the subject individual's record of treatment and  
20 counseling regarding the impairment to the extent permitted by  
21 applicable federal statutes and regulations safeguarding the  
22 confidentiality of medical records.

23 An individual licensed under this Act and affected under  
24 this Section shall be afforded an opportunity to demonstrate  
25 to the Department or Board that he or she can resume practice  
26 in compliance with acceptable and prevailing standards under

1 the provisions of his or her license.

2 (f) A fine shall be paid within 60 days after the effective  
3 date of the order imposing the fine or in accordance with the  
4 terms set forth in the order imposing the fine.

5 ~~(g) The Department may adopt rules to implement the~~  
6 ~~changes made by this amendatory Act of the 102nd General~~  
7 ~~Assembly.~~

8 (Source: P.A. 102-1117, eff. 1-13-23.)

9 Section 5-95. The Medical Practice Act of 1987 is amended  
10 by changing Sections 2, 22, 23, 36, and 49.5 as follows:

11 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

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

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

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

17 "Address of record" means the designated address recorded  
18 by the Department in the applicant's or licensee's application  
19 file or license file as maintained by the Department's  
20 licensure maintenance unit.

21 "Chiropractic physician" means a person licensed to treat  
22 human ailments without the use of drugs and without operative  
23 surgery. Nothing in this Act shall be construed to prohibit a  
24 chiropractic physician from providing advice regarding the use

1 of non-prescription products or from administering atmospheric  
2 oxygen. Nothing in this Act shall be construed to authorize a  
3 chiropractic physician to prescribe drugs.

4 "Department" means the Department of Financial and  
5 Professional Regulation.

6 "Disciplinary action" means revocation, suspension,  
7 probation, supervision, practice modification, reprimand,  
8 required education, fines or any other action taken by the  
9 Department against a person holding a license.

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

14 "Final determination" means the governing body's final  
15 action taken under the procedure followed by a health care  
16 institution, or professional association or society, against  
17 any person licensed under the Act in accordance with the  
18 bylaws or rules and regulations of such health care  
19 institution, or professional association or society.

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

21 "Impaired" means the inability to practice medicine with  
22 reasonable skill and safety due to physical or mental  
23 disabilities as evidenced by a written determination or  
24 written consent based on clinical evidence including  
25 deterioration through the aging process or loss of motor  
26 skill, or abuse of drugs or alcohol, of sufficient degree to

1 diminish a person's ability to deliver competent patient care.

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

3 "Physician" means a person licensed under the Medical  
4 Practice Act to practice medicine in all of its branches or a  
5 chiropractic physician.

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

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

19 "Reinstate" means to change the status of a license ~~or~~  
20 ~~permit~~ from inactive or nonrenewed status to active status.

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

23 "Secretary" means the Secretary of Financial and  
24 Professional Regulation.

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

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, hospitalization, or care facilities  
23 under its management and control;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8           (16) Abandonment of a patient.

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

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

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

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



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

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

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

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

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

1 rendered from the medical assistance program of the  
2 Department of Healthcare and Family Services (formerly  
3 Department of Public Aid) under the Illinois Public Aid  
4 Code.

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

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

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

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

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

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

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

26 (33) Violating ~~State~~ state or federal laws or

1 regulations relating to controlled substances, legend  
2 drugs, or ephedra as defined in the Ephedra Prohibition  
3 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          2023. ~~(Blank)~~.

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 Section 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 ~~(3) based solely upon the physician providing,~~  
24 ~~authorizing, recommending, aiding, assisting, referring~~  
25 ~~for, or otherwise participating in any health care~~  
26 ~~service, so long as the care was not unlawful under the~~

1 ~~laws of this State, regardless of whether the patient was~~  
2 ~~a resident of this State or another state; or~~

3 ~~(4) based upon the physician's license being revoked~~  
4 ~~or suspended, or the physician being otherwise disciplined~~  
5 ~~by any other state, if that revocation, suspension, or~~  
6 ~~other form of discipline was based solely on the physician~~  
7 ~~violating another state's laws prohibiting the provision~~  
8 ~~of, authorization of, recommendation of, aiding or~~  
9 ~~assisting in, referring for, or participation in any~~  
10 ~~health care service if that health care service as~~  
11 ~~provided would not have been unlawful under the laws of~~  
12 ~~this State and is consistent with the standards of conduct~~  
13 ~~for the physician if it occurred in Illinois.~~

14 (D) The Medical Board shall recommend to the Department  
15 civil penalties and any other appropriate discipline in  
16 disciplinary cases when the Medical Board finds that a  
17 physician willfully performed an abortion with actual  
18 knowledge that the person upon whom the abortion has been  
19 performed is a minor or an incompetent person without notice  
20 as required under the Parental Notice of Abortion Act of 2023.  
21 Upon the Medical Board's recommendation, the Department shall  
22 impose, for the first violation, a civil penalty of \$1,000 and  
23 for a second or subsequent violation, a civil penalty of  
24 \$5,000. (Blank).

25 ~~(E) The conduct specified in subsection (C) shall not~~  
26 ~~trigger reporting requirements under Section 23, constitute~~

1 ~~grounds for suspension under Section 25, or be included on the~~  
2 ~~physician's profile required under Section 10 of the Patients'~~  
3 ~~Right to Know Act.~~

4 ~~(F) An applicant seeking licensure, certification, or~~  
5 ~~authorization pursuant to this Act and who has been subject to~~  
6 ~~disciplinary action by a duly authorized professional~~  
7 ~~disciplinary agency of another jurisdiction solely on the~~  
8 ~~basis of having provided, authorized, recommended, aided,~~  
9 ~~assisted, referred for, or otherwise participated in health~~  
10 ~~care shall not be denied such licensure, certification, or~~  
11 ~~authorization, unless the Department determines that the~~  
12 ~~action would have constituted professional misconduct in this~~  
13 ~~State; however, nothing in this Section shall be construed as~~  
14 ~~prohibiting the Department from evaluating the conduct of the~~  
15 ~~applicant and making a determination regarding the licensure,~~  
16 ~~certification, or authorization to practice a profession under~~  
17 ~~this Act.~~

18 ~~(G) The Department may adopt rules to implement the~~  
19 ~~changes made by this amendatory Act of the 102nd General~~  
20 ~~Assembly.~~

21 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;  
22 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff.  
23 8-20-21; 102-813, eff. 5-13-22; 102-1117, eff. 1-13-23.)

24 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

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

1           Sec. 23. Reports relating to professional conduct and  
2 capacity.

3           (A) Entities required to report.

4           (1) Health care institutions. The chief administrator  
5 or executive officer of any health care institution  
6 licensed by the Illinois Department of Public Health shall  
7 report to the Medical Board when any person's clinical  
8 privileges are terminated or are restricted based on a  
9 final determination made in accordance with that  
10 institution's by-laws or rules and regulations that a  
11 person has either committed an act or acts which may  
12 directly threaten patient care or that a person may have a  
13 mental or physical disability that may endanger patients  
14 under that person's care. Such officer also shall report  
15 if a person accepts voluntary termination or restriction  
16 of clinical privileges in lieu of formal action based upon  
17 conduct related directly to patient care or in lieu of  
18 formal action seeking to determine whether a person may  
19 have a mental or physical disability that may endanger  
20 patients under that person's care. The Medical Board  
21 shall, by rule, provide for the reporting to it by health  
22 care institutions of all instances in which a person,  
23 licensed under this Act, who is impaired by reason of age,  
24 drug or alcohol abuse or physical or mental impairment, is  
25 under supervision and, where appropriate, is in a program  
26 of rehabilitation. Such reports shall be strictly

1 confidential and may be reviewed and considered only by  
2 the members of the Medical Board, or by authorized staff  
3 as provided by rules of the Medical Board. Provisions  
4 shall be made for the periodic report of the status of any  
5 such person not less than twice annually in order that the  
6 Medical Board shall have current information upon which to  
7 determine the status of any such person. Such initial and  
8 periodic reports of impaired physicians shall not be  
9 considered records within the meaning of the State Records  
10 Act and shall be disposed of, following a determination by  
11 the Medical Board that such reports are no longer  
12 required, in a manner and at such time as the Medical Board  
13 shall determine by rule. The filing of such reports shall  
14 be construed as the filing of a report for purposes of  
15 subsection (C) of this Section. ~~Such health care~~  
16 ~~institution shall not take any adverse action, including,~~  
17 ~~but not limited to, restricting or terminating any~~  
18 ~~person's clinical privileges, as a result of an adverse~~  
19 ~~action against a person's license or clinical privileges~~  
20 ~~or other disciplinary action by another state or health~~  
21 ~~care institution that resulted from the person's provision~~  
22 ~~of, authorization of, recommendation of, aiding or~~  
23 ~~assistance with, referral for, or participation in any~~  
24 ~~health care service if the adverse action was based solely~~  
25 ~~on a violation of the other state's law prohibiting the~~  
26 ~~provision of such health care and related services in the~~



1 ~~state or for a resident of the state if that health care~~  
2 ~~service would not have been unlawful under the laws of~~  
3 ~~this State and is consistent with the standards of conduct~~  
4 ~~for physicians practicing in Illinois.~~

5 (1.5) Clinical training programs. The program director  
6 of any post-graduate clinical training program shall  
7 report to the Medical Board if a person engaged in a  
8 post-graduate clinical training program at the  
9 institution, including, but not limited to, a residency or  
10 fellowship, separates from the program for any reason  
11 prior to its conclusion. The program director shall  
12 provide all documentation relating to the separation if,  
13 after review of the report, the Medical Board determines  
14 that a review of those documents is necessary to determine  
15 whether a violation of this Act occurred.

16 (2) Professional associations. The President or chief  
17 executive officer of any association or society, of  
18 persons licensed under this Act, operating within this  
19 State shall report to the Medical Board when the  
20 association or society renders a final determination that  
21 a person has committed unprofessional conduct related  
22 directly to patient care or that a person may have a mental  
23 or physical disability that may endanger patients under  
24 that person's care.

25 (3) Professional liability insurers. Every insurance  
26 company which offers policies of professional liability

1 insurance to persons licensed under this Act, or any other  
2 entity which seeks to indemnify the professional liability  
3 of a person licensed under this Act, shall report to the  
4 Medical Board the settlement of any claim or cause of  
5 action, or final judgment rendered in any cause of action,  
6 which alleged negligence in the furnishing of medical care  
7 by such licensed person when such settlement or final  
8 judgment is in favor of the plaintiff. ~~Such insurance~~  
9 ~~company shall not take any adverse action, including, but~~  
10 ~~not limited to, denial or revocation of coverage, or rate~~  
11 ~~increases, against a person licensed under this Act with~~  
12 ~~respect to coverage for services provided in the State if~~  
13 ~~based solely on the person providing, authorizing,~~  
14 ~~recommending, aiding, assisting, referring for, or~~  
15 ~~otherwise participating in health care services in this~~  
16 ~~State in violation of another state's law, or a revocation~~  
17 ~~or other adverse action against the person's license in~~  
18 ~~another state for violation of such law if that health~~  
19 ~~care service as provided would have been lawful and~~  
20 ~~consistent with the standards of conduct for physicians if~~  
21 ~~it occurred in the State. Notwithstanding this provision,~~  
22 ~~it is against public policy to require coverage for an~~  
23 ~~illegal action.~~

24 (4) State's Attorneys. The State's Attorney of each  
25 county shall report to the Medical Board, within 5 days,  
26 any instances in which a person licensed under this Act is

1 convicted of any felony or Class A misdemeanor. The  
2 State's Attorney of each county may report to the Medical  
3 Board through a verified complaint any instance in which  
4 the State's Attorney believes that a physician has  
5 willfully violated the notice requirements of the Parental  
6 Notice of Abortion Act of 2023.

7 (5) State agencies. All agencies, boards, commissions,  
8 departments, or other instrumentalities of the government  
9 of the State of Illinois shall report to the Medical Board  
10 any instance arising in connection with the operations of  
11 such agency, including the administration of any law by  
12 such agency, in which a person licensed under this Act has  
13 either committed an act or acts which may be a violation of  
14 this Act or which may constitute unprofessional conduct  
15 related directly to patient care or which indicates that a  
16 person licensed under this Act may have a mental or  
17 physical disability that may endanger patients under that  
18 person's care.

19 (B) Mandatory reporting. All reports required by items  
20 (34), (35), and (36) of subsection (A) of Section 22 and by  
21 Section 23 shall be submitted to the Medical Board in a timely  
22 fashion. Unless otherwise provided in this Section, the  
23 reports shall be filed in writing within 60 days after a  
24 determination that a report is required under this Act. All  
25 reports shall contain the following information:

26 (1) The name, address and telephone number of the

1 person making the report.

2 (2) The name, address and telephone number of the  
3 person who is the subject of the report.

4 (3) The name and date of birth of any patient or  
5 patients whose treatment is a subject of the report, if  
6 available, or other means of identification if such  
7 information is not available, identification of the  
8 hospital or other healthcare facility where the care at  
9 issue in the report was rendered, provided, however, no  
10 medical records may be revealed.

11 (4) A brief description of the facts which gave rise  
12 to the issuance of the report, including the dates of any  
13 occurrences deemed to necessitate the filing of the  
14 report.

15 (5) If court action is involved, the identity of the  
16 court in which the action is filed, along with the docket  
17 number and date of filing of the action.

18 (6) Any further pertinent information which the  
19 reporting party deems to be an aid in the evaluation of the  
20 report.

21 The Medical Board or Department may also exercise the  
22 power under Section 38 of this Act to subpoena copies of  
23 hospital or medical records in mandatory report cases alleging  
24 death or permanent bodily injury. Appropriate rules shall be  
25 adopted by the Department with the approval of the Medical  
26 Board.

1           When the Department has received written reports  
2 concerning incidents required to be reported in items (34),  
3 (35), and (36) of subsection (A) of Section 22, the licensee's  
4 failure to report the incident to the Department under those  
5 items shall not be the sole grounds for disciplinary action.

6           Nothing contained in this Section shall act to, in any  
7 way, waive or modify the confidentiality of medical reports  
8 and committee reports to the extent provided by law. Any  
9 information reported or disclosed shall be kept for the  
10 confidential use of the Medical Board, the Medical  
11 Coordinators, the Medical Board's attorneys, the medical  
12 investigative staff, and authorized clerical staff, as  
13 provided in this Act, and shall be afforded the same status as  
14 is provided information concerning medical studies in Part 21  
15 of Article VIII of the Code of Civil Procedure, except that the  
16 Department may disclose information and documents to a  
17 federal, State, or local law enforcement agency pursuant to a  
18 subpoena in an ongoing criminal investigation or to a health  
19 care licensing body or medical licensing authority of this  
20 State or another state or jurisdiction pursuant to an official  
21 request made by that licensing body or medical licensing  
22 authority. Furthermore, information and documents disclosed to  
23 a federal, State, or local law enforcement agency may be used  
24 by that agency only for the investigation and prosecution of a  
25 criminal offense, or, in the case of disclosure to a health  
26 care licensing body or medical licensing authority, only for

1 investigations and disciplinary action proceedings with regard  
2 to a license. Information and documents disclosed to the  
3 Department of Public Health may be used by that Department  
4 only for investigation and disciplinary action regarding the  
5 license of a health care institution licensed by the  
6 Department of Public Health.

7 (C) Immunity from prosecution. Any individual or  
8 organization acting in good faith, and not in a wilful and  
9 wanton manner, in complying with this Act by providing any  
10 report or other information to the Medical Board or a peer  
11 review committee, or assisting in the investigation or  
12 preparation of such information, or by voluntarily reporting  
13 to the Medical Board or a peer review committee information  
14 regarding alleged errors or negligence by a person licensed  
15 under this Act, or by participating in proceedings of the  
16 Medical Board or a peer review committee, or by serving as a  
17 member of the Medical Board or a peer review committee, shall  
18 not, as a result of such actions, be subject to criminal  
19 prosecution or civil damages.

20 (D) Indemnification. Members of the Medical Board, the  
21 Medical Coordinators, the Medical Board's attorneys, the  
22 medical investigative staff, physicians retained under  
23 contract to assist and advise the medical coordinators in the  
24 investigation, and authorized clerical staff shall be  
25 indemnified by the State for any actions occurring within the  
26 scope of services on the Medical Board, done in good faith and

1 not wilful and wanton in nature. The Attorney General shall  
2 defend all such actions unless he or she determines either  
3 that there would be a conflict of interest in such  
4 representation or that the actions complained of were not in  
5 good faith or were wilful and wanton.

6 Should the Attorney General decline representation, the  
7 member shall have the right to employ counsel of his or her  
8 choice, whose fees shall be provided by the State, after  
9 approval by the Attorney General, unless there is a  
10 determination by a court that the member's actions were not in  
11 good faith or were wilful and wanton.

12 The member must notify the Attorney General within 7 days  
13 of receipt of notice of the initiation of any action involving  
14 services of the Medical Board. Failure to so notify the  
15 Attorney General shall constitute an absolute waiver of the  
16 right to a defense and indemnification.

17 The Attorney General shall determine within 7 days after  
18 receiving such notice, whether he or she will undertake to  
19 represent the member.

20 (E) Deliberations of Medical Board. Upon the receipt of  
21 any report called for by this Act, other than those reports of  
22 impaired persons licensed under this Act required pursuant to  
23 the rules of the Medical Board, the Medical Board shall notify  
24 in writing, by mail or email, the person who is the subject of  
25 the report. Such notification shall be made within 30 days of  
26 receipt by the Medical Board of the report.

1           The notification shall include a written notice setting  
2           forth the person's right to examine the report. Included in  
3           such notification shall be the address at which the file is  
4           maintained, the name of the custodian of the reports, and the  
5           telephone number at which the custodian may be reached. The  
6           person who is the subject of the report shall submit a written  
7           statement responding, clarifying, adding to, or proposing the  
8           amending of the report previously filed. The person who is the  
9           subject of the report shall also submit with the written  
10          statement any medical records related to the report. The  
11          statement and accompanying medical records shall become a  
12          permanent part of the file and must be received by the Medical  
13          Board no more than 30 days after the date on which the person  
14          was notified by the Medical Board of the existence of the  
15          original report.

16          The Medical Board shall review all reports received by it,  
17          together with any supporting information and responding  
18          statements submitted by persons who are the subject of  
19          reports. The review by the Medical Board shall be in a timely  
20          manner but in no event, shall the Medical Board's initial  
21          review of the material contained in each disciplinary file be  
22          less than 61 days nor more than 180 days after the receipt of  
23          the initial report by the Medical Board.

24          When the Medical Board makes its initial review of the  
25          materials contained within its disciplinary files, the Medical  
26          Board shall, in writing, make a determination as to whether



1 there are sufficient facts to warrant further investigation or  
2 action. Failure to make such determination within the time  
3 provided shall be deemed to be a determination that there are  
4 not sufficient facts to warrant further investigation or  
5 action.

6 Should the Medical Board find that there are not  
7 sufficient facts to warrant further investigation, or action,  
8 the report shall be accepted for filing and the matter shall be  
9 deemed closed and so reported to the Secretary. The Secretary  
10 shall then have 30 days to accept the Medical Board's decision  
11 or request further investigation. The Secretary shall inform  
12 the Medical Board of the decision to request further  
13 investigation, including the specific reasons for the  
14 decision. The individual or entity filing the original report  
15 or complaint and the person who is the subject of the report or  
16 complaint shall be notified in writing by the Secretary of any  
17 final action on their report or complaint. The Department  
18 shall disclose to the individual or entity who filed the  
19 original report or complaint, on request, the status of the  
20 Medical Board's review of a specific report or complaint. Such  
21 request may be made at any time, including prior to the Medical  
22 Board's determination as to whether there are sufficient facts  
23 to warrant further investigation or action.

24 (F) Summary reports. The Medical Board shall prepare, on a  
25 timely basis, but in no event less than once every other month,  
26 a summary report of final disciplinary actions taken upon

1 disciplinary files maintained by the Medical Board. The  
2 summary reports shall be made available to the public upon  
3 request and payment of the fees set by the Department. This  
4 publication may be made available to the public on the  
5 Department's website. Information or documentation relating to  
6 any disciplinary file that is closed without disciplinary  
7 action taken shall not be disclosed and shall be afforded the  
8 same status as is provided by Part 21 of Article VIII of the  
9 Code of Civil Procedure.

10 (G) Any violation of this Section shall be a Class A  
11 misdemeanor.

12 (H) If any such person violates the provisions of this  
13 Section an action may be brought in the name of the People of  
14 the State of Illinois, through the Attorney General of the  
15 State of Illinois, for an order enjoining such violation or  
16 for an order enforcing compliance with this Section. Upon  
17 filing of a verified petition in such court, the court may  
18 issue a temporary restraining order without notice or bond and  
19 may preliminarily or permanently enjoin such violation, and if  
20 it is established that such person has violated or is  
21 violating the injunction, the court may punish the offender  
22 for contempt of court. Proceedings under this paragraph shall  
23 be in addition to, and not in lieu of, all other remedies and  
24 penalties provided for by this Section.

25 ~~(I) The Department may adopt rules to implement the~~  
26 ~~changes made by this amendatory Act of the 102nd General~~

1 ~~Assembly.~~

2 (Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21;  
3 102-1117, eff. 1-13-23.)

4 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

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

6 Sec. 36. Investigation; notice.

7 (a) Upon the motion of either the Department or the  
8 Medical Board or upon the verified complaint in writing of any  
9 person setting forth facts which, if proven, would constitute  
10 grounds for suspension or revocation under Section 22 of this  
11 Act, the Department shall investigate the actions of any  
12 person, so accused, who holds or represents that he or she  
13 holds a license. Such person is hereinafter called the  
14 accused.

15 (b) The Department shall, before suspending, revoking,  
16 placing on probationary status, or taking any other  
17 disciplinary action as the Department may deem proper with  
18 regard to any license at least 30 days prior to the date set  
19 for the hearing, notify the accused in writing of any charges  
20 made and the time and place for a hearing of the charges before  
21 the Medical Board, direct him or her to file his or her written  
22 answer thereto to the Medical Board under oath within 20 days  
23 after the service on him or her of such notice and inform him  
24 or her that if he or she fails to file such answer default will  
25 be taken against him or her and his or her license may be

1 suspended, revoked, placed on probationary status, or have  
2 other disciplinary action, including limiting the scope,  
3 nature or extent of his or her practice, as the Department may  
4 deem proper taken with regard thereto. The Department shall,  
5 at least 14 days prior to the date set for the hearing, notify  
6 in writing any person who filed a complaint against the  
7 accused of the time and place for the hearing of the charges  
8 against the accused before the Medical Board and inform such  
9 person whether he or she may provide testimony at the hearing.

10 (c) Where a physician has been found, upon complaint and  
11 investigation of the Department, and after hearing, to have  
12 performed an abortion procedure in a willful and wanton manner  
13 upon a woman who was not pregnant at the time such abortion  
14 procedure was performed, the Department shall automatically  
15 revoke the license of such physician to practice medicine in  
16 this State. ~~(Blank).~~

17 (d) Such written notice and any notice in such proceedings  
18 thereafter may be served by personal delivery, email to the  
19 respondent's email address of record, or mail to the  
20 respondent's address of record.

21 (e) All information gathered by the Department during its  
22 investigation including information subpoenaed under Section  
23 23 or 38 of this Act and the investigative file shall be kept  
24 for the confidential use of the Secretary, the Medical Board,  
25 the Medical Coordinators, persons employed by contract to  
26 advise the Medical Coordinator or the Department, the Medical

1 Board's attorneys, the medical investigative staff, and  
2 authorized clerical staff, as provided in this Act and shall  
3 be afforded the same status as is provided information  
4 concerning medical studies in Part 21 of Article VIII of the  
5 Code of Civil Procedure, except that the Department may  
6 disclose information and documents to a federal, State, or  
7 local law enforcement agency pursuant to a subpoena in an  
8 ongoing criminal investigation to a health care licensing body  
9 of this State or another state or jurisdiction pursuant to an  
10 official request made by that licensing body. Furthermore,  
11 information and documents disclosed to a federal, State, or  
12 local law enforcement agency may be used by that agency only  
13 for the investigation and prosecution of a criminal offense  
14 or, in the case of disclosure to a health care licensing body,  
15 only for investigations and disciplinary action proceedings  
16 with regard to a license issued by that licensing body.

17 (Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;  
18 102-20, eff. 1-1-22; 102-558, eff. 8-20-21.)

19 (225 ILCS 60/49.5)

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

21 Sec. 49.5. Telemedicine.

22 (a) The General Assembly finds and declares that because  
23 of technological advances and changing practice patterns the  
24 practice of medicine is occurring with increasing frequency  
25 across state lines and across increasing geographical

1 distances within the State of Illinois and that certain  
2 technological advances in the practice of medicine are in the  
3 public interest. The General Assembly further finds and  
4 declares that the practice of medicine is a privilege and that  
5 the licensure by this State of practitioners outside this  
6 State engaging in medical practice within this State and the  
7 ability to discipline those practitioners is necessary for the  
8 protection of the public health, welfare, and safety.

9 (b) A person who engages in the practice of telemedicine  
10 without a license ~~or permit~~ issued under this Act shall be  
11 subject to penalties provided in Section 59. ~~A person with a~~  
12 ~~temporary permit for health care may treat a patient located~~  
13 ~~in this State through telehealth services in a manner~~  
14 ~~consistent with the person's scope of practice and agreement~~  
15 ~~with a sponsoring entity.~~

16 (c) For purposes of this Act, "telemedicine" means the  
17 performance of any of the activities listed in Section 49,  
18 including, but not limited to, rendering written or oral  
19 opinions concerning diagnosis or treatment of a patient in  
20 Illinois by a person in a different location than the patient  
21 as a result of transmission of individual patient data by  
22 telephonic, electronic, or other means of communication.  
23 "Telemedicine" does not include the following:

24 (1) periodic consultations between a person licensed  
25 under this Act and a person outside the State of Illinois;

26 (2) a second opinion provided to a person licensed

1 under this Act;

2 (3) diagnosis or treatment services provided to a  
3 patient in Illinois following care or treatment originally  
4 provided to the patient in the state in which the provider  
5 is licensed to practice medicine; and

6 (4) health care services provided to an existing  
7 patient while the person licensed under this Act or  
8 patient is traveling.

9 (d) Whenever the Department has reason to believe that a  
10 person has violated this Section, the Department may issue a  
11 rule to show cause why an order to cease and desist should not  
12 be entered against that person. The rule shall clearly set  
13 forth the grounds relied upon by the Department and shall  
14 provide a period of 7 days from the date of the rule to file an  
15 answer to the satisfaction of the Department. Failure to  
16 answer to the satisfaction of the Department shall cause an  
17 order to cease and desist to be issued immediately.

18 (e) An out-of-state person providing a service listed in  
19 Section 49 to a patient residing in Illinois through the  
20 practice of telemedicine submits himself or herself to the  
21 jurisdiction of the courts of this State.

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

23 Section 5-100. The Nurse Practice Act is amended by  
24 changing Sections 65-35, 65-43, 65-65, and 70-5 as follows:

1 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)  
2 (Section scheduled to be repealed on January 1, 2028)

3 Sec. 65-35. Written collaborative agreements.

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

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

16 (b) A written collaborative agreement shall describe the  
17 relationship of the advanced practice registered nurse with  
18 the collaborating physician and shall describe the categories  
19 of care, treatment, or procedures to be provided by the  
20 advanced practice registered nurse. A collaborative agreement  
21 with a podiatric physician must be in accordance with  
22 subsection (c-5) or (c-15) of this Section. A collaborative  
23 agreement with a dentist must be in accordance with subsection  
24 (c-10) of this Section. A collaborative agreement with a  
25 podiatric physician must be in accordance with subsection  
26 (c-5) of this Section. Collaboration does not require an



1 employment relationship between the collaborating physician  
2 and the advanced practice registered nurse.

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

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

19 (c) In the case of anesthesia services provided by a  
20 certified registered nurse anesthetist, an anesthesiologist, a  
21 physician, a dentist, or a podiatric physician must  
22 participate through discussion of and agreement with the  
23 anesthesia plan and remain physically present and available on  
24 the premises during the delivery of anesthesia services for  
25 diagnosis, consultation, and treatment of emergency medical  
26 conditions.

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

18 (c-10) A certified registered nurse anesthetist who  
19 provides anesthesia services in a dental office shall enter  
20 into a written collaborative agreement with an  
21 anesthesiologist or the physician licensed to practice  
22 medicine in all its branches or the operating dentist  
23 performing the procedure. The agreement shall describe the  
24 working relationship of the certified registered nurse  
25 anesthetist and dentist and shall authorize the categories of  
26 care, treatment, or procedures to be performed by the

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

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

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

5 (e) 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 in accordance with Section 54.2 of the Medical  
9 Practice Act of 1987. Nothing in this Act shall be construed to  
10 limit the method of delegation that may be authorized by any  
11 means, including, but not limited to, oral, written,  
12 electronic, standing orders, protocols, guidelines, or verbal  
13 orders.

14 (e-5) Nothing in this Act shall be construed to authorize  
15 an advanced practice registered nurse to provide health care  
16 services required by law or rule to be performed by a  
17 physician, including those acts to be performed by a physician  
18 in Section 1-10 of the Illinois Abortion Law of 2023. ~~The scope~~  
19 ~~of practice of an advanced practice registered nurse does not~~  
20 ~~include operative surgery. Nothing in this Section shall be~~  
21 ~~construed to preclude an advanced practice registered nurse~~  
22 ~~from assisting in surgery.~~

23 (f) An advanced practice registered nurse shall inform  
24 each collaborating physician, dentist, or podiatric physician  
25 of all collaborative agreements he or she has signed and  
26 provide a copy of these to any collaborating physician,

1 dentist, or podiatric physician upon request.

2 (g) (Blank).

3 (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18;  
4 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

5 (225 ILCS 65/65-43)

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

7 Sec. 65-43. Full practice authority.

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

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

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

25 The clinical experience must be in the advanced practice

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

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

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

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

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

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

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

24           (6) use of only local anesthetic.

25           The scope of practice of an advanced practice registered  
26 nurse does not include operative surgery. ~~Nothing in this~~

1 ~~Section shall be construed to preclude an advanced practice~~  
2 ~~registered nurse from assisting in surgery.~~

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

6 (e) Nothing in this Act shall be construed to authorize an  
7 advanced practice registered nurse with full practice  
8 authority to provide health care services required by law or  
9 rule to be performed by a physician, including, but not  
10 limited to, those acts to be performed by a physician in  
11 Section 3.1 of the Illinois Abortion Law of 2023.

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

13 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

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

15 Sec. 65-65. Reports relating to APRN professional conduct  
16 and capacity.

17 (a) Entities Required to Report.

18 (1) Health Care Institutions. The chief administrator  
19 or executive officer of a health care institution licensed  
20 by the Department of Public Health, which provides the  
21 minimum due process set forth in Section 10.4 of the  
22 Hospital Licensing Act, shall report to the Board when an  
23 advanced practice registered nurse's organized  
24 professional staff clinical privileges are terminated or  
25 are restricted based on a final determination, in



1       accordance with that institution's bylaws or rules and  
2       regulations, that (i) a person has either committed an act  
3       or acts that may directly threaten patient care and that  
4       are not of an administrative nature or (ii) that a person  
5       may have a mental or physical disability that may endanger  
6       patients under that person's care. The chief administrator  
7       or officer shall also report if an advanced practice  
8       registered nurse accepts voluntary termination or  
9       restriction of clinical privileges in lieu of formal  
10      action based upon conduct related directly to patient care  
11      and not of an administrative nature, or in lieu of formal  
12      action seeking to determine whether a person may have a  
13      mental or physical disability that may endanger patients  
14      under that person's care. The Department shall provide by  
15      rule for the reporting to it of all instances in which a  
16      person licensed under this Article, who is impaired by  
17      reason of age, drug, or alcohol abuse or physical or  
18      mental impairment, is under supervision and, where  
19      appropriate, is in a program of rehabilitation. Reports  
20      submitted under this subsection shall be strictly  
21      confidential and may be reviewed and considered only by  
22      the members of the Board or authorized staff as provided  
23      by rule of the Department. Provisions shall be made for  
24      the periodic report of the status of any such reported  
25      person not less than twice annually in order that the  
26      Board shall have current information upon which to

1 determine the status of that person. Initial and periodic  
2 reports of impaired advanced practice registered nurses  
3 shall not be considered records within the meaning of the  
4 State Records Act and shall be disposed of, following a  
5 determination by the Board that such reports are no longer  
6 required, in a manner and at an appropriate time as the  
7 Board shall determine by rule. The filing of reports  
8 submitted under this subsection shall be construed as the  
9 filing of a report for purposes of subsection (c) of this  
10 Section. ~~Such health care institution shall not take any  
11 adverse action, including, but not limited to, restricting  
12 or terminating any person's clinical privileges, as a  
13 result of an adverse action against a person's license or  
14 clinical privileges or other disciplinary action by  
15 another state or health care institution that resulted  
16 from the person's provision of, authorization of,  
17 recommendation of, aiding or assistance with, referral  
18 for, or participation in any health care service if the  
19 adverse action was based solely on a violation of the  
20 other state's law prohibiting the provision of such health  
21 care and related services in the state or for a resident of  
22 the state if that health care service would not have been  
23 unlawful under the laws of this State and is consistent  
24 with the standards of conduct for advanced practice  
25 registered nurses practicing in Illinois.~~

26 (2) Professional Associations. The President or chief

1 executive officer of an association or society of persons  
2 licensed under this Article, operating within this State,  
3 shall report to the Board when the association or society  
4 renders a final determination that a person licensed under  
5 this Article has committed unprofessional conduct related  
6 directly to patient care or that a person may have a mental  
7 or physical disability that may endanger patients under  
8 the person's care.

9 (3) Professional Liability Insurers. Every insurance  
10 company that offers policies of professional liability  
11 insurance to persons licensed under this Article, or any  
12 other entity that seeks to indemnify the professional  
13 liability of a person licensed under this Article, shall  
14 report to the Board the settlement of any claim or cause of  
15 action, or final judgment rendered in any cause of action,  
16 that alleged negligence in the furnishing of patient care  
17 by the licensee when the settlement or final judgment is  
18 in favor of the plaintiff. ~~Such insurance company shall~~  
19 ~~not take any adverse action, including, but not limited~~  
20 ~~to, denial or revocation of coverage, or rate increases,~~  
21 ~~against a person licensed under this Act with respect to~~  
22 ~~coverage for services provided in Illinois if based solely~~  
23 ~~on the person providing, authorizing, recommending,~~  
24 ~~aiding, assisting, referring for, or otherwise~~  
25 ~~participating in health care services this State in~~  
26 ~~violation of another state's law, or a revocation or other~~

1 ~~adverse action against the person's license in another~~  
2 ~~state for violation of such law if that health care~~  
3 ~~service as provided would have been lawful and consistent~~  
4 ~~with the standards of conduct for registered nurses and~~  
5 ~~advanced practice registered nurses if it occurred in~~  
6 ~~Illinois. Notwithstanding this provision, it is against~~  
7 ~~public policy to require coverage for an illegal action.~~

8 (4) State's Attorneys. The State's Attorney of each  
9 county shall report to the Board all instances in which a  
10 person licensed under this Article is convicted or  
11 otherwise found guilty of the commission of a felony.

12 (5) State Agencies. All agencies, boards, commissions,  
13 departments, or other instrumentalities of the government  
14 of this State shall report to the Board any instance  
15 arising in connection with the operations of the agency,  
16 including the administration of any law by the agency, in  
17 which a person licensed under this Article has either  
18 committed an act or acts that may constitute a violation  
19 of this Article, that may constitute unprofessional  
20 conduct related directly to patient care, or that  
21 indicates that a person licensed under this Article may  
22 have a mental or physical disability that may endanger  
23 patients under that person's care.

24 (b) Mandatory Reporting. All reports required under items  
25 (16) and (17) of subsection (a) of Section 70-5 shall be  
26 submitted to the Board in a timely fashion. The reports shall

1 be filed in writing within 60 days after a determination that a  
2 report is required under this Article. All reports shall  
3 contain the following information:

4 (1) The name, address, and telephone number of the  
5 person making the report.

6 (2) The name, address, and telephone number of the  
7 person who is the subject of the report.

8 (3) The name or other means of identification of any  
9 patient or patients whose treatment is a subject of the  
10 report, except that no medical records may be revealed  
11 without the written consent of the patient or patients.

12 (4) A brief description of the facts that gave rise to  
13 the issuance of the report, including, but not limited to,  
14 the dates of any occurrences deemed to necessitate the  
15 filing of the report.

16 (5) If court action is involved, the identity of the  
17 court in which the action is filed, the docket number, and  
18 date of filing of the action.

19 (6) Any further pertinent information that the  
20 reporting party deems to be an aid in the evaluation of the  
21 report.

22 Nothing contained in this Section shall be construed to in  
23 any way waive or modify the confidentiality of medical reports  
24 and committee reports to the extent provided by law. Any  
25 information reported or disclosed shall be kept for the  
26 confidential use of the Board, the Board's attorneys, the

1     investigative staff, and authorized clerical staff and shall  
2     be afforded the same status as is provided information  
3     concerning medical studies in Part 21 of Article VIII of the  
4     Code of Civil Procedure.

5           (c) Immunity from Prosecution. An individual or  
6     organization acting in good faith, and not in a willful and  
7     wanton manner, in complying with this Section by providing a  
8     report or other information to the Board, by assisting in the  
9     investigation or preparation of a report or information, by  
10    participating in proceedings of the Board, or by serving as a  
11    member of the Board shall not, as a result of such actions, be  
12    subject to criminal prosecution or civil damages.

13           (d) Indemnification. Members of the Board, the Board's  
14    attorneys, the investigative staff, advanced practice  
15    registered nurses or physicians retained under contract to  
16    assist and advise in the investigation, and authorized  
17    clerical staff shall be indemnified by the State for any  
18    actions (i) occurring within the scope of services on the  
19    Board, (ii) performed in good faith, and (iii) not willful and  
20    wanton in nature. The Attorney General shall defend all  
21    actions taken against those persons unless he or she  
22    determines either that there would be a conflict of interest  
23    in the representation or that the actions complained of were  
24    not performed in good faith or were willful and wanton in  
25    nature. If the Attorney General declines representation, the  
26    member shall have the right to employ counsel of his or her

1 choice, whose fees shall be provided by the State, after  
2 approval by the Attorney General, unless there is a  
3 determination by a court that the member's actions were not  
4 performed in good faith or were willful and wanton in nature.  
5 The member shall notify the Attorney General within 7 days of  
6 receipt of notice of the initiation of an action involving  
7 services of the Board. Failure to so notify the Attorney  
8 General shall constitute an absolute waiver of the right to a  
9 defense and indemnification. The Attorney General shall  
10 determine within 7 days after receiving the notice whether he  
11 or she will undertake to represent the member.

12 (e) Deliberations of Board. Upon the receipt of a report  
13 called for by this Section, other than those reports of  
14 impaired persons licensed under this Article required pursuant  
15 to the rules of the Board, the Board shall notify in writing by  
16 certified or registered mail or by email to the email address  
17 of record the person who is the subject of the report. The  
18 notification shall be made within 30 days of receipt by the  
19 Board of the report. The notification shall include a written  
20 notice setting forth the person's right to examine the report.  
21 Included in the notification shall be the address at which the  
22 file is maintained, the name of the custodian of the reports,  
23 and the telephone number at which the custodian may be  
24 reached. The person who is the subject of the report shall  
25 submit a written statement responding to, clarifying, adding  
26 to, or proposing to amend the report previously filed. The

1 statement shall become a permanent part of the file and shall  
2 be received by the Board no more than 30 days after the date on  
3 which the person was notified of the existence of the original  
4 report. The Board shall review all reports received by it and  
5 any supporting information and responding statements submitted  
6 by persons who are the subject of reports. The review by the  
7 Board shall be in a timely manner but in no event shall the  
8 Board's initial review of the material contained in each  
9 disciplinary file be less than 61 days nor more than 180 days  
10 after the receipt of the initial report by the Board. When the  
11 Board makes its initial review of the materials contained  
12 within its disciplinary files, the Board shall, in writing,  
13 make a determination as to whether there are sufficient facts  
14 to warrant further investigation or action. Failure to make  
15 that determination within the time provided shall be deemed to  
16 be a determination that there are not sufficient facts to  
17 warrant further investigation or action. Should the Board find  
18 that there are not sufficient facts to warrant further  
19 investigation or action, the report shall be accepted for  
20 filing and the matter shall be deemed closed and so reported.  
21 The individual or entity filing the original report or  
22 complaint and the person who is the subject of the report or  
23 complaint shall be notified in writing by the Board of any  
24 final action on their report or complaint.

25 (f) (Blank).

26 (g) Any violation of this Section shall constitute a Class



1 A misdemeanor.

2 (h) If a person violates the provisions of this Section,  
3 an action may be brought in the name of the People of the State  
4 of Illinois, through the Attorney General of the State of  
5 Illinois, for an order enjoining the violation or for an order  
6 enforcing compliance with this Section. Upon filing of a  
7 petition in court, the court may issue a temporary restraining  
8 order without notice or bond and may preliminarily or  
9 permanently enjoin the violation, and if it is established  
10 that the person has violated or is violating the injunction,  
11 the court may punish the offender for contempt of court.  
12 Proceedings under this subsection shall be in addition to, and  
13 not in lieu of, all other remedies and penalties provided for  
14 by this Section.

15 ~~(i) The Department may adopt rules to implement the~~  
16 ~~changes made by this amendatory Act of the 102nd General~~  
17 ~~Assembly.~~

18 (Source: P.A. 102-1117, eff. 1-13-23.)

19 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

21 Sec. 70-5. Grounds for disciplinary action.

22 (a) The Department may refuse to issue or to renew, or may  
23 revoke, suspend, place on probation, reprimand, or take other  
24 disciplinary or non-disciplinary action as the Department may  
25 deem appropriate, including fines not to exceed \$10,000 per

1 violation, with regard to a license for any one or combination  
2 of the causes set forth in subsection (b) below. All fines  
3 collected under this Section shall be deposited in the Nursing  
4 Dedicated and Professional Fund.

5 (b) Grounds for disciplinary action include the following:

6 (1) Material deception in furnishing information to  
7 the Department.

8 (2) Material violations of any provision of this Act  
9 or violation of the rules of or final administrative  
10 action of the Secretary, after consideration of the  
11 recommendation of the Board.

12 (3) Conviction by plea of guilty or nolo contendere,  
13 finding of guilt, jury verdict, or entry of judgment or by  
14 sentencing of any crime, including, but not limited to,  
15 convictions, preceding sentences of supervision,  
16 conditional discharge, or first offender probation, under  
17 the laws of any jurisdiction of the United States: (i)  
18 that is a felony; or (ii) that is a misdemeanor, an  
19 essential element of which is dishonesty, or that is  
20 directly related to the practice of the profession.

21 (4) A pattern of practice or other behavior which  
22 demonstrates incapacity or incompetency to practice under  
23 this Act.

24 (5) Knowingly aiding or assisting another person in  
25 violating any provision of this Act or rules.

26 (6) Failing, within 90 days, to provide a response to

1 a request for information in response to a written request  
2 made by the Department by certified or registered mail or  
3 by email to the email address of record.

4 (7) Engaging in dishonorable, unethical, or  
5 unprofessional conduct of a character likely to deceive,  
6 defraud, or harm the public, as defined by rule.

7 (8) Unlawful taking, theft, selling, distributing, or  
8 manufacturing of any drug, narcotic, or prescription  
9 device.

10 (9) Habitual or excessive use or addiction to alcohol,  
11 narcotics, stimulants, or any other chemical agent or drug  
12 that could result in a licensee's inability to practice  
13 with reasonable judgment, skill, or safety.

14 (10) Discipline by another U.S. jurisdiction or  
15 foreign nation, if at least one of the grounds for the  
16 discipline is the same or substantially equivalent to  
17 those set forth in this Section.

18 (11) A finding that the licensee, after having her or  
19 his license placed on probationary status or subject to  
20 conditions or restrictions, has violated the terms of  
21 probation or failed to comply with such terms or  
22 conditions.

23 (12) Being named as a perpetrator in an indicated  
24 report by the Department of Children and Family Services  
25 and under the Abused and Neglected Child Reporting Act,  
26 and upon proof by clear and convincing evidence that the

1 licensee has caused a child to be an abused child or  
2 neglected child as defined in the Abused and Neglected  
3 Child Reporting Act.

4 (13) Willful omission to file or record, or willfully  
5 impeding the filing or recording or inducing another  
6 person to omit to file or record medical reports as  
7 required by law.

8 (13.5) Willfully failing to report an instance of  
9 suspected child abuse or neglect as required by the Abused  
10 and Neglected Child Reporting Act.

11 (14) Gross negligence in the practice of practical,  
12 professional, or advanced practice registered nursing.

13 (15) Holding oneself out to be practicing nursing  
14 under any name other than one's own.

15 (16) Failure of a licensee to report to the Department  
16 any adverse final action taken against him or her by  
17 another licensing jurisdiction of the United States or any  
18 foreign state or country, any peer review body, any health  
19 care institution, any professional or nursing society or  
20 association, any governmental agency, any law enforcement  
21 agency, or any court or a nursing liability claim related  
22 to acts or conduct similar to acts or conduct that would  
23 constitute grounds for action as defined in this Section.

24 (17) Failure of a licensee to report to the Department  
25 surrender by the licensee of a license or authorization to  
26 practice nursing or advanced practice registered nursing

1 in another state or jurisdiction or current surrender by  
2 the licensee of membership on any nursing staff or in any  
3 nursing or advanced practice registered nursing or  
4 professional association or society while under  
5 disciplinary investigation by any of those authorities or  
6 bodies for acts or conduct similar to acts or conduct that  
7 would constitute grounds for action as defined by this  
8 Section.

9 (18) Failing, within 60 days, to provide information  
10 in response to a written request made by the Department.

11 (19) Failure to establish and maintain records of  
12 patient care and treatment as required by law.

13 (20) Fraud, deceit, or misrepresentation in applying  
14 for or procuring a license under this Act or in connection  
15 with applying for renewal of a license under this Act.

16 (21) Allowing another person or organization to use  
17 the licensee's license to deceive the public.

18 (22) Willfully making or filing false records or  
19 reports in the licensee's practice, including, but not  
20 limited to, false records to support claims against the  
21 medical assistance program of the Department of Healthcare  
22 and Family Services (formerly Department of Public Aid)  
23 under the Illinois Public Aid Code.

24 (23) Attempting to subvert or cheat on a licensing  
25 examination administered under this Act.

26 (24) Immoral conduct in the commission of an act,

1 including, but not limited to, sexual abuse, sexual  
2 misconduct, or sexual exploitation, related to the  
3 licensee's practice.

4 (25) Willfully or negligently violating the  
5 confidentiality between nurse and patient except as  
6 required by law.

7 (26) Practicing under a false or assumed name, except  
8 as provided by law.

9 (27) The use of any false, fraudulent, or deceptive  
10 statement in any document connected with the licensee's  
11 practice.

12 (28) Directly or indirectly giving to or receiving  
13 from a person, firm, corporation, partnership, or  
14 association a fee, commission, rebate, or other form of  
15 compensation for professional services not actually or  
16 personally rendered. Nothing in this paragraph (28)  
17 affects any bona fide independent contractor or employment  
18 arrangements among health care professionals, health  
19 facilities, health care providers, or other entities,  
20 except as otherwise prohibited by law. Any employment  
21 arrangements may include provisions for compensation,  
22 health insurance, pension, or other employment benefits  
23 for the provision of services within the scope of the  
24 licensee's practice under this Act. Nothing in this  
25 paragraph (28) shall be construed to require an employment  
26 arrangement to receive professional fees for services

1 rendered.

2 (29) A violation of the Health Care Worker  
3 Self-Referral Act.

4 (30) Physical illness, mental illness, or disability  
5 that results in the inability to practice the profession  
6 with reasonable judgment, skill, or safety.

7 (31) Exceeding the terms of a collaborative agreement  
8 or the prescriptive authority delegated to a licensee by  
9 his or her collaborating physician or podiatric physician  
10 in guidelines established under a written collaborative  
11 agreement.

12 (32) Making a false or misleading statement regarding  
13 a licensee's skill or the efficacy or value of the  
14 medicine, treatment, or remedy prescribed by him or her in  
15 the course of treatment.

16 (33) Prescribing, selling, administering,  
17 distributing, giving, or self-administering a drug  
18 classified as a controlled substance (designated product)  
19 or narcotic for other than medically accepted therapeutic  
20 purposes.

21 (34) Promotion of the sale of drugs, devices,  
22 appliances, or goods provided for a patient in a manner to  
23 exploit the patient for financial gain.

24 (35) Violating State or federal laws, rules, or  
25 regulations relating to controlled substances.

26 (36) Willfully or negligently violating the

1 confidentiality between an advanced practice registered  
2 nurse, collaborating physician, dentist, or podiatric  
3 physician and a patient, except as required by law.

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

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

14 (39) A violation of any provision of this Act or any  
15 rules adopted under this Act.

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

18 ~~(b 5) The Department shall not revoke, suspend, summarily~~  
19 ~~suspend, place on probation, reprimand, refuse to issue or~~  
20 ~~renew, or take any other disciplinary or non-disciplinary~~  
21 ~~action against the license or permit issued under this Act to~~  
22 ~~practice as a registered nurse or an advanced practice~~  
23 ~~registered nurse based solely upon the registered nurse or~~  
24 ~~advanced practice registered nurse providing, authorizing,~~  
25 ~~recommending, aiding, assisting, referring for, or otherwise~~  
26 ~~participating in any health care service, so long as the care~~



1 ~~was not unlawful under the laws of this State, regardless of~~  
2 ~~whether the patient was a resident of this State or another~~  
3 ~~state.~~

4 ~~(b-10) The Department shall not revoke, suspend, summarily~~  
5 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
6 ~~renew, or take any other disciplinary or non disciplinary~~  
7 ~~action against the license or permit issued under this Act to~~  
8 ~~practice as a registered nurse or an advanced practice~~  
9 ~~registered nurse based upon the registered nurse's or advanced~~  
10 ~~practice registered nurse's license being revoked or~~  
11 ~~suspended, or the registered nurse or advanced practice~~  
12 ~~registered nurse being otherwise disciplined by any other~~  
13 ~~state, if that revocation, suspension, or other form of~~  
14 ~~discipline was based solely on the registered nurse or~~  
15 ~~advanced practice registered nurse violating another state's~~  
16 ~~laws prohibiting the provision of, authorization of,~~  
17 ~~recommendation of, aiding or assisting in, referring for, or~~  
18 ~~participation in any health care service if that health care~~  
19 ~~service as provided would not have been unlawful under the~~  
20 ~~laws of this State and is consistent with the standards of~~  
21 ~~conduct for the registered nurse or advanced practice~~  
22 ~~registered nurse practicing in Illinois.~~

23 ~~(b-15) The conduct specified in subsections (b-5) and~~  
24 ~~(b-10) shall not trigger reporting requirements under Section~~  
25 ~~65-65 or constitute grounds for suspension under Section~~  
26 ~~70-60.~~

1       ~~(b-20) An applicant seeking licensure, certification, or~~  
2 ~~authorization under this Act who has been subject to~~  
3 ~~disciplinary action by a duly authorized professional~~  
4 ~~disciplinary agency of another jurisdiction solely on the~~  
5 ~~basis of having provided, authorized, recommended, aided,~~  
6 ~~assisted, referred for, or otherwise participated in health~~  
7 ~~care shall not be denied such licensure, certification, or~~  
8 ~~authorization, unless the Department determines that such~~  
9 ~~action would have constituted professional misconduct in this~~  
10 ~~State; however, nothing in this Section shall be construed as~~  
11 ~~prohibiting the Department from evaluating the conduct of such~~  
12 ~~applicant and making a determination regarding the licensure,~~  
13 ~~certification, or authorization to practice a profession under~~  
14 ~~this Act.~~

15       (c) The determination by a circuit court that a licensee  
16 is subject to involuntary admission or judicial admission as  
17 provided in the Mental Health and Developmental Disabilities  
18 Code, as amended, operates as an automatic suspension. The  
19 suspension will end only upon a finding by a court that the  
20 patient is no longer subject to involuntary admission or  
21 judicial admission and issues an order so finding and  
22 discharging the patient; and upon the recommendation of the  
23 Board to the Secretary that the licensee be allowed to resume  
24 his or her practice.

25       (d) The Department may refuse to issue or may suspend or  
26 otherwise discipline the license of any person who fails to

1 file a return, or to pay the tax, penalty or interest shown in  
2 a filed return, or to pay any final assessment of the tax,  
3 penalty, or interest as required by any tax Act administered  
4 by the Department of Revenue, until such time as the  
5 requirements of any such tax Act are satisfied.

6 (e) In enforcing this Act, the Department, upon a showing  
7 of a possible violation, may compel an individual licensed to  
8 practice under this Act or who has applied for licensure under  
9 this Act, to submit to a mental or physical examination, or  
10 both, as required by and at the expense of the Department. The  
11 Department may order the examining physician to present  
12 testimony concerning the mental or physical examination of the  
13 licensee or applicant. No information shall be excluded by  
14 reason of any common law or statutory privilege relating to  
15 communications between the licensee or applicant and the  
16 examining physician. The examining physicians shall be  
17 specifically designated by the Department. The individual to  
18 be examined may have, at his or her own expense, another  
19 physician of his or her choice present during all aspects of  
20 this examination. Failure of an individual to submit to a  
21 mental or physical examination, when directed, shall result in  
22 an automatic suspension without hearing.

23 All substance-related violations shall mandate an  
24 automatic substance abuse assessment. Failure to submit to an  
25 assessment by a licensed physician who is certified as an  
26 addictionist or an advanced practice registered nurse with

1 specialty certification in addictions may be grounds for an  
2 automatic suspension, as defined by rule.

3 If the Department finds an individual unable to practice  
4 or unfit for duty because of the reasons set forth in this  
5 subsection (e), the Department may require that individual to  
6 submit to a substance abuse evaluation or treatment by  
7 individuals or programs approved or designated by the  
8 Department, as a condition, term, or restriction for  
9 continued, restored, or renewed licensure to practice; or, in  
10 lieu of evaluation or treatment, the Department may file, or  
11 the Board may recommend to the Department to file, a complaint  
12 to immediately suspend, revoke, or otherwise discipline the  
13 license of the individual. An individual whose license was  
14 granted, continued, restored, renewed, disciplined, or  
15 supervised subject to such terms, conditions, or restrictions,  
16 and who fails to comply with such terms, conditions, or  
17 restrictions, shall be referred to the Secretary for a  
18 determination as to whether the individual shall have his or  
19 her license suspended immediately, pending a hearing by the  
20 Department.

21 In instances in which the Secretary immediately suspends a  
22 person's license under this subsection (e), a hearing on that  
23 person's license must be convened by the Department within 15  
24 days after the suspension and completed without appreciable  
25 delay. The Department and Board shall have the authority to  
26 review the subject individual's record of treatment and

1 counseling regarding the impairment to the extent permitted by  
2 applicable federal statutes and regulations safeguarding the  
3 confidentiality of medical records.

4 An individual licensed under this Act and affected under  
5 this subsection (e) shall be afforded an opportunity to  
6 demonstrate to the Department that he or she can resume  
7 practice in compliance with nursing standards under the  
8 provisions of his or her license.

9 ~~(f) The Department may adopt rules to implement the~~  
10 ~~changes made by this amendatory Act of the 102nd General~~  
11 ~~Assembly.~~

12 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21;  
13 102-1117, eff. 1-13-23.)

14 Section 5-105. The Pharmacy Practice Act is amended by  
15 changing Sections 30, 30.1, and 43 as follows:

16 (225 ILCS 85/30) (from Ch. 111, par. 4150)

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

18 Sec. 30. Refusal, revocation, suspension, or other  
19 discipline.

20 (a) The Department may refuse to issue or renew, or may  
21 revoke a license, or may suspend, place on probation, fine, or  
22 take any disciplinary or non-disciplinary action as the  
23 Department may deem proper, including fines not to exceed  
24 \$10,000 for each violation, with regard to any licensee for

1 any one or combination of the following causes:

2 1. Material misstatement in furnishing information to  
3 the Department.

4 2. Violations of this Act, or the rules promulgated  
5 hereunder.

6 3. Making any misrepresentation for the purpose of  
7 obtaining licenses.

8 4. A pattern of conduct which demonstrates  
9 incompetence or unfitness to practice.

10 5. Aiding or assisting another person in violating any  
11 provision of this Act or rules.

12 6. Failing, within 60 days, to respond to a written  
13 request made by the Department for information.

14 7. Engaging in unprofessional, dishonorable, or  
15 unethical conduct of a character likely to deceive,  
16 defraud or harm the public as defined by rule.

17 8. Adverse action taken by another state or  
18 jurisdiction against a license or other authorization to  
19 practice as a pharmacy, pharmacist, registered certified  
20 pharmacy technician, or registered pharmacy technician  
21 that is the same or substantially equivalent to those set  
22 forth in this Section, a certified copy of the record of  
23 the action taken by the other state or jurisdiction being  
24 prima facie evidence thereof.

25 9. Directly or indirectly giving to or receiving from  
26 any person, firm, corporation, partnership, or association

1 any fee, commission, rebate or other form of compensation  
2 for any professional services not actually or personally  
3 rendered. Nothing in this item 9 affects any bona fide  
4 independent contractor or employment arrangements among  
5 health care professionals, health facilities, health care  
6 providers, or other entities, except as otherwise  
7 prohibited by law. Any employment arrangements may include  
8 provisions for compensation, health insurance, pension, or  
9 other employment benefits for the provision of services  
10 within the scope of the licensee's practice under this  
11 Act. Nothing in this item 9 shall be construed to require  
12 an employment arrangement to receive professional fees for  
13 services rendered.

14 10. A finding by the Department that the licensee,  
15 after having his license placed on probationary status,  
16 has violated the terms of probation.

17 11. Selling or engaging in the sale of drug samples  
18 provided at no cost by drug manufacturers.

19 12. Physical illness, including, but not limited to,  
20 deterioration through the aging process, or loss of motor  
21 skill which results in the inability to practice the  
22 profession with reasonable judgment, skill or safety.

23 13. A finding that licensure or registration has been  
24 applied for or obtained by fraudulent means.

25 14. Conviction by plea of guilty or nolo contendere,  
26 finding of guilt, jury verdict, or entry of judgment or

1 sentencing, including, but not limited to, convictions,  
2 preceding sentences of supervision, conditional discharge,  
3 or first offender probation, under the laws of any  
4 jurisdiction of the United States that is (i) a felony or  
5 (ii) a misdemeanor, an essential element of which is  
6 dishonesty, or that is directly related to the practice of  
7 pharmacy or involves controlled substances.

8 15. Habitual or excessive use or addiction to alcohol,  
9 narcotics, stimulants or any other chemical agent or drug  
10 which results in the inability to practice with reasonable  
11 judgment, skill or safety.

12 16. Willfully making or filing false records or  
13 reports in the practice of pharmacy, including, but not  
14 limited to, false records to support claims against the  
15 medical assistance program of the Department of Healthcare  
16 and Family Services (formerly Department of Public Aid)  
17 under the Public Aid Code.

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

26 18. Dispensing prescription drugs without receiving a



1 written or oral prescription in violation of law.

2 19. Upon a finding of a substantial discrepancy in a  
3 Department audit of a prescription drug, including  
4 controlled substances, as that term is defined in this Act  
5 or in the Illinois Controlled Substances Act.

6 20. Physical or mental illness or any other impairment  
7 or disability, including, without limitation: (A)  
8 deterioration through the aging process or loss of motor  
9 skills that results in the inability to practice with  
10 reasonable judgment, skill or safety; or (B) mental  
11 incompetence, as declared by a court of competent  
12 jurisdiction.

13 21. Violation of the Health Care Worker Self-Referral  
14 Act.

15 22. Failing to sell or dispense any drug, medicine, or  
16 poison in good faith. "Good faith", for the purposes of  
17 this Section, has the meaning ascribed to it in subsection  
18 (u) of Section 102 of the Illinois Controlled Substances  
19 Act. "Good faith", as used in this item (22), shall not be  
20 limited to the sale or dispensing of controlled  
21 substances, but shall apply to all prescription drugs.

22 23. Interfering with the professional judgment of a  
23 pharmacist by any licensee under this Act, or the  
24 licensee's agents or employees.

25 24. Failing to report within 60 days to the Department  
26 any adverse final action taken against a pharmacy,

1 pharmacist, registered pharmacy technician, or registered  
2 certified pharmacy technician by another licensing  
3 jurisdiction in any other state or any territory of the  
4 United States or any foreign jurisdiction, any  
5 governmental agency, any law enforcement agency, or any  
6 court for acts or conduct similar to acts or conduct that  
7 would constitute grounds for discipline as defined in this  
8 Section.

9 25. Failing to comply with a subpoena issued in  
10 accordance with Section 35.5 of this Act.

11 26. Disclosing protected health information in  
12 violation of any State or federal law.

13 27. Willfully failing to report an instance of  
14 suspected abuse, neglect, financial exploitation, or  
15 self-neglect of an eligible adult as defined in and  
16 required by the Adult Protective Services Act.

17 28. Being named as an abuser in a verified report by  
18 the Department on Aging under the Adult Protective  
19 Services Act, and upon proof by clear and convincing  
20 evidence that the licensee abused, neglected, or  
21 financially exploited an eligible adult as defined in the  
22 Adult Protective Services Act.

23 29. Using advertisements or making solicitations that  
24 may jeopardize the health, safety, or welfare of patients,  
25 including, but not limited to, the use of advertisements  
26 or solicitations that:

1 (A) are false, fraudulent, deceptive, or  
2 misleading; or

3 (B) include any claim regarding a professional  
4 service or product or the cost or price thereof that  
5 cannot be substantiated by the licensee.

6 30. Requiring a pharmacist to participate in the use  
7 or distribution of advertisements or in making  
8 solicitations that may jeopardize the health, safety, or  
9 welfare of patients.

10 31. Failing to provide a working environment for all  
11 pharmacy personnel that protects the health, safety, and  
12 welfare of a patient, which includes, but is not limited  
13 to, failing to:

14 (A) employ sufficient personnel to prevent  
15 fatigue, distraction, or other conditions that  
16 interfere with a pharmacist's ability to practice with  
17 competency and safety or creates an environment that  
18 jeopardizes patient care;

19 (B) provide appropriate opportunities for  
20 uninterrupted rest periods and meal breaks;

21 (C) provide adequate time for a pharmacist to  
22 complete professional duties and responsibilities,  
23 including, but not limited to:

24 (i) drug utilization review;

25 (ii) immunization;

26 (iii) counseling;

1                   (iv) verification of the accuracy of a  
2                   prescription; and

3                   (v) all other duties and responsibilities of a  
4                   pharmacist as listed in the rules of the  
5                   Department.

6                   32. Introducing or enforcing external factors, such as  
7                   productivity or production quotas or other programs  
8                   against pharmacists, student pharmacists or pharmacy  
9                   technicians, to the extent that they interfere with the  
10                  ability of those individuals to provide appropriate  
11                  professional services to the public.

12                  33. Providing an incentive for or inducing the  
13                  transfer of a prescription for a patient absent a  
14                  professional rationale.

15                  (b) The Department may refuse to issue or may suspend the  
16                  license of any person who fails to file a return, or to pay the  
17                  tax, penalty or interest shown in a filed return, or to pay any  
18                  final assessment of tax, penalty or interest, as required by  
19                  any tax Act administered by the Illinois Department of  
20                  Revenue, until such time as the requirements of any such tax  
21                  Act are satisfied.

22                  (c) The Department shall revoke any license issued under  
23                  the provisions of this Act or any prior Act of this State of  
24                  any person who has been convicted a second time of committing  
25                  any felony under the Illinois Controlled Substances Act, or  
26                  who has been convicted a second time of committing a Class 1

1 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid  
2 Code. A person whose license issued under the provisions of  
3 this Act or any prior Act of this State is revoked under this  
4 subsection (c) shall be prohibited from engaging in the  
5 practice of pharmacy in this State.

6 ~~(c 5) The Department shall not revoke, suspend, summarily~~  
7 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
8 ~~renew, or take any other disciplinary or non disciplinary~~  
9 ~~action against the license or permit issued under this Act to~~  
10 ~~practice as a pharmacist, registered pharmacy technician, or~~  
11 ~~registered certified pharmacy technician based solely upon the~~  
12 ~~pharmacist, registered pharmacy technician, or registered~~  
13 ~~certified pharmacy technician providing, authorizing,~~  
14 ~~recommending, aiding, assisting, referring for, or otherwise~~  
15 ~~participating in any health care service, so long as the care~~  
16 ~~was not unlawful under the laws of this State, regardless of~~  
17 ~~whether the patient was a resident of this State or another~~  
18 ~~state.~~

19 ~~(c 10) The Department shall not revoke, suspend, summarily~~  
20 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
21 ~~renew, or take any other disciplinary or non disciplinary~~  
22 ~~action against the license or permit issued under this Act to~~  
23 ~~practice as a pharmacist, registered pharmacy technician, or~~  
24 ~~registered certified pharmacy technician based upon the~~  
25 ~~pharmacist's, registered pharmacy technician's, or registered~~  
26 ~~certified pharmacy technician's license being revoked or~~

1 ~~suspended, or the pharmacist being otherwise disciplined by~~  
2 ~~any other state, if that revocation, suspension, or other form~~  
3 ~~of discipline was based solely on the pharmacist, registered~~  
4 ~~pharmacy technician, or registered certified pharmacy~~  
5 ~~technician violating another state's laws prohibiting the~~  
6 ~~provision of, authorization of, recommendation of, aiding or~~  
7 ~~assisting in, referring for, or participation in any health~~  
8 ~~care service if that health care service as provided would not~~  
9 ~~have been unlawful under the laws of this State and is~~  
10 ~~consistent with the standards of conduct for a pharmacist,~~  
11 ~~registered pharmacy technician, or registered certified~~  
12 ~~pharmacy technician practicing in Illinois.~~

13 ~~(c-15) The conduct specified in subsections (c-5) and~~  
14 ~~(c-10) shall not constitute grounds for suspension under~~  
15 ~~Section 35.16.~~

16 ~~(c-20) An applicant seeking licensure, certification, or~~  
17 ~~authorization pursuant to this Act who has been subject to~~  
18 ~~disciplinary action by a duly authorized professional~~  
19 ~~disciplinary agency of another jurisdiction solely on the~~  
20 ~~basis of having provided, authorized, recommended, aided,~~  
21 ~~assisted, referred for, or otherwise participated in health~~  
22 ~~care shall not be denied such licensure, certification, or~~  
23 ~~authorization, unless the Department determines that such~~  
24 ~~action would have constituted professional misconduct in this~~  
25 ~~State; however, nothing in this Section shall be construed as~~  
26 ~~prohibiting the Department from evaluating the conduct of such~~

1 ~~applicant and making a determination regarding the licensure,~~  
2 ~~certification, or authorization to practice a profession under~~  
3 ~~this Act.~~

4 (d) Fines may be imposed in conjunction with other forms  
5 of disciplinary action, but shall not be the exclusive  
6 disposition of any disciplinary action arising out of conduct  
7 resulting in death or injury to a patient. Fines shall be paid  
8 within 60 days or as otherwise agreed to by the Department. Any  
9 funds collected from such fines shall be deposited in the  
10 Illinois State Pharmacy Disciplinary Fund.

11 (e) The entry of an order or judgment by any circuit court  
12 establishing that any person holding a license or certificate  
13 under this Act is a person in need of mental treatment operates  
14 as a suspension of that license. A licensee may resume his or  
15 her practice only upon the entry of an order of the Department  
16 based upon a finding by the Board that he or she has been  
17 determined to be recovered from mental illness by the court  
18 and upon the Board's recommendation that the licensee be  
19 permitted to resume his or her practice.

20 (f) The Department shall issue quarterly to the Board a  
21 status of all complaints related to the profession received by  
22 the Department.

23 (g) In enforcing this Section, the Board or the  
24 Department, upon a showing of a possible violation, may compel  
25 any licensee or applicant for licensure under this Act to  
26 submit to a mental or physical examination or both, as

1 required by and at the expense of the Department. The  
2 examining physician, or multidisciplinary team involved in  
3 providing physical and mental examinations led by a physician  
4 consisting of one or a combination of licensed physicians,  
5 licensed clinical psychologists, licensed clinical social  
6 workers, licensed clinical professional counselors, and other  
7 professional and administrative staff, shall be those  
8 specifically designated by the Department. The Board or the  
9 Department may order the examining physician or any member of  
10 the multidisciplinary team to present testimony concerning  
11 this mental or physical examination of the licensee or  
12 applicant. No information, report, or other documents in any  
13 way related to the examination shall be excluded by reason of  
14 any common law or statutory privilege relating to  
15 communication between the licensee or applicant and the  
16 examining physician or any member of the multidisciplinary  
17 team. The individual to be examined may have, at his or her own  
18 expense, another physician of his or her choice present during  
19 all aspects of the examination. Failure of any individual to  
20 submit to a mental or physical examination when directed shall  
21 result in the automatic suspension of his or her license until  
22 such time as the individual submits to the examination. If the  
23 Board or Department finds a pharmacist, registered certified  
24 pharmacy technician, or registered pharmacy technician unable  
25 to practice because of the reasons set forth in this Section,  
26 the Board or Department shall require such pharmacist,



1 registered certified pharmacy technician, or registered  
2 pharmacy technician to submit to care, counseling, or  
3 treatment by physicians or other appropriate health care  
4 providers approved or designated by the Department as a  
5 condition for continued, restored, or renewed licensure to  
6 practice. Any pharmacist, registered certified pharmacy  
7 technician, or registered pharmacy technician whose license  
8 was granted, continued, restored, renewed, disciplined, or  
9 supervised, subject to such terms, conditions, or  
10 restrictions, and who fails to comply with such terms,  
11 conditions, or restrictions or to complete a required program  
12 of care, counseling, or treatment, as determined by the chief  
13 pharmacy coordinator, shall be referred to the Secretary for a  
14 determination as to whether the licensee shall have his or her  
15 license suspended immediately, pending a hearing by the Board.  
16 In instances in which the Secretary immediately suspends a  
17 license under this subsection (g), a hearing upon such  
18 person's license must be convened by the Board within 15 days  
19 after such suspension and completed without appreciable delay.  
20 The Department and Board shall have the authority to review  
21 the subject pharmacist's, registered certified pharmacy  
22 technician's, or registered pharmacy technician's record of  
23 treatment and counseling regarding the impairment.

24 (h) An individual or organization acting in good faith,  
25 and not in a willful and wanton manner, in complying with this  
26 Section by providing a report or other information to the

1 Board, by assisting in the investigation or preparation of a  
2 report or information, by participating in proceedings of the  
3 Board, or by serving as a member of the Board shall not, as a  
4 result of such actions, be subject to criminal prosecution or  
5 civil damages. Any person who reports a violation of this  
6 Section to the Department is protected under subsection (b) of  
7 Section 15 of the Whistleblower Act.

8 (i) Members of the Board shall have no liability in any  
9 action based upon any disciplinary proceedings or other  
10 activity performed in good faith as a member of the Board. The  
11 Attorney General shall defend all such actions unless he or  
12 she determines either that there would be a conflict of  
13 interest in such representation or that the actions complained  
14 of were not in good faith or were willful and wanton.

15 If the Attorney General declines representation, the  
16 member shall have the right to employ counsel of his or her  
17 choice, whose fees shall be provided by the State, after  
18 approval by the Attorney General, unless there is a  
19 determination by a court that the member's actions were not in  
20 good faith or were willful and wanton.

21 The member must notify the Attorney General within 7 days  
22 of receipt of notice of the initiation of any action involving  
23 services of the Board. Failure to so notify the Attorney  
24 General shall constitute an absolute waiver of the right to a  
25 defense and indemnification.

26 The Attorney General shall determine, within 7 days after

1 receiving such notice, whether he or she will undertake to  
2 represent the member.

3 ~~(j) The Department may adopt rules to implement the~~  
4 ~~changes made by this amendatory Act of the 102nd General~~  
5 ~~Assembly.~~

6 (Source: P.A. 101-621, eff. 1-1-20; 102-882, eff. 1-1-23;  
7 102-1117, eff. 1-13-23.)

8 (225 ILCS 85/30.1)

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

10 Sec. 30.1. Reporting.

11 (a) When a pharmacist, registered certified pharmacy  
12 technician, or a registered pharmacy technician licensed by  
13 the Department is terminated for actions which may have  
14 threatened patient safety, the pharmacy or  
15 pharmacist-in-charge, pursuant to the policies and procedures  
16 of the pharmacy at which he or she is employed, shall report  
17 the termination to the chief pharmacy coordinator. Such  
18 reports shall be strictly confidential and may be reviewed and  
19 considered only by the members of the Board or by authorized  
20 Department staff. Such reports, and any records associated  
21 with such reports, are exempt from public disclosure and the  
22 Freedom of Information Act. Although the reports are exempt  
23 from disclosure, any formal complaint filed against a licensee  
24 or registrant by the Department or any order issued by the  
25 Department against a licensee, registrant, or applicant shall

1 be a public record, except as otherwise prohibited by law. A  
2 ~~pharmacy shall not take any adverse action, including, but not~~  
3 ~~limited to, disciplining or terminating a pharmacist,~~  
4 ~~registered certified pharmacy technician, or registered~~  
5 ~~pharmacy technician, as a result of an adverse action against~~  
6 ~~the person's license or clinical privileges or other~~  
7 ~~disciplinary action by another state or health care~~  
8 ~~institution that resulted from the pharmacist's, registered~~  
9 ~~certified pharmacy technician's, or registered pharmacy~~  
10 ~~technician's provision of, authorization of, recommendation~~  
11 ~~of, aiding or assistance with, referral for, or participation~~  
12 ~~in any health care service, if the adverse action was based~~  
13 ~~solely on a violation of the other state's law prohibiting the~~  
14 ~~provision such health care and related services in the state~~  
15 ~~or for a resident of the state.~~

16 (b) The report shall be submitted to the chief pharmacy  
17 coordinator in a timely fashion. Unless otherwise provided in  
18 this Section, the reports shall be filed in writing, on forms  
19 provided by the Department, within 60 days after a pharmacy's  
20 determination that a report is required under this Act. All  
21 reports shall contain only the following information:

22 (1) The name, address, and telephone number of the  
23 person making the report.

24 (2) The name, license number, and last known address  
25 and telephone number of the person who is the subject of  
26 the report.

1           (3) A brief description of the facts which gave rise  
2           to the issuance of the report, including dates of  
3           occurrence.

4           (c) The contents of any report and any records associated  
5           with such report shall be strictly confidential and may only  
6           be reviewed by:

7                     (1) members of the Board of Pharmacy;

8                     (2) the Board of Pharmacy's designated attorney;

9                     (3) administrative personnel assigned to open mail  
10           containing reports, to process and distribute reports to  
11           authorized persons, and to communicate with senders of  
12           reports;

13                    (4) Department investigators and Department  
14           prosecutors; or

15                    (5) attorneys from the Office of the Illinois Attorney  
16           General representing the Department in litigation in  
17           response to specific disciplinary action the Department  
18           has taken or initiated against a specific individual  
19           pursuant to this Section.

20           (d) Whenever a pharmacy or pharmacist-in-charge makes a  
21           report and provides any records associated with that report to  
22           the Department, acts in good faith, and not in a willful and  
23           wanton manner, the person or entity making the report and the  
24           pharmacy or health care institution employing him or her shall  
25           not, as a result of such actions, be subject to criminal  
26           prosecution or civil damages.

1       ~~(e) The Department may adopt rules to implement the~~  
2 ~~changes made by this amendatory Act of the 102nd General~~  
3 ~~Assembly.~~

4       (Source: P.A. 102-1117, eff. 1-13-23.)

5           (225 ILCS 85/43)

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

7       Sec. 43. Dispensation of hormonal contraceptives.

8       (a) The dispensing of hormonal contraceptives to a patient  
9 shall be pursuant to a valid prescription, ~~or pursuant to a~~  
10 standing order by a physician licensed to practice medicine in  
11 all its branches or, ~~a standing order by~~ the medical director  
12 of a local health department, ~~or a standing order by the~~  
13 ~~Department of Public Health~~ pursuant to the following:

14           (1) a pharmacist may dispense no more than a 12-month  
15 supply of hormonal contraceptives to a patient;

16           (2) a pharmacist must complete an educational training  
17 program accredited by the Accreditation Council for  
18 Pharmacy Education and approved by the Department that is  
19 related to the patient self-screening risk assessment,  
20 patient assessment contraceptive counseling and education,  
21 and dispensation of hormonal contraceptives;

22           (3) a pharmacist shall have the patient complete the  
23 self-screening risk assessment tool; the self-screening  
24 risk assessment tool is to be based on the most current  
25 version of the United States Medical Eligibility Criteria

1 for Contraceptive Use published by the federal Centers for  
2 Disease Control and Prevention;

3 (4) based upon the results of the self-screening risk  
4 assessment and the patient assessment, the pharmacist  
5 shall use his or her professional and clinical judgment as  
6 to when a patient should be referred to the patient's  
7 physician or another health care provider;

8 (5) a pharmacist shall provide, during the patient  
9 assessment and consultation, counseling and education  
10 about all methods of contraception, including methods not  
11 covered under the standing order, and their proper use and  
12 effectiveness;

13 (6) the patient consultation shall take place in a  
14 private manner; and

15 (7) a pharmacist and pharmacy must maintain  
16 appropriate records.

17 (b) The Department may adopt rules to implement this  
18 Section.

19 (c) Nothing in this Section shall be interpreted to  
20 require a pharmacist to dispense hormonal contraception under  
21 a standing order issued by a physician licensed to practice  
22 medicine in all its branches or the medical director of a local  
23 health department.

24 ~~(d) Notwithstanding any other provision of the law to the~~  
25 ~~contrary, a pharmacist may dispense hormonal contraceptives in~~  
26 ~~conformance with standing orders issued pursuant to this~~

1 ~~Section without prior establishment of a relationship between~~  
2 ~~the pharmacist and the person receiving hormonal~~  
3 ~~contraception.~~

4 ~~(c) No employee of the Department of Public Health issuing~~  
5 ~~a standing order pursuant to this Section shall, as a result of~~  
6 ~~the employee's acts or omissions in issuing the standing order~~  
7 ~~pursuant to this Section, be subject to (i) any disciplinary~~  
8 ~~or other adverse action under the Medical Practice Act of~~  
9 ~~1987, (ii) any civil liability, or (iii) any criminal~~  
10 ~~liability.~~

11 (Source: P.A. 102-103, eff. 1-1-22; 102-813, eff. 5-13-22;  
12 102-1117, eff. 1-13-23.)

13 Section 5-110. The Physician Assistant Practice Act of  
14 1987 is amended by changing Sections 7.5 and 21 as follows:

15 (225 ILCS 95/7.5)

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

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

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

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



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

1 other persons so that the physician has the experience and  
2 ability to collaborate and provide consultation.

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

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

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

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

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

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

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

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

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

1 54.2 of the Medical Practice Act of 1987.

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

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

16 (B) (Blank).

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

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

25 (E) The physician assistant meets the education  
26 requirements of Section 303.05 of the Illinois

1           Controlled Substances Act.

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

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

21           (d) (Blank).

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

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

25           (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

2 Sec. 21. Grounds for disciplinary action.

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

10 (1) Material misstatement in furnishing information to  
11 the Department.

12 (2) Violations of this Act, or the rules adopted under  
13 this Act.

14 (3) Conviction by plea of guilty or nolo contendere,  
15 finding of guilt, jury verdict, or entry of judgment or  
16 sentencing, including, but not limited to, convictions,  
17 preceding sentences of supervision, conditional discharge,  
18 or first offender probation, under the laws of any  
19 jurisdiction of the United States that is: (i) a felony;  
20 or (ii) a misdemeanor, an essential element of which is  
21 dishonesty, or that is directly related to the practice of  
22 the profession.

23 (4) Making any misrepresentation for the purpose of  
24 obtaining licenses.

25 (5) Professional incompetence.

26 (6) Aiding or assisting another person in violating

1 any provision of this Act or its rules.

2 (7) Failing, within 60 days, to provide information in  
3 response to a written request made by the Department.

4 (8) Engaging in dishonorable, unethical, or  
5 unprofessional conduct, as defined by rule, of a character  
6 likely to deceive, defraud, or harm the public.

7 (9) Habitual or excessive use or addiction to alcohol,  
8 narcotics, stimulants, or any other chemical agent or drug  
9 that results in a physician assistant's inability to  
10 practice with reasonable judgment, skill, or safety.

11 (10) Discipline by another U.S. jurisdiction or  
12 foreign nation, if at least one of the grounds for  
13 discipline is the same or substantially equivalent to  
14 those set forth in this Section.

15 (11) Directly or indirectly giving to or receiving  
16 from any person, firm, corporation, partnership, or  
17 association any fee, commission, rebate or other form of  
18 compensation for any professional services not actually or  
19 personally rendered. Nothing in this paragraph (11)  
20 affects any bona fide independent contractor or employment  
21 arrangements, which may include provisions for  
22 compensation, health insurance, pension, or other  
23 employment benefits, with persons or entities authorized  
24 under this Act for the provision of services within the  
25 scope of the licensee's practice under this Act.

26 (12) A finding by the Board that the licensee, after

1 having his or her license placed on probationary status,  
2 has violated the terms of probation.

3 (13) Abandonment of a patient.

4 (14) Willfully making or filing false records or  
5 reports in his or her practice, including but not limited  
6 to false records filed with ~~State~~ state agencies or  
7 departments.

8 (15) Willfully failing to report an instance of  
9 suspected child abuse or neglect as required by the Abused  
10 and Neglected Child Reporting Act.

11 (16) Physical illness, or mental illness or impairment  
12 that results in the inability to practice the profession  
13 with reasonable judgment, skill, or safety, including, but  
14 not limited to, deterioration through the aging process or  
15 loss of motor skill.

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

23 (18) (Blank).

24 (19) Gross negligence resulting in permanent injury or  
25 death of a patient.

26 (20) Employment of fraud, deception or any unlawful



1 means in applying for or securing a license as a physician  
2 assistant.

3 (21) Exceeding the authority delegated to him or her  
4 by his or her collaborating physician in a written  
5 collaborative agreement.

6 (22) Immoral conduct in the commission of any act,  
7 such as sexual abuse, sexual misconduct, or sexual  
8 exploitation related to the licensee's practice.

9 (23) Violation of the Health Care Worker Self-Referral  
10 Act.

11 (24) Practicing under a false or assumed name, except  
12 as provided by law.

13 (25) Making a false or misleading statement regarding  
14 his or her skill or the efficacy or value of the medicine,  
15 treatment, or remedy prescribed by him or her in the  
16 course of treatment.

17 (26) Allowing another person to use his or her license  
18 to practice.

19 (27) Prescribing, selling, administering,  
20 distributing, giving, or self-administering a drug  
21 classified as a controlled substance for other than  
22 medically accepted therapeutic purposes.

23 (28) Promotion of the sale of drugs, devices,  
24 appliances, or goods provided for a patient in a manner to  
25 exploit the patient for financial gain.

26 (29) A pattern of practice or other behavior that

1 demonstrates incapacity or incompetence to practice under  
2 this Act.

3 (30) Violating State or federal laws or regulations  
4 relating to controlled substances or other legend drugs or  
5 ephedra as defined in the Ephedra Prohibition Act.

6 (31) Exceeding the prescriptive authority delegated by  
7 the collaborating physician or violating the written  
8 collaborative agreement delegating that authority.

9 (32) Practicing without providing to the Department a  
10 notice of collaboration or delegation of prescriptive  
11 authority.

12 (33) Failure to establish and maintain records of  
13 patient care and treatment as required by law.

14 (34) Attempting to subvert or cheat on the examination  
15 of the National Commission on Certification of Physician  
16 Assistants or its successor agency.

17 (35) Willfully or negligently violating the  
18 confidentiality between physician assistant and patient,  
19 except as required by law.

20 (36) Willfully failing to report an instance of  
21 suspected abuse, neglect, financial exploitation, or  
22 self-neglect of an eligible adult as defined in and  
23 required by the Adult Protective Services Act.

24 (37) Being named as an abuser in a verified report by  
25 the Department on Aging under the Adult Protective  
26 Services Act and upon proof by clear and convincing

1 evidence that the licensee abused, neglected, or  
2 financially exploited an eligible adult as defined in the  
3 Adult Protective Services Act.

4 (38) Failure to report to the Department an adverse  
5 final action taken against him or her by another licensing  
6 jurisdiction of the United States or a foreign state or  
7 country, a peer review body, a health care institution, a  
8 professional society or association, a governmental  
9 agency, a law enforcement agency, or a court acts or  
10 conduct similar to acts or conduct that would constitute  
11 grounds for action under this Section.

12 (39) Failure to provide copies of records of patient  
13 care or treatment, except as required by law.

14 (40) Entering into an excessive number of written  
15 collaborative agreements with licensed physicians  
16 resulting in an inability to adequately collaborate.

17 (41) Repeated failure to adequately collaborate with a  
18 collaborating physician.

19 (42) Violating the Compassionate Use of Medical  
20 Cannabis Program Act.

21 (b) The Department may, without a hearing, refuse to issue  
22 or renew or may suspend the license of any person who fails to  
23 file a return, or to pay the tax, penalty or interest shown in  
24 a filed return, or to pay any final assessment of the tax,  
25 penalty, or interest as required by any tax Act administered  
26 by the Illinois Department of Revenue, until such time as the

1 requirements of any such tax Act are satisfied.

2 ~~(b-5) The Department shall not revoke, suspend, summarily~~  
3 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
4 ~~renew, or take any other disciplinary or non-disciplinary~~  
5 ~~action against the license or permit issued under this Act to~~  
6 ~~practice as a physician assistant based solely upon the~~  
7 ~~physician assistant providing, authorizing, recommending,~~  
8 ~~aiding, assisting, referring for, or otherwise participating~~  
9 ~~in any health care service, so long as the care was not~~  
10 ~~unlawful under the laws of this State, regardless of whether~~  
11 ~~the patient was a resident of this State or another state.~~

12 ~~(b-10) The Department shall not revoke, suspend, summarily~~  
13 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
14 ~~renew, or take any other disciplinary or non-disciplinary~~  
15 ~~action against the license or permit issued under this Act to~~  
16 ~~practice as a physician assistant based upon the physician~~  
17 ~~assistant's license being revoked or suspended, or the~~  
18 ~~physician assistant being otherwise disciplined by any other~~  
19 ~~state, if that revocation, suspension, or other form of~~  
20 ~~discipline was based solely on the physician assistant~~  
21 ~~violating another state's laws prohibiting the provision of,~~  
22 ~~authorization of, recommendation of, aiding or assisting in,~~  
23 ~~referring for, or participation in any health care service if~~  
24 ~~that health care service as provided would not have been~~  
25 ~~unlawful under the laws of this State and is consistent with~~  
26 ~~the standards of conduct for a physician assistant practicing~~

1 ~~in Illinois.~~

2 ~~(b-15) The conduct specified in subsections (b-5) and~~  
3 ~~(b-10) shall not constitute grounds for suspension under~~  
4 ~~Section 22.13.~~

5 ~~(b-20) An applicant seeking licensure, certification, or~~  
6 ~~authorization pursuant to this Act who has been subject to~~  
7 ~~disciplinary action by a duly authorized professional~~  
8 ~~disciplinary agency of another jurisdiction solely on the~~  
9 ~~basis of having provided, authorized, recommended, aided,~~  
10 ~~assisted, referred for, or otherwise participated in health~~  
11 ~~care shall not be denied such licensure, certification, or~~  
12 ~~authorization, unless the Department determines that such~~  
13 ~~action would have constituted professional misconduct in this~~  
14 ~~State; however, nothing in this Section shall be construed as~~  
15 ~~prohibiting the Department from evaluating the conduct of such~~  
16 ~~applicant and making a determination regarding the licensure,~~  
17 ~~certification, or authorization to practice a profession under~~  
18 ~~this Act.~~

19 (c) The determination by a circuit court that a licensee  
20 is subject to involuntary admission or judicial admission as  
21 provided in the Mental Health and Developmental Disabilities  
22 Code operates as an automatic suspension. The suspension will  
23 end only upon a finding by a court that the patient is no  
24 longer subject to involuntary admission or judicial admission  
25 and issues an order so finding and discharging the patient,  
26 and upon the recommendation of the Board to the Secretary that

1 the licensee be allowed to resume his or her practice.

2 (d) In enforcing this Section, the Department upon a  
3 showing of a possible violation may compel an individual  
4 licensed to practice under this Act, or who has applied for  
5 licensure under this Act, to submit to a mental or physical  
6 examination, or both, which may include a substance abuse or  
7 sexual offender evaluation, as required by and at the expense  
8 of the Department.

9 The Department shall specifically designate the examining  
10 physician licensed to practice medicine in all of its branches  
11 or, if applicable, the multidisciplinary team involved in  
12 providing the mental or physical examination or both. The  
13 multidisciplinary team shall be led by a physician licensed to  
14 practice medicine in all of its branches and may consist of one  
15 or more or a combination of physicians licensed to practice  
16 medicine in all of its branches, licensed clinical  
17 psychologists, licensed clinical social workers, licensed  
18 clinical professional counselors, and other professional and  
19 administrative staff. Any examining physician or member of the  
20 multidisciplinary team may require any person ordered to  
21 submit to an examination pursuant to this Section to submit to  
22 any additional supplemental testing deemed necessary to  
23 complete any examination or evaluation process, including, but  
24 not limited to, blood testing, urinalysis, psychological  
25 testing, or neuropsychological testing.

26 The Department may order the examining physician or any

1 member of the multidisciplinary team to provide to the  
2 Department any and all records, including business records,  
3 that relate to the examination and evaluation, including any  
4 supplemental testing performed.

5 The Department may order the examining physician or any  
6 member of the multidisciplinary team to present testimony  
7 concerning the mental or physical examination of the licensee  
8 or applicant. No information, report, record, or other  
9 documents in any way related to the examination shall be  
10 excluded by reason of any common law or statutory privilege  
11 relating to communications between the licensee or applicant  
12 and the examining physician or any member of the  
13 multidisciplinary team. No authorization is necessary from the  
14 licensee or applicant ordered to undergo an examination for  
15 the examining physician or any member of the multidisciplinary  
16 team to provide information, reports, records, or other  
17 documents or to provide any testimony regarding the  
18 examination and evaluation.

19 The individual to be examined may have, at his or her own  
20 expense, another physician of his or her choice present during  
21 all aspects of this examination. However, that physician shall  
22 be present only to observe and may not interfere in any way  
23 with the examination.

24 Failure of an individual to submit to a mental or physical  
25 examination, when ordered, shall result in an automatic  
26 suspension of his or her license until the individual submits

1 to the examination.

2 If the Department finds an individual unable to practice  
3 because of the reasons set forth in this Section, the  
4 Department may require that individual to submit to care,  
5 counseling, or treatment by physicians approved or designated  
6 by the Department, as a condition, term, or restriction for  
7 continued, reinstated, or renewed licensure to practice; or,  
8 in lieu of care, counseling, or treatment, the Department may  
9 file a complaint to immediately suspend, revoke, or otherwise  
10 discipline the license of the individual. An individual whose  
11 license was granted, continued, reinstated, renewed,  
12 disciplined, or supervised subject to such terms, conditions,  
13 or restrictions, and who fails to comply with such terms,  
14 conditions, or restrictions, shall be referred to the  
15 Secretary for a determination as to whether the individual  
16 shall have his or her license suspended immediately, pending a  
17 hearing by the Department.

18 In instances in which the Secretary immediately suspends a  
19 person's license under this Section, a hearing on that  
20 person's license must be convened by the Department within 30  
21 days after the suspension and completed without appreciable  
22 delay. The Department shall have the authority to review the  
23 subject individual's record of treatment and counseling  
24 regarding the impairment to the extent permitted by applicable  
25 federal statutes and regulations safeguarding the  
26 confidentiality of medical records.



1           An individual licensed under this Act and affected under  
2 this Section shall be afforded an opportunity to demonstrate  
3 to the Department that he or she can resume practice in  
4 compliance with acceptable and prevailing standards under the  
5 provisions of his or her license.

6           (e) An individual or organization acting in good faith,  
7 and not in a willful and wanton manner, in complying with this  
8 Section by providing a report or other information to the  
9 Board, by assisting in the investigation or preparation of a  
10 report or information, by participating in proceedings of the  
11 Board, or by serving as a member of the Board, shall not be  
12 subject to criminal prosecution or civil damages as a result  
13 of such actions.

14           (f) Members of the Board shall be indemnified by the State  
15 for any actions occurring within the scope of services on the  
16 Board, done in good faith and not willful and wanton in nature.  
17 The Attorney General shall defend all such actions unless he  
18 or she determines either that there would be a conflict of  
19 interest in such representation or that the actions complained  
20 of were not in good faith or were willful and wanton.

21           If the Attorney General declines representation, the  
22 member has the right to employ counsel of his or her choice,  
23 whose fees shall be provided by the State, after approval by  
24 the Attorney General, unless there is a determination by a  
25 court that the member's actions were not in good faith or were  
26 willful and wanton.

1           The member must notify the Attorney General within 7 days  
2 after receipt of notice of the initiation of any action  
3 involving services of the Board. Failure to so notify the  
4 Attorney General constitutes an absolute waiver of the right  
5 to a defense and indemnification.

6           The Attorney General shall determine, within 7 days after  
7 receiving such notice, whether he or she will undertake to  
8 represent the member.

9           ~~(g) The Department may adopt rules to implement the~~  
10 ~~changes made by this amendatory Act of the 102nd General~~  
11 ~~Assembly.~~

12           (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21;  
13 102-1117, eff. 1-13-23.)

14           Section 5-115. The Professional Counselor and Clinical  
15 Professional Counselor Licensing and Practice Act is amended  
16 by changing Section 80 as follows:

17           (225 ILCS 107/80)

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

19           Sec. 80. Grounds for discipline.

20           (a) The Department may refuse to issue, renew, or may  
21 revoke, suspend, place on probation, reprimand, or take other  
22 disciplinary or non-disciplinary action as the Department  
23 deems appropriate, including the issuance of fines not to  
24 exceed \$10,000 for each violation, with regard to any license

1 for any one or more of the following:

2 (1) Material misstatement in furnishing information to  
3 the Department or to any other State agency.

4 (2) Violations or negligent or intentional disregard  
5 of this Act or rules adopted under this Act.

6 (3) Conviction by plea of guilty or nolo contendere,  
7 finding of guilt, jury verdict, or entry of judgment or by  
8 sentencing of any crime, including, but not limited to,  
9 convictions, preceding sentences of supervision,  
10 conditional discharge, or first offender probation, under  
11 the laws of any jurisdiction of the United States: (i)  
12 that is a felony or (ii) that is a misdemeanor, an  
13 essential element of which is dishonesty, or that is  
14 directly related to the practice of the profession.

15 (4) Fraud or any misrepresentation in applying for or  
16 procuring a license under this Act or in connection with  
17 applying for renewal of a license under this Act.

18 (5) Professional incompetence or gross negligence in  
19 the rendering of professional counseling or clinical  
20 professional counseling services.

21 (6) Malpractice.

22 (7) Aiding or assisting another person in violating  
23 any provision of this Act or any rules.

24 (8) Failing to provide information within 60 days in  
25 response to a written request made by the Department.

26 (9) Engaging in dishonorable, unethical, or

1 unprofessional conduct of a character likely to deceive,  
2 defraud, or harm the public and violating the rules of  
3 professional conduct adopted by the Department.

4 (10) Habitual or excessive use or abuse of drugs as  
5 defined in law as controlled substances, alcohol, or any  
6 other substance which results in inability to practice  
7 with reasonable skill, judgment, or safety.

8 (11) Discipline by another jurisdiction, the District  
9 of Columbia, territory, county, or governmental agency, if  
10 at least one of the grounds for the discipline is the same  
11 or substantially equivalent to those set forth in this  
12 Section.

13 (12) Directly or indirectly giving to or receiving  
14 from any person, firm, corporation, partnership, or  
15 association any fee, commission, rebate or other form of  
16 compensation for any professional service not actually  
17 rendered. Nothing in this paragraph (12) affects any bona  
18 fide independent contractor or employment arrangements  
19 among health care professionals, health facilities, health  
20 care providers, or other entities, except as otherwise  
21 prohibited by law. Any employment arrangements may include  
22 provisions for compensation, health insurance, pension, or  
23 other employment benefits for the provision of services  
24 within the scope of the licensee's practice under this  
25 Act. Nothing in this paragraph (12) shall be construed to  
26 require an employment arrangement to receive professional

1 fees for services rendered.

2 (13) A finding by the Board that the licensee, after  
3 having the license placed on probationary status, has  
4 violated the terms of probation.

5 (14) Abandonment of a client.

6 (15) Willfully filing false reports relating to a  
7 licensee's practice, including but not limited to false  
8 records filed with federal or State agencies or  
9 departments.

10 (16) Willfully failing to report an instance of  
11 suspected child abuse or neglect as required by the Abused  
12 and Neglected Child Reporting Act and in matters  
13 pertaining to suspected abuse, neglect, financial  
14 exploitation, or self-neglect of adults with disabilities  
15 and older adults as set forth in the Adult Protective  
16 Services Act.

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

24 (18) Physical or mental illness or disability,  
25 including, but not limited to, deterioration through the  
26 aging process or loss of abilities and skills which

1 results in the inability to practice the profession with  
2 reasonable judgment, skill, or safety.

3 (19) Solicitation of professional services by using  
4 false or misleading advertising.

5 (20) Allowing one's license under this Act to be used  
6 by an unlicensed person in violation of this Act.

7 (21) A finding that licensure has been applied for or  
8 obtained by fraudulent means.

9 (22) Practicing under a false or, except as provided  
10 by law, an assumed name.

11 (23) Gross and willful overcharging for professional  
12 services including filing statements for collection of  
13 fees or monies for which services are not rendered.

14 (24) Rendering professional counseling or clinical  
15 professional counseling services without a license or  
16 practicing outside the scope of a license.

17 (25) Clinical supervisors failing to adequately and  
18 responsibly monitor supervisees.

19 All fines imposed under this Section shall be paid within  
20 60 days after the effective date of the order imposing the  
21 fine.

22 (b) (Blank).

23 (b-5) The Department may refuse to issue or may suspend  
24 without hearing, as provided for in the Code of Civil  
25 Procedure, the license of any person who fails to file a  
26 return, pay the tax, penalty, or interest shown in a filed

1 return, or pay any final assessment of the tax, penalty, or  
2 interest as required by any tax Act administered by the  
3 Illinois Department of Revenue, until such time as the  
4 requirements of any such tax Act are satisfied in accordance  
5 with subsection (g) of Section 2105-15 of the Department of  
6 Professional Regulation Law of the Civil Administrative Code  
7 of Illinois.

8 (b-10) In cases where the Department of Healthcare and  
9 Family Services has previously determined a licensee or a  
10 potential licensee is more than 30 days delinquent in the  
11 payment of child support and has subsequently certified the  
12 delinquency to the Department, the Department may refuse to  
13 issue or renew or may revoke or suspend that person's license  
14 or may take other disciplinary action against that person  
15 based solely upon the certification of delinquency made by the  
16 Department of Healthcare and Family Services in accordance  
17 with item (5) of subsection (a) of Section 2105-15 of the  
18 Department of Professional Regulation Law of the Civil  
19 Administrative Code of Illinois.

20 (c) The determination by a court that a licensee is  
21 subject to involuntary admission or judicial admission as  
22 provided in the Mental Health and Developmental Disabilities  
23 Code will result in an automatic suspension of his or her  
24 license. The suspension will end upon a finding by a court that  
25 the licensee is no longer subject to involuntary admission or  
26 judicial admission, the issuance of an order so finding and

1 discharging the patient, and the recommendation of the Board  
2 to the Secretary that the licensee be allowed to resume  
3 professional practice.

4 ~~(c-1) The Department shall not revoke, suspend, summarily~~  
5 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
6 ~~renew, or take any other disciplinary or non disciplinary~~  
7 ~~action against the license or permit issued under this Act to~~  
8 ~~practice as a professional counselor or clinical professional~~  
9 ~~counselor based solely upon the professional counselor or~~  
10 ~~clinical professional counselor authorizing, recommending,~~  
11 ~~aiding, assisting, referring for, or otherwise participating~~  
12 ~~in any health care service, so long as the care was not~~  
13 ~~unlawful under the laws of this State, regardless of whether~~  
14 ~~the patient was a resident of this State or another state.~~

15 ~~(c-2) The Department shall not revoke, suspend, summarily~~  
16 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
17 ~~renew, or take any other disciplinary or non disciplinary~~  
18 ~~action against the license or permit issued under this Act to~~  
19 ~~practice as a professional counselor or clinical professional~~  
20 ~~counselor based upon the professional counselor's or clinical~~  
21 ~~professional counselor's license being revoked or suspended,~~  
22 ~~or the professional counselor or clinical professional~~  
23 ~~counselor being otherwise disciplined by any other state, if~~  
24 ~~that revocation, suspension, or other form of discipline was~~  
25 ~~based solely on the professional counselor or clinical~~  
26 ~~professional counselor violating another state's laws~~



1 ~~prohibiting the provision of, authorization of, recommendation~~  
2 ~~of, aiding or assisting in, referring for, or participation in~~  
3 ~~any health care service if that health care service as~~  
4 ~~provided would not have been unlawful under the laws of this~~  
5 ~~State and is consistent with the standards of conduct for a~~  
6 ~~professional counselor or clinical professional counselor~~  
7 ~~practicing in Illinois.~~

8 ~~(c-3) The conduct specified in subsections (c-1) and (c-2)~~  
9 ~~shall not constitute grounds for suspension under Section 145.~~

10 ~~(c-4) An applicant seeking licensure, certification, or~~  
11 ~~authorization pursuant to this Act who has been subject to~~  
12 ~~disciplinary action by a duly authorized professional~~  
13 ~~disciplinary agency of another jurisdiction solely on the~~  
14 ~~basis of having authorized, recommended, aided, assisted,~~  
15 ~~referred for, or otherwise participated in health care shall~~  
16 ~~not be denied such licensure, certification, or authorization,~~  
17 ~~unless the Department determines that such action would have~~  
18 ~~constituted professional misconduct in this State; however,~~  
19 ~~nothing in this Section shall be construed as prohibiting the~~  
20 ~~Department from evaluating the conduct of such applicant and~~  
21 ~~making a determination regarding the licensure, certification,~~  
22 ~~or authorization to practice a profession under this Act.~~

23 (c-5) In enforcing this Act, the Department, upon a  
24 showing of a possible violation, may compel an individual  
25 licensed to practice under this Act, or who has applied for  
26 licensure under this Act, to submit to a mental or physical

1 examination, or both, as required by and at the expense of the  
2 Department. The Department may order the examining physician  
3 to present testimony concerning the mental or physical  
4 examination of the licensee or applicant. No information shall  
5 be excluded by reason of any common law or statutory privilege  
6 relating to communications between the licensee or applicant  
7 and the examining physician. The examining physicians shall be  
8 specifically designated by the Department. The individual to  
9 be examined may have, at his or her own expense, another  
10 physician of his or her choice present during all aspects of  
11 this examination. The examination shall be performed by a  
12 physician licensed to practice medicine in all its branches.  
13 Failure of an individual to submit to a mental or physical  
14 examination, when directed, shall result in an automatic  
15 suspension without hearing.

16 All substance-related violations shall mandate an  
17 automatic substance abuse assessment. Failure to submit to an  
18 assessment by a licensed physician who is certified as an  
19 addictionist or an advanced practice registered nurse with  
20 specialty certification in addictions may be grounds for an  
21 automatic suspension.

22 If the Department finds an individual unable to practice  
23 or unfit for duty because of the reasons set forth in this  
24 subsection (c-5), the Department may require that individual  
25 to submit to a substance abuse evaluation or treatment by  
26 individuals or programs approved or designated by the

1 Department, as a condition, term, or restriction for  
2 continued, restored, or renewed licensure to practice; or, in  
3 lieu of evaluation or treatment, the Department may file, or  
4 the Board may recommend to the Department to file, a complaint  
5 to immediately suspend, revoke, or otherwise discipline the  
6 license of the individual. An individual whose license was  
7 granted, continued, restored, renewed, disciplined, or  
8 supervised subject to such terms, conditions, or restrictions,  
9 and who fails to comply with such terms, conditions, or  
10 restrictions, shall be referred to the Secretary for a  
11 determination as to whether the individual shall have his or  
12 her license suspended immediately, pending a hearing by the  
13 Department.

14 A person holding a license under this Act or who has  
15 applied for a license under this Act who, because of a physical  
16 or mental illness or disability, including, but not limited  
17 to, deterioration through the aging process or loss of motor  
18 skill, is unable to practice the profession with reasonable  
19 judgment, skill, or safety, may be required by the Department  
20 to submit to care, counseling, or treatment by physicians  
21 approved or designated by the Department as a condition, term,  
22 or restriction for continued, reinstated, or renewed licensure  
23 to practice. Submission to care, counseling, or treatment as  
24 required by the Department shall not be considered discipline  
25 of a license. If the licensee refuses to enter into a care,  
26 counseling, or treatment agreement or fails to abide by the

1 terms of the agreement, the Department may file a complaint to  
2 revoke, suspend, or otherwise discipline the license of the  
3 individual. The Secretary may order the license suspended  
4 immediately, pending a hearing by the Department. Fines shall  
5 not be assessed in disciplinary actions involving physical or  
6 mental illness or impairment.

7 In instances in which the Secretary immediately suspends a  
8 person's license under this Section, a hearing on that  
9 person's license must be convened by the Department within 15  
10 days after the suspension and completed without appreciable  
11 delay. The Department shall have the authority to review the  
12 subject individual's record of treatment and counseling  
13 regarding the impairment to the extent permitted by applicable  
14 federal statutes and regulations safeguarding the  
15 confidentiality of medical records.

16 An individual licensed under this Act and affected under  
17 this Section shall be afforded an opportunity to demonstrate  
18 to the Department that he or she can resume practice in  
19 compliance with acceptable and prevailing standards under the  
20 provisions of his or her license.

21 (d) (Blank).

22 ~~(e) The Department may adopt rules to implement the~~  
23 ~~changes made by this amendatory Act of the 102nd General~~  
24 ~~Assembly.~~

25 (Source: P.A. 102-878, eff. 1-1-23; 102-1117, eff. 1-13-23.)

1 Section 5-120. The Registered Surgical Assistant and  
2 Registered Surgical Technologist Title Protection Act is  
3 amended by changing Section 75 as follows:

4 (225 ILCS 130/75)

5 (Section scheduled to be repealed on January 1, 2024)

6 Sec. 75. Grounds for disciplinary action.

7 (a) The Department may refuse to issue, renew, or restore  
8 a registration, may revoke or suspend a registration, or may  
9 place on probation, reprimand, or take other disciplinary or  
10 non-disciplinary action with regard to a person registered  
11 under this Act, including but not limited to the imposition of  
12 fines not to exceed \$10,000 for each violation and the  
13 assessment of costs as provided for in Section 90, for any one  
14 or combination of the following causes:

15 (1) Making a material misstatement in furnishing  
16 information to the Department.

17 (2) Violating a provision of this Act or rules adopted  
18 under this Act.

19 (3) Conviction by plea of guilty or nolo contendere,  
20 finding of guilt, jury verdict, or entry of judgment or by  
21 sentencing of any crime, including, but not limited to,  
22 convictions, preceding sentences of supervision,  
23 conditional discharge, or first offender probation, under  
24 the laws of any jurisdiction of the United States that is  
25 (i) a felony or (ii) a misdemeanor, an essential element

1 of which is dishonesty, or that is directly related to the  
2 practice of the profession.

3 (4) Fraud or misrepresentation in applying for,  
4 renewing, restoring, reinstating, or procuring a  
5 registration under this Act.

6 (5) Aiding or assisting another person in violating a  
7 provision of this Act or its rules.

8 (6) Failing to provide information within 60 days in  
9 response to a written request made by the Department.

10 (7) Engaging in dishonorable, unethical, or  
11 unprofessional conduct of a character likely to deceive,  
12 defraud, or harm the public, as defined by rule of the  
13 Department.

14 (8) Discipline by another United States jurisdiction,  
15 governmental agency, unit of government, or foreign  
16 nation, if at least one of the grounds for discipline is  
17 the same or substantially equivalent to those set forth in  
18 this Section.

19 (9) Directly or indirectly giving to or receiving from  
20 a person, firm, corporation, partnership, or association a  
21 fee, commission, rebate, or other form of compensation for  
22 professional services not actually or personally rendered.  
23 Nothing in this paragraph (9) affects any bona fide  
24 independent contractor or employment arrangements among  
25 health care professionals, health facilities, health care  
26 providers, or other entities, except as otherwise

1 prohibited by law. Any employment arrangements may include  
2 provisions for compensation, health insurance, pension, or  
3 other employment benefits for the provision of services  
4 within the scope of the registrant's practice under this  
5 Act. Nothing in this paragraph (9) shall be construed to  
6 require an employment arrangement to receive professional  
7 fees for services rendered.

8 (10) A finding by the Department that the registrant,  
9 after having his or her registration placed on  
10 probationary status, has violated the terms of probation.

11 (11) Willfully making or filing false records or  
12 reports in his or her practice, including but not limited  
13 to false records or reports filed with State agencies.

14 (12) Willfully making or signing a false statement,  
15 certificate, or affidavit to induce payment.

16 (13) Willfully failing to report an instance of  
17 suspected child abuse or neglect as required under the  
18 Abused and Neglected Child Reporting Act.

19 (14) Being named as a perpetrator in an indicated  
20 report by the Department of Children and Family Services  
21 under the Abused and Neglected Child Reporting Act and  
22 upon proof by clear and convincing evidence that the  
23 registrant has caused a child to be an abused child or  
24 neglected child as defined in the Abused and Neglected  
25 Child Reporting Act.

26 (15) (Blank).

1           (16) Failure to report to the Department (A) any  
2           adverse final action taken against the registrant by  
3           another registering or licensing jurisdiction, government  
4           agency, law enforcement agency, or any court or (B)  
5           liability for conduct that would constitute grounds for  
6           action as set forth in this Section.

7           (17) Habitual or excessive use or abuse of drugs  
8           defined in law as controlled substances, alcohol, or any  
9           other substance that results in the inability to practice  
10          with reasonable judgment, skill, or safety.

11          (18) Physical or mental illness, including but not  
12          limited to deterioration through the aging process or loss  
13          of motor skills, which results in the inability to  
14          practice the profession for which he or she is registered  
15          with reasonable judgment, skill, or safety.

16          (19) Gross malpractice.

17          (20) Immoral conduct in the commission of an act  
18          related to the registrant's practice, including but not  
19          limited to sexual abuse, sexual misconduct, or sexual  
20          exploitation.

21          (21) Violation of the Health Care Worker Self-Referral  
22          Act.

23          (b) The Department may refuse to issue or may suspend  
24          without hearing the registration of a person who fails to file  
25          a return, to pay the tax, penalty, or interest shown in a filed  
26          return, or to pay a final assessment of the tax, penalty, or



1 interest as required by a tax Act administered by the  
2 Department of Revenue, until the requirements of the tax Act  
3 are satisfied in accordance with subsection (g) of Section  
4 2105-15 of the Department of Regulation Law of the Civil  
5 Administrative Code of Illinois.

6 ~~(b 1) The Department shall not revoke, suspend, summarily~~  
7 ~~suspend, place on probation, reprimand, refuse to issue or~~  
8 ~~renew, or take any other disciplinary or non disciplinary~~  
9 ~~action against the license issued under this Act to practice~~  
10 ~~as a registered surgical assistant or registered surgical~~  
11 ~~technologist based solely upon the registered surgical~~  
12 ~~assistant or registered surgical technologist providing,~~  
13 ~~authorizing, recommending, aiding, assisting, referring for,~~  
14 ~~or otherwise participating in any health care service, so long~~  
15 ~~as the care was not unlawful under the laws of this State,~~  
16 ~~regardless of whether the patient was a resident of this State~~  
17 ~~or another state.~~

18 ~~(b 2) The Department shall not revoke, suspend, summarily~~  
19 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
20 ~~renew, or take any other disciplinary or non disciplinary~~  
21 ~~action against the license issued under this Act to practice~~  
22 ~~as a registered surgical assistant or registered surgical~~  
23 ~~technologist based upon the registered surgical assistant's or~~  
24 ~~registered surgical technologist's license being revoked or~~  
25 ~~suspended, or the registered surgical assistant's or~~  
26 ~~registered surgical technologist's being otherwise disciplined~~

1 ~~by any other state, if that revocation, suspension, or other~~  
2 ~~form of discipline was based solely on the registered surgical~~  
3 ~~assistant or registered surgical technologist violating~~  
4 ~~another state's laws prohibiting the provision of,~~  
5 ~~authorization of, recommendation of, aiding or assisting in,~~  
6 ~~referring for, or participation in any health care service if~~  
7 ~~that health care service as provided would not have been~~  
8 ~~unlawful under the laws of this State and is consistent with~~  
9 ~~the standards of conduct for the registered surgical assistant~~  
10 ~~or registered surgical technologist practicing in this State.~~

11 ~~(b-3) The conduct specified in subsection (b-1) or (b-2)~~  
12 ~~shall not constitute grounds for suspension under Section 145.~~

13 ~~(b-4) An applicant seeking licensure, certification, or~~  
14 ~~authorization pursuant to this Act who has been subject to~~  
15 ~~disciplinary action by a duly authorized professional~~  
16 ~~disciplinary agency of another jurisdiction solely on the~~  
17 ~~basis of having provided, authorized, recommended, aided,~~  
18 ~~assisted, referred for, or otherwise participated in health~~  
19 ~~care shall not be denied such licensure, certification, or~~  
20 ~~authorization, unless the Department determines that such~~  
21 ~~action would have constituted professional misconduct in this~~  
22 ~~State. Nothing in this Section shall be construed as~~  
23 ~~prohibiting the Department from evaluating the conduct of such~~  
24 ~~applicant and making a determination regarding the licensure,~~  
25 ~~certification, or authorization to practice a profession under~~  
26 ~~this Act.~~

1           (c) The determination by a circuit court that a registrant  
2 is subject to involuntary admission or judicial admission as  
3 provided in the Mental Health and Developmental Disabilities  
4 Code operates as an automatic suspension. The suspension will  
5 end only upon (1) a finding by a court that the patient is no  
6 longer subject to involuntary admission or judicial admission,  
7 (2) issuance of an order so finding and discharging the  
8 patient, and (3) filing of a petition for restoration  
9 demonstrating fitness to practice.

10          (d) (Blank).

11          (e) In cases where the Department of Healthcare and Family  
12 Services has previously determined a registrant or a potential  
13 registrant is more than 30 days delinquent in the payment of  
14 child support and has subsequently certified the delinquency  
15 to the Department, the Department may refuse to issue or renew  
16 or may revoke or suspend that person's registration or may  
17 take other disciplinary action against that person based  
18 solely upon the certification of delinquency made by the  
19 Department of Healthcare and Family Services in accordance  
20 with paragraph (5) of subsection (a) of Section 2105-15 of the  
21 Department of Professional Regulation Law of the Civil  
22 Administrative Code of Illinois.

23          (f) In enforcing this Section, the Department, upon a  
24 showing of a possible violation, may compel any individual  
25 registered under this Act or any individual who has applied  
26 for registration to submit to a mental or physical examination

1 and evaluation, or both, that may include a substance abuse or  
2 sexual offender evaluation, at the expense of the Department.  
3 The Department shall specifically designate the examining  
4 physician licensed to practice medicine in all of its branches  
5 or, if applicable, the multidisciplinary team involved in  
6 providing the mental or physical examination and evaluation,  
7 or both. The multidisciplinary team shall be led by a  
8 physician licensed to practice medicine in all of its branches  
9 and may consist of one or more or a combination of physicians  
10 licensed to practice medicine in all of its branches, licensed  
11 chiropractic physicians, licensed clinical psychologists,  
12 licensed clinical social workers, licensed clinical  
13 professional counselors, and other professional and  
14 administrative staff. Any examining physician or member of the  
15 multidisciplinary team may require any person ordered to  
16 submit to an examination and evaluation pursuant to this  
17 Section to submit to any additional supplemental testing  
18 deemed necessary to complete any examination or evaluation  
19 process, including, but not limited to, blood testing,  
20 urinalysis, psychological testing, or neuropsychological  
21 testing.

22 The Department may order the examining physician or any  
23 member of the multidisciplinary team to provide to the  
24 Department any and all records, including business records,  
25 that relate to the examination and evaluation, including any  
26 supplemental testing performed. The Department may order the

1 examining physician or any member of the multidisciplinary  
2 team to present testimony concerning this examination and  
3 evaluation of the registrant or applicant, including testimony  
4 concerning any supplemental testing or documents relating to  
5 the examination and evaluation. No information, report,  
6 record, or other documents in any way related to the  
7 examination and evaluation shall be excluded by reason of any  
8 common law or statutory privilege relating to communication  
9 between the registrant or applicant and the examining  
10 physician or any member of the multidisciplinary team. No  
11 authorization is necessary from the registrant or applicant  
12 ordered to undergo an evaluation and examination for the  
13 examining physician or any member of the multidisciplinary  
14 team to provide information, reports, records, or other  
15 documents or to provide any testimony regarding the  
16 examination and evaluation. The individual to be examined may  
17 have, at his or her own expense, another physician of his or  
18 her choice present during all aspects of the examination.

19 Failure of any individual to submit to mental or physical  
20 examination and evaluation, or both, when directed, shall  
21 result in an automatic suspension without a hearing until such  
22 time as the individual submits to the examination. If the  
23 Department finds a registrant unable to practice because of  
24 the reasons set forth in this Section, the Department shall  
25 require such registrant to submit to care, counseling, or  
26 treatment by physicians approved or designated by the

1 Department as a condition for continued, reinstated, or  
2 renewed registration.

3 When the Secretary immediately suspends a registration  
4 under this Section, a hearing upon such person's registration  
5 must be convened by the Department within 15 days after such  
6 suspension and completed without appreciable delay. The  
7 Department shall have the authority to review the registrant's  
8 record of treatment and counseling regarding the impairment to  
9 the extent permitted by applicable federal statutes and  
10 regulations safeguarding the confidentiality of medical  
11 records.

12 Individuals registered under this Act and affected under  
13 this Section shall be afforded an opportunity to demonstrate  
14 to the Department that they can resume practice in compliance  
15 with acceptable and prevailing standards under the provisions  
16 of their registration.

17 (g) All fines imposed under this Section shall be paid  
18 within 60 days after the effective date of the order imposing  
19 the fine or in accordance with the terms set forth in the order  
20 imposing the fine.

21 ~~(f) The Department may adopt rules to implement the~~  
22 ~~changes made by this amendatory Act of the 102nd General~~  
23 ~~Assembly.~~

24 (Source: P.A. 102-1117, eff. 1-13-23.)

25 Section 5-125. The Genetic Counselor Licensing Act is

1 amended by changing Section 95 as follows:

2 (225 ILCS 135/95)

3 (Section scheduled to be repealed on January 1, 2025)

4 Sec. 95. Grounds for discipline.

5 (a) The Department may refuse to issue, renew, or may  
6 revoke, suspend, place on probation, reprimand, or take other  
7 disciplinary or non-disciplinary action as the Department  
8 deems appropriate, including the issuance of fines not to  
9 exceed \$10,000 for each violation, with regard to any license  
10 for any one or more of the following:

11 (1) Material misstatement in furnishing information to  
12 the Department or to any other State agency.

13 (2) Violations or negligent or intentional disregard  
14 of this Act, or any of its rules.

15 (3) Conviction by plea of guilty or nolo contendere,  
16 finding of guilt, jury verdict, or entry of judgment or  
17 sentencing, including, but not limited to, convictions,  
18 preceding sentences of supervision, conditional discharge,  
19 or first offender probation, under the laws of any  
20 jurisdiction of the United States: (i) that is a felony or  
21 (ii) that is a misdemeanor, an essential element of which  
22 is dishonesty, or that is directly related to the practice  
23 of genetic counseling.

24 (4) Making any misrepresentation for the purpose of  
25 obtaining a license, or violating any provision of this

1 Act or its rules.

2 (5) Negligence in the rendering of genetic counseling  
3 services.

4 (6) Failure to provide genetic testing results and any  
5 requested information to a referring physician licensed to  
6 practice medicine in all its branches, advanced practice  
7 registered nurse, or physician assistant.

8 (7) Aiding or assisting another person in violating  
9 any provision of this Act or any rules.

10 (8) Failing to provide information within 60 days in  
11 response to a written request made by the Department.

12 (9) Engaging in dishonorable, unethical, or  
13 unprofessional conduct of a character likely to deceive,  
14 defraud, or harm the public and violating the rules of  
15 professional conduct adopted by the Department.

16 (10) Failing to maintain the confidentiality of any  
17 information received from a client, unless otherwise  
18 authorized or required by law.

19 (10.5) Failure to maintain client records of services  
20 provided and provide copies to clients upon request.

21 (11) Exploiting a client for personal advantage,  
22 profit, or interest.

23 (12) Habitual or excessive use or addiction to  
24 alcohol, narcotics, stimulants, or any other chemical  
25 agent or drug which results in inability to practice with  
26 reasonable skill, judgment, or safety.



1           (13) Discipline by another governmental agency or unit  
2           of government, by any jurisdiction of the United States,  
3           or by a foreign nation, if at least one of the grounds for  
4           the discipline is the same or substantially equivalent to  
5           those set forth in this Section.

6           (14) Directly or indirectly giving to or receiving  
7           from any person, firm, corporation, partnership, or  
8           association any fee, commission, rebate, or other form of  
9           compensation for any professional service not actually  
10          rendered. Nothing in this paragraph (14) affects any bona  
11          fide independent contractor or employment arrangements  
12          among health care professionals, health facilities, health  
13          care providers, or other entities, except as otherwise  
14          prohibited by law. Any employment arrangements may include  
15          provisions for compensation, health insurance, pension, or  
16          other employment benefits for the provision of services  
17          within the scope of the licensee's practice under this  
18          Act. Nothing in this paragraph (14) shall be construed to  
19          require an employment arrangement to receive professional  
20          fees for services rendered.

21          (15) A finding by the Department that the licensee,  
22          after having the license placed on probationary status,  
23          has violated the terms of probation.

24          (16) Failing to refer a client to other health care  
25          professionals when the licensee is unable or unwilling to  
26          adequately support or serve the client.

1           (17) Willfully filing false reports relating to a  
2           licensee's practice, including but not limited to false  
3           records filed with federal or State agencies or  
4           departments.

5           (18) Willfully failing to report an instance of  
6           suspected child abuse or neglect as required by the Abused  
7           and Neglected Child Reporting Act.

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

15          (20) Physical or mental disability, including  
16          deterioration through the aging process or loss of  
17          abilities and skills which results in the inability to  
18          practice the profession with reasonable judgment, skill,  
19          or safety.

20          (21) Solicitation of professional services by using  
21          false or misleading advertising.

22          (22) Failure to file a return, or to pay the tax,  
23          penalty of interest shown in a filed return, or to pay any  
24          final assessment of tax, penalty or interest, as required  
25          by any tax Act administered by the Illinois Department of  
26          Revenue or any successor agency or the Internal Revenue

1 Service or any successor agency.

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

5 (24) Practicing or attempting to practice under a name  
6 other than the full name as shown on the license or any  
7 other legally authorized name.

8 (25) Gross overcharging for professional services,  
9 including filing statements for collection of fees or  
10 monies for which services are not rendered.

11 (26) (Blank).

12 (27) Charging for professional services not rendered,  
13 including filing false statements for the collection of  
14 fees for which services are not rendered.

15 (28) Allowing one's license under this Act to be used  
16 by an unlicensed person in violation of this Act.

17 (b) (Blank).

18 ~~(b 5) The Department shall not revoke, suspend, summarily~~  
19 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
20 ~~renew, or take any other disciplinary or non-disciplinary~~  
21 ~~action against the license or permit issued under this Act to~~  
22 ~~practice as a genetic counselor based solely upon the genetic~~  
23 ~~counselor authorizing, recommending, aiding, assisting,~~  
24 ~~referring for, or otherwise participating in any health care~~  
25 ~~service, so long as the care was not unlawful under the laws of~~  
26 ~~this State, regardless of whether the patient was a resident~~

1 ~~of this State or another state.~~

2 ~~(b-10) The Department shall not revoke, suspend, summarily~~  
3 ~~suspend, place on prohibition, reprimand, refuse to issue or~~  
4 ~~renew, or take any other disciplinary or non-disciplinary~~  
5 ~~action against the license or permit issued under this Act to~~  
6 ~~practice as a genetic counselor based upon the genetic~~  
7 ~~counselor's license being revoked or suspended, or the genetic~~  
8 ~~counselor being otherwise disciplined by any other state, if~~  
9 ~~that revocation, suspension, or other form of discipline was~~  
10 ~~based solely on the genetic counselor violating another~~  
11 ~~state's laws prohibiting the provision of, authorization of,~~  
12 ~~recommendation of, aiding or assisting in, referring for, or~~  
13 ~~participation in any health care service if that health care~~  
14 ~~service as provided would not have been unlawful under the~~  
15 ~~laws of this State and is consistent with the standards of~~  
16 ~~conduct for the genetic counselor if it occurred in Illinois.~~

17 ~~(b-15) The conduct specified in subsections (b-5) and~~  
18 ~~(b-10) shall not constitute grounds for suspension under~~  
19 ~~Section 160.~~

20 ~~(b-20) An applicant seeking licensure, certification, or~~  
21 ~~authorization pursuant to this Act who has been subject to~~  
22 ~~disciplinary action by a duly authorized professional~~  
23 ~~disciplinary agency of another jurisdiction solely on the~~  
24 ~~basis of having authorized, recommended, aided, assisted,~~  
25 ~~referred for, or otherwise participated in health care shall~~  
26 ~~not be denied such licensure, certification, or authorization,~~

1 ~~unless the Department determines that such action would have~~  
2 ~~constituted professional misconduct in this State; however,~~  
3 ~~nothing in this Section shall be construed as prohibiting the~~  
4 ~~Department from evaluating the conduct of such applicant and~~  
5 ~~making a determination regarding the licensure, certification,~~  
6 ~~or authorization to practice a profession under this Act.~~

7 (c) The determination by a court that a licensee is  
8 subject to involuntary admission or judicial admission as  
9 provided in the Mental Health and Developmental Disabilities  
10 Code will result in an automatic suspension of his or her  
11 license. The suspension will end upon a finding by a court that  
12 the licensee is no longer subject to involuntary admission or  
13 judicial admission, the issuance of an order so finding and  
14 discharging the patient, and the determination of the  
15 Secretary that the licensee be allowed to resume professional  
16 practice.

17 (d) The Department may refuse to issue or renew or may  
18 suspend without hearing the license of any person who fails to  
19 file a return, to pay the tax penalty or interest shown in a  
20 filed return, or to pay any final assessment of the tax,  
21 penalty, or interest as required by any Act regarding the  
22 payment of taxes administered by the Illinois Department of  
23 Revenue until the requirements of the Act are satisfied in  
24 accordance with subsection (g) of Section 2105-15 of the Civil  
25 Administrative Code of Illinois.

26 (e) In cases where the Department of Healthcare and Family

1 Services has previously determined that a licensee or a  
2 potential licensee is more than 30 days delinquent in the  
3 payment of child support and has subsequently certified the  
4 delinquency to the Department, the Department may refuse to  
5 issue or renew or may revoke or suspend that person's license  
6 or may take other disciplinary action against that person  
7 based solely upon the certification of delinquency made by the  
8 Department of Healthcare and Family Services in accordance  
9 with item (5) of subsection (a) of Section 2105-15 of the  
10 Department of Professional Regulation Law of the Civil  
11 Administrative Code of Illinois.

12 (f) All fines or costs imposed under this Section shall be  
13 paid within 60 days after the effective date of the order  
14 imposing the fine or costs or in accordance with the terms set  
15 forth in the order imposing the fine.

16 ~~(g) The Department may adopt rules to implement the~~  
17 ~~changes made by this amendatory Act of the 102nd General~~  
18 ~~Assembly.~~

19 (Source: P.A. 102-1117, eff. 1-13-23.)

20 Section 5-130. The Telehealth Act is amended by changing  
21 Sections 10 and 15 as follows:

22 (225 ILCS 150/10)

23 Sec. 10. Practice authority. A health care professional  
24 treating a patient located in this State through telehealth

1 services must be licensed or authorized to practice in  
2 Illinois. ~~A health care professional with a temporary permit  
3 for full practice advanced practice registered nurse for  
4 health care, a temporary permit for advanced practice  
5 registered nurse for health care, or a temporary permit for  
6 health care may treat a patient located in this State through  
7 telehealth services in a manner consistent with the health  
8 care professional's scope of practice and agreement with a  
9 sponsoring entity.~~

10 (Source: P.A. 102-104, eff. 7-22-21; 102-1117, eff. 1-13-23.)

11 (225 ILCS 150/15)

12 Sec. 15. Use of telehealth services.

13 (a) A health care professional may engage in the practice  
14 of telehealth services in Illinois to the extent of his or her  
15 scope of practice as established in his or her respective  
16 licensing Act consistent with the standards of care for  
17 in-person services. This Act shall not be construed to alter  
18 the scope of practice of any health care professional or  
19 authorize the delivery of health care services in a setting or  
20 in a manner not otherwise authorized by the laws of this State.

21 (b) Telehealth services provided pursuant to this Section  
22 shall be consistent with all federal and State privacy,  
23 security, and confidentiality laws, rules, or regulations.

24 ~~(c) A health care professional with a temporary permit for  
25 full practice advanced practice registered nurse for health~~

1 ~~care, a temporary permit for advanced practice registered~~  
2 ~~nurse for health care, or a temporary permit for health care~~  
3 ~~may treat a patient located in this State through telehealth~~  
4 ~~services in a manner consistent with the health care~~  
5 ~~professional's scope of practice and agreement with a~~  
6 ~~sponsoring entity.~~

7 (Source: P.A. 102-104, eff. 7-22-21; 102-1117, eff. 1-13-23.)

8 Section 5-135. The Illinois Public Aid Code is amended by  
9 changing Section 5-16.8 as follows:

10 (305 ILCS 5/5-16.8)

11 Sec. 5-16.8. Required health benefits. The medical  
12 assistance program shall (i) provide the post-mastectomy care  
13 benefits required to be covered by a policy of accident and  
14 health insurance under Section 356t and the coverage required  
15 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,  
16 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,  
17 356z.47, 356z.51, 356z.53, 356z.56, and 356z.59, ~~and 356z.60~~  
18 of the Illinois Insurance Code, (ii) be subject to the  
19 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,  
20 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be  
21 subject to the provisions of subsection (d-5) of Section 10 of  
22 the Network Adequacy and Transparency Act.

23 The Department, by rule, shall adopt a model similar to  
24 the requirements of Section 356z.39 of the Illinois Insurance



1 Code.

2 On and after July 1, 2012, the Department shall reduce any  
3 rate of reimbursement for services or other payments or alter  
4 any methodologies authorized by this Code to reduce any rate  
5 of reimbursement for services or other payments in accordance  
6 with Section 5-5e.

7 To ensure full access to the benefits set forth in this  
8 Section, on and after January 1, 2016, the Department shall  
9 ensure that provider and hospital reimbursement for  
10 post-mastectomy care benefits required under this Section are  
11 no lower than the Medicare reimbursement rate.

12 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;  
13 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.  
14 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,  
15 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;  
16 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.  
17 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,  
18 eff. 1-1-23; 102-1117, eff. 1-13-23.)

19 Section 5-140. The Sexual Assault Survivors Emergency  
20 Treatment Act is amended by adding Section 9.1 as follows:

21 (410 ILCS 70/9.1 new)

22 Sec. 9.1. No abortion services required. Nothing in this  
23 Act shall be construed to require a hospital or an approved  
24 pediatric health care facility to provide any services which

1 relate to an abortion.

2 Section 5-145. The Consent by Minors to Health Care  
3 Services Act is amended by changing Section 1.5 as follows:

4 (410 ILCS 210/1.5)

5 Sec. 1.5. Consent by minor seeking care for limited  
6 primary care services.

7 (a) The consent to the performance of primary care  
8 services by a physician licensed to practice medicine in all  
9 its branches, a licensed advanced practice registered nurse, a  
10 licensed physician assistant, a chiropractic physician, or a  
11 licensed optometrist executed by a minor seeking care is not  
12 voidable because of such minority, and for such purpose, a  
13 minor seeking care is deemed to have the same legal capacity to  
14 act and has the same powers and obligations as has a person of  
15 legal age under the following circumstances:

16 (1) the health care professional reasonably believes  
17 that the minor seeking care understands the benefits and  
18 risks of any proposed primary care or services; and

19 (2) the minor seeking care is identified in writing as  
20 a minor seeking care by:

21 (A) an adult relative;

22 (B) a representative of a homeless service agency  
23 that receives federal, State, county, or municipal  
24 funding to provide those services or that is otherwise

1 sanctioned by a local continuum of care;

2 (C) an attorney licensed to practice law in this  
3 State;

4 (D) a public school homeless liaison or school  
5 social worker;

6 (E) a social service agency providing services to  
7 at risk, homeless, or runaway youth; or

8 (F) a representative of a religious organization.

9 (b) A health care professional rendering primary care  
10 services under this Section shall not incur civil or criminal  
11 liability for failure to obtain valid consent or professional  
12 discipline for failure to obtain valid consent if he or she  
13 relied in good faith on the representations made by the minor  
14 or the information provided under paragraph (2) of subsection  
15 (a) of this Section. Under such circumstances, good faith  
16 shall be presumed.

17 (c) The confidential nature of any communication between a  
18 health care professional described in Section 1 of this Act  
19 and a minor seeking care is not waived (1) by the presence, at  
20 the time of communication, of any additional persons present  
21 at the request of the minor seeking care, (2) by the health  
22 care professional's disclosure of confidential information to  
23 the additional person with the consent of the minor seeking  
24 care, when reasonably necessary to accomplish the purpose for  
25 which the additional person is consulted, or (3) by the health  
26 care professional billing a health benefit insurance or plan

1 under which the minor seeking care is insured, is enrolled, or  
2 has coverage for the services provided.

3 (d) Nothing in this Section shall be construed to limit or  
4 expand a minor's existing powers and obligations under any  
5 federal, State, or local law. Nothing in this Section shall be  
6 construed to affect the Parental Notice of Abortion Act of  
7 2023. Nothing in this Section affects the right or authority  
8 of a parent or legal guardian to verbally, in writing, or  
9 otherwise authorize health care services to be provided for a  
10 minor in their absence.

11 (e) For the purposes of this Section:

12 "Minor seeking care" means a person at least 14 years of  
13 age but less than 18 years of age who is living separate and  
14 apart from his or her parents or legal guardian, whether with  
15 or without the consent of a parent or legal guardian who is  
16 unable or unwilling to return to the residence of a parent, and  
17 managing his or her own personal affairs. "Minor seeking care"  
18 does not include minors who are under the protective custody,  
19 temporary custody, or guardianship of the Department of  
20 Children and Family Services.

21 "Primary care services" means health care services that  
22 include screening, counseling, immunizations, medication, and  
23 treatment of illness and conditions customarily provided by  
24 licensed health care professionals in an out-patient setting,  
25 eye care services, excluding advanced optometric procedures,  
26 provided by optometrists, and services provided by

1 chiropractic physicians according to the scope of practice of  
2 chiropractic physicians under the Medical Practice Act of  
3 1987. "Primary care services" does not include invasive care,  
4 beyond standard injections, laceration care, or non-surgical  
5 fracture care.

6 (Source: P.A. 102-1117, eff. 1-13-23.)

7 Section 5-150. The Vital Records Act is amended by  
8 changing Section 1 as follows:

9 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

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

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

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

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

22 (4) "Registration" means the acceptance by the Office of  
23 Vital Records and the incorporation in its official records of  
24 certificates, reports, or other records provided for in this

1 Act, of births, deaths, fetal deaths, adoptions, marriages, or  
2 dissolution of marriages.

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

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

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

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

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

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

6           (11) "Department" means the Department of Public Health of  
7 the State of Illinois.

8           (12) "Director" means the Director of the Illinois  
9 Department of Public Health.

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

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

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

25          (16) "Homeless person" means an individual who meets the  
26 definition of "homeless" under Section 103 of the federal

1 McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) or an  
2 individual residing in any of the living situations described  
3 in 42 U.S.C. 11434a(2).

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

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

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

15 (Source: P.A. 101-13, eff. 6-12-19; 102-257, eff. 1-1-22;  
16 102-844, eff. 1-1-23.)

17 Section 5-155. The Environmental Protection Act is amended  
18 by changing Section 56.1 as follows:

19 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

20 Sec. 56.1. Acts prohibited.

21 (A) No person shall:

22 (a) Cause or allow the disposal of any potentially  
23 infectious medical waste. Sharps may be disposed in any  
24 landfill permitted by the Agency under Section 21 of this



1 Act to accept municipal waste for disposal, if both:

2 (1) the infectious potential has been eliminated  
3 from the sharps by treatment; and

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

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

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

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

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

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

26 (e) Cause or allow the acceptance of any potentially

1 infectious medical waste for purposes of transport,  
2 storage, treatment, or transfer except in accordance with  
3 Board regulations.

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

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

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

12 (B) noncommercial transportation of less than  
13 50 pounds of potentially infectious medical waste  
14 at any one time; or

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

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

18 (3) In violation of any regulation adopted by the  
19 Board.

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

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

25 (1) without a permit issued by the Agency that  
26 specifically authorizes the treatment, storage, or

1 transfer of potentially infectious medical waste. No  
2 permit is required under this subsection (g) or  
3 subsection (d) (1) of Section 21 for any:

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

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

15 (C) Sharps collection station that is operated  
16 in accordance with Section 56.7.

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

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

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

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

1           (1) potentially infectious medical waste being  
2 transported by generators who generated the waste by  
3 their own activities, when the potentially infectious  
4 medical waste is transported within or between sites  
5 or facilities owned, controlled, or operated by that  
6 person;

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

10           (3) potentially infectious medical waste by the  
11 U.S. Postal Service.

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

17           (j) Beginning January 1, 1994, conduct a potentially  
18 infectious medical waste treatment operation at an  
19 incinerator in existence on the effective date of this  
20 Title in violation of emission standards established for  
21 these incinerators under Section 129 of the Clean Air Act  
22 (42 USC 7429), as amended.

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

1 including, but not limited to, hypodermic, intravenous, or  
2 other medical needles or syringes or other sharps, with  
3 any other material intended for collection as a recyclable  
4 material by a residential hauler.

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

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

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

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

23 Section 5-160. The Criminal Code of 2012 is amended by  
24 changing Section 9-1.2, 9-2.1, 9-3.2, and 12-3.1 as follows:

1 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

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

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

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

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

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

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

20 (c) This Section shall not apply to acts which cause the  
21 death of an unborn child if those acts were committed during  
22 any abortion, as defined in Section 1-5 of the Illinois  
23 Abortion Law of 2023 ~~1-10 of the Reproductive Health Act~~, to  
24 which the pregnant woman ~~individual~~ has consented. This  
25 Section shall not apply to acts which were committed pursuant  
26 to usual and customary standards of medical practice during

1 diagnostic testing or therapeutic treatment.

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

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

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

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

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

18 (e) The provisions of this Act shall not be construed to  
19 prohibit the prosecution of any person under any other  
20 provision of law.

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

22 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

23 Sec. 9-2.1. Voluntary Manslaughter of an Unborn Child. (a)  
24 A person who kills an unborn child without lawful  
25 justification commits voluntary manslaughter of an unborn

1 child if at the time of the killing he is acting under a sudden  
2 and intense passion resulting from serious provocation by  
3 another whom the offender endeavors to kill, but he  
4 negligently or accidentally causes the death of the unborn  
5 child.

6 Serious provocation is conduct sufficient to excite an  
7 intense passion in a reasonable person.

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

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

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

21 (e) This Section shall not apply to acts which cause the  
22 death of an unborn child if those acts were committed during  
23 any abortion, as defined in Section Section 1-5 of the  
24 Illinois Abortion Law of 2023 ~~1-10 of the Reproductive Health~~  
25 ~~Act~~, to which the pregnant woman ~~individual~~ has consented.  
26 This Section shall not apply to acts which were committed



1 pursuant to usual and customary standards of medical practice  
2 during diagnostic testing or therapeutic treatment.

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

4 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

5 Sec. 9-3.2. Involuntary manslaughter and reckless homicide  
6 of an unborn child.

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

15 (b) Sentence.

16 (1) Involuntary manslaughter of an unborn child is a  
17 Class 3 felony.

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

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

25 (d) This Section shall not apply to acts which cause the

1 death of an unborn child if those acts were committed during  
2 any abortion, as defined in Section 1-5 of the Illinois  
3 Abortion Law of 2023 ~~1-10 of the Reproductive Health Act~~, to  
4 which the pregnant woman ~~individual~~ has consented. This  
5 Section shall not apply to acts which were committed pursuant  
6 to usual and customary standards of medical practice during  
7 diagnostic testing or therapeutic treatment.

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

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

13 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

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

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

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

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

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

3 (c) Sentence. Battery of an unborn child is a Class A  
4 misdemeanor. Aggravated battery of an unborn child is a Class  
5 2 felony.

6 (d) This Section shall not apply to acts which cause  
7 bodily harm to an unborn child if those acts were committed  
8 during any abortion, as defined in Section 1-5 of the Illinois  
9 Abortion Law of 2023 ~~1-10 of the Reproductive Health Act~~, to  
10 which the pregnant woman ~~individual~~ has consented. This  
11 Section shall not apply to acts which were committed pursuant  
12 to usual and customary standards of medical practice during  
13 diagnostic testing or therapeutic treatment.

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

15 Section 5-165. The Uniform Act to Secure the Attendance of  
16 Witnesses from Within or Without a State in Criminal  
17 Proceedings is amended by changing Section 2 as follows:

18 (725 ILCS 220/2) (from Ch. 38, par. 156-2)

19 Sec. 2. Summoning witness in this state to testify in  
20 another state.

21 If a judge of a court of record in any state which by its  
22 laws has made provision for commanding persons within that  
23 state to attend and testify in this state certifies under the  
24 seal of such court that there is a criminal prosecution

1 pending in such court, or that a grand jury investigation has  
2 commenced or is about to commence, that a person being within  
3 this state is a material witness in such prosecution, or grand  
4 jury investigation, and his presence will be required for a  
5 specified number of days, upon presentation of such  
6 certificate to any judge of a court in the county in which such  
7 person is, such judge shall fix a time and place for a hearing,  
8 and shall make an order directing the witness to appear at a  
9 time and place certain for the hearing.

10 If at a hearing the judge determines that the witness is  
11 material and necessary, that it will not cause undue hardship  
12 to the witness to be compelled to attend and testify in the  
13 prosecution or a grand jury investigation in the other state,  
14 and that the laws of the state in which the prosecution is  
15 pending, or grand jury investigation has commenced or is about  
16 to commence (and of any other state through which the witness  
17 may be required to pass by ordinary course of travel), will  
18 give to him protection from arrest and the service of civil and  
19 criminal process, he shall issue a summons, with a copy of the  
20 certificate attached, directing the witness to attend and  
21 testify in the court where the prosecution is pending, or  
22 where a grand jury investigation has commenced or is about to  
23 commence at a time and place specified in the summons. In any  
24 such hearing the certificate shall be prima facie evidence of  
25 all the facts stated therein.

26 If said certificate recommends that the witness be taken

1 into immediate custody and delivered to an officer of the  
2 requesting state to assure his attendance in the requesting  
3 state, such judge may, in lieu of notification of the hearing,  
4 direct that such witness be forthwith brought before him for  
5 said hearing; and the judge at the hearing being satisfied of  
6 the desirability of such custody and delivery, for which  
7 determination the certificate shall be prima facie proof of  
8 such desirability may, in lieu of issuing subpoena or summons,  
9 order that said witness be forthwith taken into custody and  
10 delivered to an officer of the requesting state.

11 ~~No subpoena, summons, or order shall be issued for a~~  
12 ~~witness to provide information or testimony in relation to any~~  
13 ~~proceeding if the charge is based on conduct that involves~~  
14 ~~lawful health care activity, as defined by the Lawful Health~~  
15 ~~Care Activity Act, that is not unlawful under the laws of this~~  
16 ~~State. This limitation does not apply for the purpose of~~  
17 ~~complying with obligations under Brady v. Maryland (373 U.S.~~  
18 ~~83) or Giglio v. United States (405 U.S. 150).~~

19 If the witness, who is summoned as above provided, after  
20 being paid or tendered by some properly authorized person the  
21 sum of 10 cents a mile for each mile by the ordinary travel  
22 route to and from the court where the prosecution is pending  
23 and five dollars for each day that he is required to travel and  
24 attend as a witness, fails without good cause to attend and  
25 testify as directed in the summons, he shall be punished in the  
26 manner provided for the punishment of any witness who disobeys

1 a summons issued from a court in this state.

2 (Source: P.A. 102-1117, eff. 1-13-23.)

3 Section 5-170. The Uniform Criminal Extradition Act is  
4 amended by changing Section 6 as follows:

5 (725 ILCS 225/6) (from Ch. 60, par. 23)

6 Sec. 6. Extradition of persons not present in demanding  
7 state at time of commission of crime.

8 The Governor of this State may also surrender, on demand  
9 of the Executive Authority of any other state, any person in  
10 this State charged in such other state in the manner provided  
11 in Section 3 with committing an act in this State, or in a  
12 third state, intentionally resulting in a crime in the state  
13 whose Executive Authority is making the demand. ~~However, the~~  
14 ~~Governor of this State shall not surrender such a person if the~~  
15 ~~charge is based on conduct that involves seeking, providing,~~  
16 ~~receiving, assisting in seeking, providing, or receiving,~~  
17 ~~providing material support for, or traveling to obtain lawful~~  
18 ~~health care, as defined by Section 28-10 of the Lawful Health~~  
19 ~~Care Activity Act, that is not unlawful under the laws of this~~  
20 ~~State, including a charge based on any theory of vicarious,~~  
21 ~~joint, several, or conspiracy liability.~~

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

23 Section 5-175. The Code of Civil Procedure is amended by

1 changing Section 8-802 and by adding Section 11-107.1a as  
2 follows:

3 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

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

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

24       Upon disclosure under item (13) of this Section, in any  
25 criminal action where the charge is domestic battery,  
26 aggravated domestic battery, or an offense under Article 11 of



1 the Criminal Code of 2012 or where the patient is under the age  
2 of 18 years or upon the request of the patient, the State's  
3 Attorney shall petition the court for a protective order  
4 pursuant to Supreme Court Rule 415.

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

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

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

12 Sec. 11-107.1a. Injunctive relief for the father of an  
13 unborn child in an abortion related decision by the mother. In  
14 any case when a married woman wishes to have an abortion  
15 performed upon her, and her spouse, who is the father of the  
16 unborn child, is opposed to the performance of that abortion,  
17 a court may hear testimony from both parties and balance the  
18 rights and interests of those parties.

19 When the interests of the husband in preventing the  
20 abortion outweigh those of the wife in having an abortion  
21 performed after the unborn child is viable, the court may  
22 issue an injunction against the performance of the abortion  
23 but only where the court makes a finding that the mother's life  
24 or physical health are not in danger.

1 Section 5-180. The Uniform Interstate Depositions and  
2 Discovery Act is amended by changing Section 3 as follows:

3 (735 ILCS 35/3)

4 Sec. 3. Issuance of subpoena.

5 (a) To request issuance of a subpoena under this Section,  
6 a party must submit a foreign subpoena to a clerk of court in  
7 the county in which discovery is sought to be conducted in this  
8 State. A request for the issuance of a subpoena under this Act  
9 does not constitute an appearance in the courts of this State.

10 (b) When a party submits a foreign subpoena to a clerk of  
11 court in this State, the clerk, in accordance with that  
12 court's procedure, shall promptly issue a subpoena for service  
13 upon the person to which the foreign subpoena is directed  
14 ~~unless issuance is prohibited by Section 3.5.~~

15 (c) A subpoena under subsection (b) must:

16 (A) incorporate the terms used in the foreign  
17 subpoena; and

18 (B) contain or be accompanied by the names, addresses,  
19 and telephone numbers of all counsel of record in the  
20 proceeding to which the subpoena relates and of any party  
21 not represented by counsel.

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

23 Section 5-185. The Wrongful Death Act is amended by  
24 changing Section 2.2 as follows:

1 (740 ILCS 180/2.2) (from Ch. 70, par. 2.2)

2 Sec. 2.2. The state of gestation or development of a human  
3 being when an injury is caused, when an injury takes effect, or  
4 at death, shall not foreclose maintenance of any cause of  
5 action under the law of this State arising from the death of a  
6 human being caused by wrongful act, neglect or default.

7 There shall be no cause of action against a physician or a  
8 medical institution ~~health care professional, a medical~~  
9 ~~institution, or the pregnant person~~ for the wrongful death of  
10 a fetus caused by an abortion where the abortion was permitted  
11 by law and the requisite consent was lawfully given. Provided,  
12 however, that a cause of action is not prohibited where the  
13 fetus is live-born but subsequently dies.

14 There shall be no cause of action against a physician or a  
15 medical institution for the wrongful death of a fetus based on  
16 the alleged misconduct of the physician or medical institution  
17 where the defendant did not know and, under the applicable  
18 standard of good medical care, had no medical reason to know of  
19 the pregnancy of the mother of the fetus.

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

21 Section 5-190. The Health Care Right of Conscience Act is  
22 amended by changing Section 3 as follows:

23 (745 ILCS 70/3) (from Ch. 111 1/2, par. 5303)

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

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

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

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

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

1 including physician organizations and associations,  
2 networks, joint ventures, and all other combinations of  
3 those organizations;

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

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

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

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

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

21 Section 5-195. The Illinois Parentage Act of 2015 is  
22 amended by changing Sections 704 and 709 as follows:

23 (750 ILCS 46/704)

24 Sec. 704. Withdrawal of consent of intended parent or

1 donor. An intended parent or donor may withdraw consent to use  
2 his or her gametes in a writing or legal pleading with notice  
3 to the other participants. An intended parent who withdraws  
4 consent under this Section prior to the insemination or embryo  
5 transfer is not a parent of any resulting child. If a donor  
6 withdraws consent to his or her donation prior to the  
7 insemination or the combination of gametes, the intended  
8 parent is not the parent of any resulting child. ~~If the~~  
9 ~~intended parent or parents no longer wish to use any remaining~~  
10 ~~eryopreserved fertilized ovum for medical purposes, the terms~~  
11 ~~of the most recent informed consent of the intended parent or~~  
12 ~~parents executed at the fertility center or a marital~~  
13 ~~settlement agreement under a judgment of dissolution of~~  
14 ~~marriage, judgment of legal separation, or judgment of~~  
15 ~~dissolution of civil union governs the disposition of the~~  
16 ~~fertilized ovum.~~

17 (Source: P.A. 102-1117, eff. 1-13-23.)

18 (750 ILCS 46/709)

19 Sec. 709. Establishment of parentage; requirements of  
20 Gestational Surrogacy Act.

21 (a) In the event of gestational surrogacy, in addition to  
22 the requirements of the Gestational Surrogacy Act, a  
23 parent-child relationship is established between a person and  
24 a child if all of the following conditions are met prior to the  
25 birth of the child:

1           (1) The gestational surrogate certifies that she did  
2 not provide a gamete for the child, and that she is  
3 carrying the child for the intended parents.

4           (2) The spouse, if any, of the gestational surrogate  
5 certifies that he or she did not provide a gamete for the  
6 child.

7           (3) Each intended parent, ~~or the parent's legally~~  
8 ~~authorized designee if an intended parent dies,~~ certifies  
9 that the child being carried by the gestational surrogate  
10 was conceived using at least one of the intended parents'  
11 gametes.

12           (4) A physician ~~licensed in the state in which the~~  
13 ~~fertilized ovum was inseminated or transferred to the~~  
14 ~~gestational surrogate~~ certifies that the child being  
15 carried by the gestational surrogate was conceived using  
16 the gamete or gametes of at least one of the intended  
17 parents, and that neither the gestational surrogate nor  
18 the gestational surrogate's spouse, if any, provided  
19 gametes for the child being carried by the gestational  
20 surrogate.

21           (5) The attorneys for the intended parents and the  
22 gestational surrogate each certify that the parties  
23 entered into a gestational surrogacy agreement intended to  
24 satisfy the requirements of the Gestational Surrogacy Act.

25           (b) All certifications under this Section shall be in  
26 writing and witnessed by 2 competent adults who are not the

1 gestational surrogate, gestational surrogate's spouse, if any,  
2 or an intended parent. Certifications shall be on forms  
3 prescribed by the Illinois Department of Public Health and  
4 shall be executed prior to the birth of the child. All  
5 certifications shall be provided, prior to the birth of the  
6 child, to both the hospital where the gestational surrogate  
7 anticipates the delivery will occur and to the Illinois  
8 Department of Public Health.

9 (c) Parentage established in accordance with this Section  
10 has the full force and effect of a judgment entered under this  
11 Act.

12 (d) The Illinois Department of Public Health shall adopt  
13 rules to implement this Section.

14 (Source: P.A. 102-1117, eff. 1-13-23.)

15 Section 5-200. The Rights of Married Persons Act is  
16 amended by changing Section 15 as follows:

17 (750 ILCS 65/15) (from Ch. 40, par. 1015)

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

23 (2) No creditor, who has a claim against a spouse or former  
24 spouse for an expense incurred by that spouse or former spouse



1 which is not a family expense, shall maintain an action  
2 against the other spouse or former spouse for that expense  
3 except:

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

6 (B) an expense for goods or merchandise purchased by or in  
7 the possession of the other spouse or former spouse, or for  
8 services ordered by the other spouse or former spouse.

9 (3) Any creditor who maintains an action in violation of  
10 this subsection (a) for an expense other than a family expense  
11 against a spouse or former spouse other than the spouse or  
12 former spouse who incurred the expense, shall be liable to the  
13 other spouse or former spouse for his or her costs, expenses  
14 and attorney's fees incurred in defending the action.

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

26 (b) No spouse shall be liable for any expense incurred by

1 the other spouse when an abortion is performed on such spouse,  
2 without the consent of such other spouse, unless the physician  
3 who performed the abortion certifies that such abortion is  
4 necessary to preserve the life of the spouse who obtained such  
5 abortion. (Blank).

6 (c) No parent shall be liable for any expense incurred by  
7 his or her minor child when an abortion is performed on such  
8 minor child without the consent of both parents of such child,  
9 if they both have custody, or the parent having custody, or  
10 legal guardian of such child, unless the physician who  
11 performed the abortion certifies that such abortion is  
12 necessary to preserve the life of the minor child who obtained  
13 such abortion. (Blank).

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

15 Article 6.

16 (5 ILCS 100/5-45.35

17 Section 6-5. The Illinois Administrative Procedure Act is  
18 amended by repealing Section 5-45.35 (as added by Public Act  
19 102-1117).

20 (20 ILCS 4111/Act rep.)

21 Section 6-10. The Youth Health and Safety Act is repealed.

22 (30 ILCS 105/5.990 rep.)

1           Section 6-15. The State Finance Act is amended by  
2           repealing Section 5.990.

3           (215 ILCS 5/356z.4a rep.)

4           Section 6-20. The Illinois Insurance Code is amended by  
5           repealing Section 356z.4a.

6           (215 ILCS 5/356z.60 rep.)

7           Section 6-25. The Illinois Insurance Code is amended by  
8           repealing Section 356z.60.

9           (225 ILCS 95/9.7 rep.)

10          Section 6-30. The Physician Assistant Practice Act of 1987  
11          is amended by repealing Section 9.7.

12          (225 ILCS 60/66 rep.)

13          Section 6-35. The Medical Practice Act of 1987 is amended  
14          by repealing Section 66.

15          (225 ILCS 65/65-11 rep.)

16          (225 ILCS 65/65-11.5 rep.)

17          Section 6-40. The Nurse Practice Act is amended by  
18          repealing Sections 65-11 and 65-11.5.

19          (410 ILCS 185/Act rep.)

20          Section 6-45. The Abortion Care Clinical Training Program

1 Act is repealed.

2 (735 ILCS 35/3.5 rep.)

3 Section 6-50. The Uniform Interstate Depositions and  
4 Discovery Act is amended by repealing Section 3.5.

5 (735 ILCS 40/Act rep.)

6 Section 6-55. The Lawful Health Care Activity Act is  
7 repealed.

8 (740 ILCS 126/Act rep.)

9 Section 6-60. The Protecting Reproductive Health Care  
10 Services Act is repealed.

11 (775 ILCS 55/Act rep.)

12 Section 6-65. The Reproductive Health Act is repealed.

13 Article 99.

14 Section 99-95. No acceleration or delay. Where this Act  
15 makes changes in a statute that is represented in this Act by  
16 text that is not yet or no longer in effect (for example, a  
17 Section represented by multiple versions), the use of that  
18 text does not accelerate or delay the taking effect of (i) the  
19 changes made by this Act or (ii) provisions derived from any  
20 other Public Act.

1           Section 99-99. Effective date. This Act takes effect upon  
2    becoming law.

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