



93RD GENERAL ASSEMBLY

State of Illinois

2003 and 2004

Introduced 02/05/04, by Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

20 ILCS 2105/2105-400 new	
20 ILCS 2305/2	from Ch. 111 1/2, par. 22
20 ILCS 2305/2.1 new	
20 ILCS 2305/7	from Ch. 111 1/2, par. 22.05
20 ILCS 2310/2310-5	
20 ILCS 2310/2310-35	was 20 ILCS 2310/55.27
20 ILCS 2310/2310-50.5	
20 ILCS 2310/2310-610 new	
20 ILCS 2310/2310-615 new	
20 ILCS 2310/2310-620 new	
20 ILCS 2310/2310-625 new	
210 ILCS 25/7-102	from Ch. 111 1/2, par. 627-102
210 ILCS 50/3.255 new	
210 ILCS 85/10.4	from Ch. 111 1/2, par. 151.4
410 ILCS 517/15	
625 ILCS 5/1-105	from Ch. 95 1/2, par. 1-105
625 ILCS 5/12-215	from Ch. 95 1/2, par. 12-215
745 ILCS 45/1	from Ch. 126, par. 21
820 ILCS 305/11	from Ch. 48, par. 138.11
820 ILCS 310/1	from Ch. 48, par. 172.36
5 ILCS 100/5-45	from Ch. 127, par. 1005-45

Amends the Department of Public Health Act and various other Acts concerning public health emergencies. Contains provisions relating to: quarantine and isolation; physical examinations, tests, and specimen collection; vaccines and medications; destruction of animals and property; access to medical records; syndromic data collection; information sharing; medical disaster plans; emergency personnel; immunity; and other matters. Effective immediately.

LRB093 19395 RAS 46538 b

FISCAL NOTE ACT
MAY APPLY

1 AN ACT concerning public health.

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

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

7 (20 ILCS 2105/2105-400 new)

8 Sec. 2105-400. Emergency Powers.

9 (a) Upon proclamation of a disaster by the Governor, as
10 provided for in the Illinois Emergency Management Agency Act,
11 the Director of Professional Regulation shall have the
12 following powers, which shall be exercised only in coordination
13 with the Illinois Emergency Management Agency and the
14 Department of Public Health:

15 (1) The power to suspend the requirements for permanent
16 or temporary licensure of persons who are licensed in
17 another state and are working under the direction of the
18 Illinois Emergency Management Agency and the Department of
19 Public Health pursuant to a declared disaster.

20 (2) The power to modify the scope of practice
21 restrictions under any licensing act administered by the
22 Department.

23 (3) The power to expand the exemption in Section 4(a)
24 of the Pharmacy Practice Act of 1987 to those licensed
25 professionals whose scope of practice has been modified,
26 under paragraph (2) of subsection (a) of this Section, to
27 include any element of the practice of pharmacy as defined
28 in the Pharmacy Practice Act of 1987.

29 (b) Persons exempt from licensure under paragraph (1) of
30 subsection (a) of this Section and persons operating under
31 modified scope of practice provisions under paragraph (2) of
32 subsection (a) of this Section shall be exempt from licensure

1 or be subject to modified scope of practice only until the
2 declared disaster has ended as provided by law.

3 (c) The Director shall exercise these powers by way of
4 proclamation.

5 Section 10. The Department of Public Health Act is amended
6 by changing Sections 2 and 7 and by adding Section 2.1 as
7 follows:

8 (20 ILCS 2305/2) (from Ch. 111 1/2, par. 22)

9 Sec. 2. Powers.

10 (a) The State Department of Public Health has general
11 supervision of the interests of the health and lives of the
12 people of the State. It has supreme authority in matters of
13 quarantine and isolation, and may declare and enforce
14 quarantine and isolation when none exists, and may modify or
15 relax quarantine and isolation when it has been established.
16 The Department may adopt, promulgate, repeal and amend rules
17 and regulations and make such sanitary investigations and
18 inspections as it may from time to time deem necessary for the
19 preservation and improvement of the public health, consistent
20 with law regulating the following:

21 (1) Transportation of the remains of deceased persons.

22 (2) Sanitary practices relating to drinking water made
23 accessible to the public for human consumption or for
24 lavatory or culinary purposes.

25 (3) Sanitary practices relating to rest room
26 facilities made accessible to the public or to persons
27 handling food served to the public.

28 (4) Sanitary practices relating to disposal of human
29 wastes in or from all buildings and places where people
30 live, work or assemble.

31 The provisions of the Illinois Administrative Procedure
32 Act are hereby expressly adopted and shall apply to all
33 administrative rules and procedures of the Department of Public
34 Health under this Act, except that Section 5-35 of the Illinois

1 Administrative Procedure Act relating to procedures for
2 rule-making does not apply to the adoption of any rule required
3 by federal law in connection with which the Department is
4 precluded by law from exercising any discretion.

5 All local boards of health, health authorities and
6 officers, police officers, sheriffs and all other officers and
7 employees of the state or any locality shall enforce the rules
8 and regulations so adopted and orders issued by the Department
9 pursuant to this Section.

10 The Department of Public Health shall conduct a public
11 information campaign to inform Hispanic women of the high
12 incidence of breast cancer and the importance of mammograms and
13 where to obtain a mammogram. This requirement may be satisfied
14 by translation into Spanish and distribution of the breast
15 cancer summaries required by Section 2310-345 of the Department
16 of Public Health Powers and Duties Law (20 ILCS 2310/2310-345).
17 The information provided by the Department of Public Health
18 shall include (i) a statement that mammography is the most
19 accurate method for making an early detection of breast cancer,
20 however, no diagnostic tool is 100% effective and (ii)
21 instructions for performing breast self-examination and a
22 statement that it is important to perform a breast
23 self-examination monthly.

24 The Department of Public Health shall investigate the
25 causes of dangerously contagious or infectious diseases,
26 especially when existing in epidemic form, and take means to
27 restrict and suppress the same, and whenever such disease
28 becomes, or threatens to become epidemic, in any locality and
29 the local board of health or local authorities neglect or
30 refuse to enforce efficient measures for its restriction or
31 suppression or to act with sufficient promptness or efficiency,
32 or whenever the local board of health or local authorities
33 neglect or refuse to promptly enforce efficient measures for
34 the restriction or suppression of dangerously contagious or
35 infectious diseases, the Department of Public Health may
36 enforce such measures as it deems necessary to protect the

1 public health, and all necessary expenses so incurred shall be
2 paid by the locality for which services are rendered.

3 (b) Subject to the provisions of subsection (c), the
4 Department may order a person or group of persons to be
5 quarantined or isolated or may order a place to be closed and
6 made off limits to the public to prevent the probable spread of
7 a dangerously contagious or infectious disease, including
8 non-compliant tuberculosis patients, until such time as the
9 condition can be corrected or the danger to the public health
10 eliminated or reduced in such a manner that no substantial
11 danger to the public's health any longer exists. Orders for
12 isolation of a person or quarantine of a place to prevent the
13 probable spread of a sexually transmissible disease shall be
14 governed by the provisions of Section 7 of the Illinois
15 Sexually Transmissible Disease Control Act and not this
16 Section.

17 (c) Except as provided in this Section, no person or a
18 group of persons may be ordered to be quarantined or isolated
19 and no place may be ordered to be closed and made off limits to
20 the public except with the consent of the person or owner of
21 the place or upon the prior order of a court of competent
22 jurisdiction. The Department may, however, order a person or a
23 group of persons to be quarantined or isolated or may order a
24 place to be closed and made off limits to the public on an
25 immediate basis without prior consent or court order if, in the
26 judgment of the Department, immediate action is required to
27 protect the public's health. In the event of an immediate order
28 issued without prior consent or court order, the Department
29 shall, as soon as practical, within 48 hours after issuing the
30 order, obtain the consent of the person or owner or file a
31 petition requesting a court order authorizing the isolation or
32 quarantine or closure. When exigent circumstances exist that
33 make it untenable to obtain consent or file a petition within
34 48 hours after issuance of an immediate order, the Department
35 must obtain consent or file a petition requesting a court order
36 as soon as reasonably possible. To obtain a court order, the

1 Department, by clear and convincing evidence, must prove that
2 the public's health and welfare are significantly endangered by
3 a person or group of persons that has, that is suspected of
4 having, that has been exposed to, or that is reasonably
5 believed to have been exposed to ~~with~~ a dangerously contagious
6 or infectious disease including non-compliant tuberculosis
7 patients or by a place where there is a significant amount of
8 activity likely to spread a dangerously contagious or
9 infectious disease. The Department must also prove that all
10 other reasonable means of correcting the problem have been
11 exhausted and no less restrictive alternative exists. For
12 purposes of this subsection, there is a rebuttable presumption
13 that no less restrictive alternative exists when the Department
14 presents evidence showing that, under the circumstances
15 presented by the case in which an order is sought, quarantine
16 or isolation is the measure provided for in a rule of the
17 Department or in guidelines issued by the Centers for Disease
18 Control and Prevention or the World Health Organization.
19 Persons who are or are about to be ordered to be isolated or
20 quarantined and owners of places that are or are about to be
21 closed and made off limits to the public shall have the right
22 to counsel, and shall be notified of that right. If a person or
23 owner is indigent, the court shall appoint counsel for that
24 person or owner.

25 (d) The Department may order physical examinations and
26 tests and collect laboratory specimens as necessary for the
27 diagnosis or treatment of individuals in order to prevent the
28 probable spread of a dangerously contagious or infectious
29 disease. Physical examinations, tests, or collection of
30 laboratory specimens must not be such as are reasonably likely
31 to lead to serious harm to the affected individual. To prevent
32 the spread of a dangerously contagious or infectious disease,
33 the Department may, pursuant to the provisions of subsection
34 (c) of this Section, isolate or quarantine any person whose
35 refusal of physical examination or testing or collection of
36 laboratory specimens results in uncertainty regarding whether

1 he or she has been exposed to or is infected with a dangerously
2 contagious or infectious disease or otherwise poses a danger to
3 the public's health. An individual may refuse to consent to a
4 physical examination, test, or collection of laboratory
5 specimens. An individual shall be informed of the following:
6 (i) that the individual may refuse to consent to physical
7 examination, test, or collection of laboratory specimens; (ii)
8 that if the individual consents to physical examination, tests,
9 or collection of laboratory specimens, the results of that
10 examination, test, or collection of laboratory specimens may
11 subject the individual to isolation or quarantine pursuant to
12 the provisions of subsection (c) of this Section; (iii) that if
13 the individual refuses to consent to physical examination,
14 tests, or collection of laboratory specimens and that refusal
15 results in uncertainty regarding whether he or she has been
16 exposed to or is infected with a dangerously contagious or
17 infectious disease or otherwise poses a danger to the public's
18 health, the individual may be subject to isolation or
19 quarantine pursuant to the provisions of subsection (c) of this
20 Section; and (iv) that if the individual refuses to consent to
21 physical examinations, tests, or collection of laboratory
22 specimens and becomes subject to isolation and quarantine as
23 provided in this subsection (d), he or she shall have the right
24 to counsel pursuant to the provisions of subsection (c) of this
25 Section.

26 (e) The Department may order the administration of
27 vaccines, medications, or other treatments to persons as
28 necessary in order to prevent the probable spread of a
29 dangerously contagious or infectious disease. A vaccine,
30 medication, or other treatment to be administered must not be
31 such as is reasonably likely to lead to serious harm to the
32 affected individual. To prevent the spread of a dangerously
33 contagious or infectious disease, the Department may, pursuant
34 to the provisions of subsection (c) of this Section, isolate or
35 quarantine persons who are unable or unwilling to receive
36 vaccines, medications, or other treatments pursuant to this

1 Section. An individual may refuse to receive vaccines,
2 medications, or other treatments. An individual shall be
3 informed of the following: (i) that the individual may refuse
4 to consent to vaccines, medications, or other treatments; (ii)
5 that if the individual refuses to receive vaccines,
6 medications, or other treatments, the individual may be subject
7 to isolation or quarantine pursuant to the provisions of
8 subsection (c) of this Section; and (iii) that if the
9 individual refuses to receive vaccines, medications, or other
10 treatments and becomes subject to isolation or quarantine as
11 provided in this subsection (e), he or she shall have the right
12 to counsel pursuant to the provisions of subsection (c) of this
13 Section.

14 (f) The Department may order observation and monitoring of
15 persons to prevent the probable spread of a dangerously
16 contagious or infectious disease. To prevent the spread of a
17 dangerously contagious or infectious disease, the Department
18 may, pursuant to the provisions of subsection (c) of this
19 Section, isolate or quarantine persons whose refusal to undergo
20 observation and monitoring results in uncertainty regarding
21 whether he or she has been exposed to or is infected with a
22 dangerously contagious or infectious disease or otherwise
23 poses a danger to the public's health. An individual may refuse
24 to undergo observation and monitoring. An individual shall be
25 informed of the following: (i) that the individual may refuse
26 to undergo observation and monitoring; (ii) that if the
27 individual consents to observation and monitoring, the results
28 of that observation and monitoring may subject the individual
29 to isolation or quarantine pursuant to the provisions of
30 subsection (c) of this Section; (iii) that if the individual
31 refuses to undergo observation and monitoring and that refusal
32 results in uncertainty regarding whether he or she has been
33 exposed to or is infected with a dangerously contagious or
34 infectious disease or otherwise poses a danger to the public's
35 health, the individual may be subject to isolation or
36 quarantine pursuant to the provisions of subsection (c) of this

1 Section; and (iv) that if the individual refuses to undergo
2 observation and monitoring and becomes subject to isolation or
3 quarantine as provided in this subsection (f), he or she shall
4 have the right to counsel pursuant to the provisions of
5 subsection (c) of this Section.

6 (g) To prevent the spread of a dangerously contagious or
7 infectious disease among humans, the Department may examine,
8 test, disinfect, seize, or destroy animals or other property
9 believed to be sources of infection. When the Department
10 determines that any animal is infected with or has been exposed
11 to a dangerously contagious or infectious disease, it may agree
12 with the owner upon the value of the animal or of any property
13 that it may be found necessary to destroy, and in case such an
14 agreement cannot be made, the animals or property shall be
15 appraised by 3 competent and disinterested appraisers, one to
16 be selected by the Department, one by the claimant, and one by
17 the 2 appraisers thus selected. The appraisers shall subscribe
18 to an oath made in writing to fairly value the animals or
19 property in accordance with the requirements of this Act. The
20 oath, together with the valuation fixed by the appraisers,
21 shall be filed with the Department and preserved by it. Upon
22 the appraisal being made, the owner or the Department shall
23 immediately destroy the animals by "humane euthanasia" as that
24 term is defined in Section 2.09 of the Humane Care for Animals
25 Act. Dogs and cats, however, shall be euthanized pursuant to
26 the provisions of the Humane Euthanasia in Animal Shelters Act.
27 The owner or the Department shall additionally, dispose of the
28 carcasses, and disinfect, change, or destroy the premises
29 occupied by the animals, in accordance with rules prescribed by
30 the Department governing such destruction and disinfection.
31 Upon his or her failure so to do or to cooperate with the
32 Department, the Department shall cause the animals or property
33 to be destroyed and disposed of in the same manner, and
34 thereupon the owner shall forfeit all right to receive any
35 compensation for the destruction of the animals or property.

36 (h) To prevent the spread of a dangerously contagious or

1 infectious disease, the Department, local boards of health, and
2 local public health authorities shall have emergency access to
3 medical or health information or records or data upon the
4 condition that the Department, local boards of health, and
5 local public health authorities shall protect the privacy and
6 confidentiality of any medical or health information or records
7 or data obtained pursuant to this Section in accordance with
8 federal and State law. Additionally, any such medical or health
9 information or records or data shall be exempt from inspection
10 and copying under the Freedom of Information Act. Other than a
11 hearing for the purpose of this Act, any information, records,
12 reports, statements, notes, memoranda, or other data in the
13 possession of the Department, local boards of health, or local
14 public health authorities shall not be admissible as evidence,
15 nor discoverable in any action of any kind in any court or
16 before any tribunal, board, agency, or person. The access to or
17 disclosure of any of this information or data by the
18 Department, a local board of health, or a local public
19 authority shall not waive or have any effect upon its
20 non-discoverability or non-admissibility. Any person,
21 facility, institution, or agency that provides emergency
22 access to health information and data under this subsection
23 shall have immunity from any civil or criminal liability, or
24 any other type of liability that might otherwise result by
25 reason of these actions. For the purposes of any proceedings,
26 civil or criminal, the good faith of any persons providing
27 medical or health information or records or data shall be
28 presumed. The privileged quality of communication between any
29 professional person or any facility shall not constitute
30 grounds for failure to provide emergency access. Nothing in
31 this subsection shall prohibit the sharing of information as
32 authorized in Section 2.1 of this Act.

33 (i) (A) The Department, in order to prevent and control
34 disease, injury, or disability among citizens of the State
35 of Illinois, may develop and implement, in consultation
36 with local public health authorities, a Statewide system

1 for syndromic data collection through the access to
2 interoperable networks, information exchanges, and
3 databases. The Department may also develop a system for the
4 reporting of comprehensive, integrated data to identify
5 and address unusual occurrences of disease symptoms and
6 other medical complexes affecting the public's health.

7 (B) The Department may enter into contracts or
8 agreements with individuals, corporations, hospitals,
9 universities, not-for-profit corporations, governmental
10 entities, or other organizations, whereby those
11 individuals or entities agree to provide assistance in the
12 compilation of the syndromic data collection and reporting
13 system.

14 (C) The Department shall not release any data or
15 information obtained pursuant to this subsection to any
16 individuals or entities for purposes other than the
17 protection of the public health. All access to data by the
18 Department, reports made to the Department, the identity of
19 or facts that would tend to lead to the identity of the
20 individual who is the subject of the report, and the
21 identity of or facts that would tend to lead to the
22 identity of the author of the report shall be strictly
23 confidential, are not subject to inspection or
24 dissemination, and shall be used only for public health
25 purposes. Entities or individuals submitting reports or
26 providing access to the Department shall not be held liable
27 for the release of information or confidential data to the
28 Department in accordance with this subsection.

29 (D) Nothing in this subsection prohibits the sharing of
30 information as authorized in Section 2.1 of this Act.

31 (j) ~~(d)~~ This Section shall be considered supplemental to
32 the existing authority and powers of the Department and shall
33 not be construed to restrain or restrict the Department in
34 protecting the public health under any other provisions of the
35 law.

36 (k) ~~(e)~~ Any person who knowingly or maliciously

1 disseminates any false information or report concerning the
2 existence of any dangerously contagious or infectious disease
3 in connection with the Department's power of quarantine,
4 isolation and closure or refuses to comply with a quarantine,
5 isolation or closure order is guilty of a Class A misdemeanor.

6 (1) ~~(f)~~ The Department of Public Health may establish and
7 maintain a chemical and bacteriologic laboratory for the
8 examination of water and wastes, and for the diagnosis of
9 diphtheria, typhoid fever, tuberculosis, malarial fever and
10 such other diseases as it deems necessary for the protection of
11 the public health.

12 As used in this Act, "locality" means any governmental
13 agency which exercises power pertaining to public health in an
14 area less than the State.

15 The terms "sanitary investigations and inspections" and
16 "sanitary practices" as used in this Act shall not include or
17 apply to "Public Water Supplies" or "Sewage Works" as defined
18 in the Environmental Protection Act. The Department may adopt
19 rules that are reasonable and necessary to implement and
20 effectuate this amendatory Act of the 93rd General Assembly.

21 (Source: P.A. 91-239, eff. 1-1-00.)

22 (20 ILCS 2305/2.1 new)

23 Sec. 2.1. Information sharing.

24 (a) Whenever a State or local law enforcement authority
25 learns of a case of an illness, health condition, or unusual
26 disease or symptom cluster, reportable pursuant to rules
27 adopted by the Department or by a local board of health or
28 local public health authority, or a suspicious event that may
29 be the cause of or related to a public health emergency, as
30 that term is defined in Section 4 of the Illinois Emergency
31 Management Agency Act, it shall immediately notify the Illinois
32 Emergency Management Agency and the Department or local board
33 of health or local public health authority.

34 (b) Whenever the Department or a local board of health or
35 local public health authority learns of a case of an illness,

1 health condition, or unusual disease or symptom cluster,
2 reportable pursuant to rules adopted by the Department or by a
3 local board of health or a local public health authority, or a
4 suspicious event that it reasonably believes has the potential
5 to be the cause of or related to a public health emergency, as
6 that term is defined in Section 4 of the Illinois Emergency
7 Management Agency Act, it shall immediately notify the Illinois
8 Emergency Management Agency, the appropriate State and local
9 law enforcement authorities, other appropriate State agencies,
10 and federal health and law enforcement authorities and, after
11 that notification, it shall provide law enforcement
12 authorities with such other information as law enforcement
13 authorities may request for the purpose of conducting a
14 criminal investigation or a criminal prosecution of, related
15 to, or arising out of that matter.

16 (c) Sharing of information on reportable illnesses, health
17 conditions, unusual disease or symptom clusters, or suspicious
18 events between and among public health and law enforcement
19 authorities shall be restricted to the information necessary
20 for the treatment in response to, control of, investigation of,
21 and prevention of a public health emergency, as that term is
22 defined in Section 4 of the Illinois Emergency Management Act,
23 or for criminal investigation or criminal prosecution of,
24 related to, or arising out of that matter.

25 (d) The operation of the language of this Section is not
26 dependent upon a declaration of disaster by the Governor
27 pursuant to the Illinois Emergency Management Agency Act.

28 (20 ILCS 2305/7) (from Ch. 111 1/2, par. 22.05)

29 Sec. 7. The Illinois Department of Public Health shall
30 adopt rules requiring that upon death of a person who had or is
31 suspected of having an infectious or communicable disease that
32 could be transmitted through contact with the person's body or
33 bodily fluids, the body shall be labeled "Infection Hazard", or
34 with an equivalent term to inform persons having subsequent
35 contact with the body, including any funeral director or

1 embalmer, to take suitable precautions. Such rules shall
2 require that the label shall be prominently displayed on and
3 affixed to the outer wrapping or covering of the body if the
4 body is wrapped or covered in any manner. Responsibility for
5 such labeling shall lie with the attending physician who
6 certifies death, or if the death occurs in a health care
7 facility, with such staff member as may be designated by the
8 administrator of the facility. The Department may adopt rules
9 providing for the safe disposal of human remains.

10 (Source: P.A. 85-1209.)

11 Section 15. The Department of Public Health Powers and
12 Duties Law of the Civil Administrative Code of Illinois is
13 amended by changing Sections 2310-5, 2310-35, and 2310-50.5 and
14 by adding Sections 2310-610, 2310-615, 2310-620, and 2310-625
15 as follows:

16 (20 ILCS 2310/2310-5)

17 Sec. 2310-5. Definitions. In this Law:

18 "Department" means the Department of Public Health.

19 "Director" means the Director of Public Health.

20 "Public health emergency" has the meaning set forth in
21 Section 4 of the Illinois Emergency Management Agency Act.

22 (Source: P.A. 91-239, eff. 1-1-00.)

23 (20 ILCS 2310/2310-35) (was 20 ILCS 2310/55.27)

24 Sec. 2310-35. Federal monies; indirect cost
25 reimbursements. To accept, receive, and receipt for federal
26 monies, for and in behalf of the State, given by the federal
27 government under any federal law to the State for health
28 purposes, surveys, or programs, and to adopt necessary rules
29 pertaining thereto pursuant to the Illinois Administrative
30 Procedure Act. To deposit indirect cost reimbursements
31 received by the Department into the Public Health Special State
32 Projects Fund, and to expend those funds, subject to
33 appropriation, for public health purposes only.

1 (Source: P.A. 91-239, eff. 1-1-00.)

2 (20 ILCS 2310/2310-50.5)

3 Sec. 2310-50.5. Coordination concerning public health
4 emergencies. To coordinate with the Illinois Emergency
5 Management Agency with respect to planning for and responding
6 to public health emergencies, as defined in Section 4 of the
7 Illinois Emergency Management Agency Act. The Department shall
8 additionally cooperate with the Governor, other State agencies
9 and local authorities, including local public health
10 authorities, in the development of strategies and plans to
11 protect the public health in the event of a public health
12 emergency, as defined in Section 4 of the Illinois Emergency
13 Management Agency Act.

14 (Source: P.A. 93-249, eff. 7-22-03.)

15 (20 ILCS 2310/2310-610 new)

16 Sec. 2310-610. Rules; public health emergency
17 preparedness. The Department shall adopt and implement rules,
18 contact lists, and response plans governing public health
19 emergency preparedness, response, mitigation, and recovery.

20 (20 ILCS 2310/2310-615 new)

21 Sec. 2310-615. Department coordination; public health
22 emergency preparedness. The Department shall require and
23 coordinate development, implementation of public health
24 emergency preparedness, response, mitigation, and recovery
25 plans by local health departments and facilities licensed by
26 the Department.

27 (20 ILCS 2310/2310-620 new)

28 Sec. 2310-620. Cooperation; public health emergency
29 preparedness. The Department shall collaborate with relevant
30 federal government authorities, State agencies, local
31 authorities, including local public health authorities,
32 elected officials from other states, and private sector

1 organizations on public health emergency preparedness,
2 response, mitigation and recovery.

3 (20 ILCS 2310/2310-625 new)

4 Sec. 2310-625. Emergency Powers.

5 (a) Upon proclamation of a disaster by the Governor, as
6 provided for in the Illinois Emergency Management Agency Act,
7 the Director of Public Health shall have the following powers,
8 which shall be exercised only in coordination with the Illinois
9 Emergency Management Agency and the Department of Professional
10 Regulation:

11 (1) The power to suspend the requirements for temporary
12 or permanent licensure or certification of persons who are
13 licensed or certified in another state and are working
14 under the direction of the Illinois Emergency Management
15 Agency and the Illinois Department of Public Health
16 pursuant to the declared disaster.

17 (2) The power to modify the scope of practice
18 restrictions under the Emergency Medical Services Systems
19 Act for any persons who are licensed under that Act.

20 (3) The power to modify the scope of practice
21 restrictions under the Nursing Home Care Act for Certified
22 Nursing Assistants.

23 (b) Persons exempt from licensure or certification under
24 paragraph (1) of subsection (a) and persons operating under
25 modified scope of practice provisions under paragraph (2) of
26 subsection (a) and paragraph (3) of subsection (a) shall be
27 exempt from licensure or certification or subject to modified
28 scope of practice only until the declared disaster has ended as
29 provided by law.

30 (c) The Director shall exercise these powers by way of
31 proclamation.

32 Section 20. The Illinois Clinical Laboratory and Blood Bank
33 Act is amended by changing Section 7-102 as follows:

1 (210 ILCS 25/7-102) (from Ch. 111 1/2, par. 627-102)

2 Sec. 7-102. Reports of test results. The result of a test
3 shall be reported directly to the licensed physician or other
4 authorized person who requested it. No interpretation,
5 diagnosis or prognosis or suggested treatment shall appear on
6 the laboratory report form except that a report made by a
7 physician licensed to practice medicine in Illinois, a dentist
8 licensed in Illinois, or a therapeutic optometrist may include
9 such information. Nothing in this Act prohibits the sharing of
10 information as authorized in Section 2.1 of the Department of
11 Public Health Act.

12 (Source: P.A. 90-322, eff. 1-1-98.)

13 Section 25. The Emergency Medical Services (EMS) Systems
14 Act is amended by adding Section 3.255 as follows:

15 (210 ILCS 50/3.255 new)

16 Sec. 3.255. Emergency Medical Disaster Plan. The
17 Department shall develop and implement an Emergency Medical
18 Disaster Plan to assist emergency medical services personnel
19 and health care facilities in working together in a
20 collaborative way and to provide support in situations where
21 local medical resources are overwhelmed, including but not
22 limited to public health emergencies, as that term is defined
23 in Section 4 of the Illinois Emergency Management Agency Act.
24 As part of the plan, the Department may designate lead
25 hospitals in each Emergency Medical Services region
26 established under this Act and may foster the creation and
27 coordination of volunteer medical response teams that can be
28 deployed to assist when a locality's capacity is overwhelmed.
29 In developing an Emergency Medical Disaster Plan, the
30 Department shall collaborate with the entities listed in
31 Sections 2310-50.5 and 2310-620 of the Department of Public
32 Health Powers and Duties Law of the Civil Administrative Code
33 of Illinois.

1 Section 30. The Hospital Licensing Act is amended by
2 changing Section 10.4 as follows:

3 (210 ILCS 85/10.4) (from Ch. 111 1/2, par. 151.4)

4 Sec. 10.4. Medical staff privileges.

5 (a) Any hospital licensed under this Act or any hospital
6 organized under the University of Illinois Hospital Act shall,
7 prior to the granting of any medical staff privileges to an
8 applicant, or renewing a current medical staff member's
9 privileges, request of the Director of Professional Regulation
10 information concerning the licensure status and any
11 disciplinary action taken against the applicant's or medical
12 staff member's license, except: (1) for medical personnel who
13 enter a hospital to obtain organs and tissues for transplant
14 from a deceased donor in accordance with the Uniform Anatomical
15 Gift Act; or (2) for medical personnel who have been granted
16 disaster privileges pursuant to the procedures and
17 requirements established by rules adopted by the Department.
18 Any hospital and any employees of the hospital or others
19 involved in granting privileges that, in good faith, grants
20 disaster privileges pursuant to this Section to respond to an
21 emergency shall not, as a result of his, her, or its acts or
22 omissions, be civilly liable for granting or denying disaster
23 privileges except in the event of willful and wanton
24 misconduct, as that term is defined in Section 10.2 of this
25 Act. Individuals granted privileges who provide care in an
26 emergency situation, in good faith and without direct
27 compensation, shall not, as a result of his or her acts or
28 omissions, except for acts or omissions involving willful and
29 wanton misconduct, as that term is defined in Section 10.2 of
30 this Act, on the part of the person, be liable for civil
31 damages. The Director of Professional Regulation shall
32 transmit, in writing and in a timely fashion, such information
33 regarding the license of the applicant or the medical staff
34 member, including the record of imposition of any periods of
35 supervision or monitoring as a result of alcohol or substance

1 abuse, as provided by Section 23 of the Medical Practice Act of
2 1987, and such information as may have been submitted to the
3 Department indicating that the application or medical staff
4 member has been denied, or has surrendered, medical staff
5 privileges at a hospital licensed under this Act, or any
6 equivalent facility in another state or territory of the United
7 States. The Director of Professional Regulation shall define by
8 rule the period for timely response to such requests.

9 No transmittal of information by the Director of
10 Professional Regulation, under this Section shall be to other
11 than the president, chief operating officer, chief
12 administrative officer, or chief of the medical staff of a
13 hospital licensed under this Act, a hospital organized under
14 the University of Illinois Hospital Act, or a hospital operated
15 by the United States, or any of its instrumentalities. The
16 information so transmitted shall be afforded the same status as
17 is information concerning medical studies by Part 21 of Article
18 VIII of the Code of Civil Procedure, as now or hereafter
19 amended.

20 (b) All hospitals licensed under this Act, except county
21 hospitals as defined in subsection (c) of Section 15-1 of the
22 Illinois Public Aid Code, shall comply with, and the medical
23 staff bylaws of these hospitals shall include rules consistent
24 with, the provisions of this Section in granting, limiting,
25 renewing, or denying medical staff membership and clinical
26 staff privileges. Hospitals that require medical staff members
27 to possess faculty status with a specific institution of higher
28 education are not required to comply with subsection (1) below
29 when the physician does not possess faculty status.

30 (1) Minimum procedures for pre-applicants and
31 applicants for medical staff membership shall include the
32 following:

33 (A) Written procedures relating to the acceptance
34 and processing of pre-applicants or applicants for
35 medical staff membership, which should be contained in
36 medical staff bylaws.

1 (B) Written procedures to be followed in
2 determining a pre-applicant's or an applicant's
3 qualifications for being granted medical staff
4 membership and privileges.

5 (C) Written criteria to be followed in evaluating a
6 pre-applicant's or an applicant's qualifications.

7 (D) An evaluation of a pre-applicant's or an
8 applicant's current health status and current license
9 status in Illinois.

10 (E) A written response to each pre-applicant or
11 applicant that explains the reason or reasons for any
12 adverse decision (including all reasons based in whole
13 or in part on the applicant's medical qualifications or
14 any other basis, including economic factors).

15 (2) Minimum procedures with respect to medical staff
16 and clinical privilege determinations concerning current
17 members of the medical staff shall include the following:

18 (A) A written notice of an adverse decision.

19 (B) An explanation of the reasons for an adverse
20 decision including all reasons based on the quality of
21 medical care or any other basis, including economic
22 factors.

23 (C) A statement of the medical staff member's right
24 to request a fair hearing on the adverse decision
25 before a hearing panel whose membership is mutually
26 agreed upon by the medical staff and the hospital
27 governing board. The hearing panel shall have
28 independent authority to recommend action to the
29 hospital governing board. Upon the request of the
30 medical staff member or the hospital governing board,
31 the hearing panel shall make findings concerning the
32 nature of each basis for any adverse decision
33 recommended to and accepted by the hospital governing
34 board.

35 (i) Nothing in this subparagraph (C) limits a
36 hospital's or medical staff's right to summarily

1 suspend, without a prior hearing, a person's
2 medical staff membership or clinical privileges if
3 the continuation of practice of a medical staff
4 member constitutes an immediate danger to the
5 public, including patients, visitors, and hospital
6 employees and staff. A fair hearing shall be
7 commenced within 15 days after the suspension and
8 completed without delay.

9 (ii) Nothing in this subparagraph (C) limits a
10 medical staff's right to permit, in the medical
11 staff bylaws, summary suspension of membership or
12 clinical privileges in designated administrative
13 circumstances as specifically approved by the
14 medical staff. This bylaw provision must
15 specifically describe both the administrative
16 circumstance that can result in a summary
17 suspension and the length of the summary
18 suspension. The opportunity for a fair hearing is
19 required for any administrative summary
20 suspension. Any requested hearing must be
21 commenced within 15 days after the summary
22 suspension and completed without delay. Adverse
23 decisions other than suspension or other
24 restrictions on the treatment or admission of
25 patients may be imposed summarily and without a
26 hearing under designated administrative
27 circumstances as specifically provided for in the
28 medical staff bylaws as approved by the medical
29 staff.

30 (iii) If a hospital exercises its option to
31 enter into an exclusive contract and that contract
32 results in the total or partial termination or
33 reduction of medical staff membership or clinical
34 privileges of a current medical staff member, the
35 hospital shall provide the affected medical staff
36 member 60 days prior notice of the effect on his or

1 her medical staff membership or privileges. An
2 affected medical staff member desiring a hearing
3 under subparagraph (C) of this paragraph (2) must
4 request the hearing within 14 days after the date
5 he or she is so notified. The requested hearing
6 shall be commenced and completed (with a report and
7 recommendation to the affected medical staff
8 member, hospital governing board, and medical
9 staff) within 30 days after the date of the medical
10 staff member's request. If agreed upon by both the
11 medical staff and the hospital governing board,
12 the medical staff bylaws may provide for longer
13 time periods.

14 (D) A statement of the member's right to inspect
15 all pertinent information in the hospital's possession
16 with respect to the decision.

17 (E) A statement of the member's right to present
18 witnesses and other evidence at the hearing on the
19 decision.

20 (F) A written notice and written explanation of the
21 decision resulting from the hearing.

22 (F-5) A written notice of a final adverse decision
23 by a hospital governing board.

24 (G) Notice given 15 days before implementation of
25 an adverse medical staff membership or clinical
26 privileges decision based substantially on economic
27 factors. This notice shall be given after the medical
28 staff member exhausts all applicable procedures under
29 this Section, including item (iii) of subparagraph (C)
30 of this paragraph (2), and under the medical staff
31 bylaws in order to allow sufficient time for the
32 orderly provision of patient care.

33 (H) Nothing in this paragraph (2) of this
34 subsection (b) limits a medical staff member's right to
35 waive, in writing, the rights provided in
36 subparagraphs (A) through (G) of this paragraph (2) of

1 this subsection (b) upon being granted the written
2 exclusive right to provide particular services at a
3 hospital, either individually or as a member of a
4 group. If an exclusive contract is signed by a
5 representative of a group of physicians, a waiver
6 contained in the contract shall apply to all members of
7 the group unless stated otherwise in the contract.

8 (3) Every adverse medical staff membership and
9 clinical privilege decision based substantially on
10 economic factors shall be reported to the Hospital
11 Licensing Board before the decision takes effect. These
12 reports shall not be disclosed in any form that reveals the
13 identity of any hospital or physician. These reports shall
14 be utilized to study the effects that hospital medical
15 staff membership and clinical privilege decisions based
16 upon economic factors have on access to care and the
17 availability of physician services. The Hospital Licensing
18 Board shall submit an initial study to the Governor and the
19 General Assembly by January 1, 1996, and subsequent reports
20 shall be submitted periodically thereafter.

21 (4) As used in this Section:

22 "Adverse decision" means a decision reducing,
23 restricting, suspending, revoking, denying, or not
24 renewing medical staff membership or clinical privileges.

25 "Economic factor" means any information or reasons for
26 decisions unrelated to quality of care or professional
27 competency.

28 "Pre-applicant" means a physician licensed to practice
29 medicine in all its branches who requests an application
30 for medical staff membership or privileges.

31 "Privilege" means permission to provide medical or
32 other patient care services and permission to use hospital
33 resources, including equipment, facilities and personnel
34 that are necessary to effectively provide medical or other
35 patient care services. This definition shall not be
36 construed to require a hospital to acquire additional

1 equipment, facilities, or personnel to accommodate the
2 granting of privileges.

3 (5) Any amendment to medical staff bylaws required
4 because of this amendatory Act of the 91st General Assembly
5 shall be adopted on or before July 1, 2001.

6 (c) All hospitals shall consult with the medical staff
7 prior to closing membership in the entire or any portion of the
8 medical staff or a department. If the hospital closes
9 membership in the medical staff, any portion of the medical
10 staff, or the department over the objections of the medical
11 staff, then the hospital shall provide a detailed written
12 explanation for the decision to the medical staff 10 days prior
13 to the effective date of any closure. No applications need to
14 be provided when membership in the medical staff or any
15 relevant portion of the medical staff is closed.

16 (Source: P.A. 90-14, eff. 7-1-97; 90-149, eff. 1-1-98; 90-655,
17 eff. 7-30-98; 91-166, eff. 1-1-00.)

18 Section 35. The Health Care Professional Credentials Data
19 Collection Act is amended by changing Section 15 as follows:

20 (410 ILCS 517/15)

21 Sec. 15. Development and use of uniform health care and
22 hospital credentials forms.

23 (a) The Department, in consultation with the council, shall
24 by rule establish:

25 (1) a uniform health care credentials form that shall
26 include the credentials data commonly requested by health
27 care entities and health care plans for purposes of
28 credentialing and shall minimize the need for the
29 collection of additional credentials data;

30 (2) a uniform health care recredentials form that shall
31 include the credentials data commonly requested by health
32 care entities and health care plans for purposes of
33 recredentialing and shall minimize the need for the
34 collection of additional credentials data;

1 (3) a uniform hospital credentials form that shall
2 include the credentials data commonly requested by
3 hospitals for purposes of credentialing and shall minimize
4 the need for the collection of additional credentials data;

5 (4) a uniform hospital recredentials form that shall
6 include the credentials data commonly requested by
7 hospitals for purposes of recredentialing and shall
8 minimize the need for collection of additional credentials
9 data; and

10 (5) uniform updating forms.

11 (b) The uniform forms established in subsection (a) shall
12 be coordinated to reduce the need to provide redundant
13 information. Further, the forms shall be made available in both
14 paper and electronic formats.

15 (c) The Department, in consultation with the council, shall
16 establish by rule a date after which an electronic format may
17 be required by a health care entity, a health care plan, or a
18 hospital, and a health care professional may require acceptance
19 of an electronic format by a health care entity, a health care
20 plan, or a hospital.

21 (d) Beginning January 1, 2002, each health care entity or
22 health care plan that employs, contracts with, or allows health
23 care professionals to provide medical or health care services
24 and requires health care professionals to be credentialed or
25 recertified shall for purposes of collecting credentials
26 data only require:

27 (1) the uniform health care credentials form;

28 (2) the uniform health care recredentials form;

29 (3) the uniform updating forms; and

30 (4) any additional credentials data requested.

31 (e) Beginning January 1, 2002, each hospital that employs,
32 contracts with, or allows health care professionals to provide
33 medical or health care services and requires health care
34 professionals to be credentialed or recertified shall for
35 purposes of collecting credentials data only require:

36 (1) the uniform hospital credentials form;

- 1 (2) the uniform hospital recredentials form;
- 2 (3) the uniform updating forms; and
- 3 (4) any additional credentials data requested.

4 (f) Each health care entity and health care plan shall
5 complete the process of verifying a health care professional's
6 credentials data in a timely fashion and shall complete the
7 process of credentialing or recredentialing of the health care
8 professional within 60 days after submission of all credentials
9 data and completion of verification of the credentials data.

10 (g) Each health care professional shall provide any
11 corrections, updates, and modifications to his or her
12 credentials data to ensure that all credentials data on the
13 health care professional remains current. Such corrections,
14 updates, and modifications shall be provided within 5 business
15 days for State health care professional license revocation,
16 federal Drug Enforcement Agency license revocation, Medicare
17 or Medicaid sanctions, revocation of hospital privileges, any
18 lapse in professional liability coverage required by a health
19 care entity, health care plan, or hospital, or conviction of a
20 felony, and within 45 days for any other change in the
21 information from the date the health care professional knew of
22 the change. All updates shall be made on the uniform updating
23 forms developed by the Department.

24 (h) Any credentials data collected or obtained by the
25 health care entity, health care plan, or hospital shall be
26 confidential, as provided by law, and otherwise may not be
27 redisclosed without written consent of the health care
28 professional, except that in any proceeding to challenge
29 credentialing or recredentialing, or in any judicial review,
30 the claim of confidentiality shall not be invoked to deny a
31 health care professional, health care entity, health care plan,
32 or hospital access to or use of credentials data. Nothing in
33 this Section prevents a health care entity, health care plan,
34 or hospital from disclosing any credentials data to its
35 officers, directors, employees, agents, subcontractors,
36 medical staff members, any committee of the health care entity,

1 health care plan, or hospital involved in the credentialing
2 process, or accreditation bodies or licensing agencies.
3 However, any redisclosure of credentials data contrary to this
4 Section is prohibited.

5 (i) Nothing in this Act shall be construed to restrict the
6 right of any health care entity, health care plan or hospital
7 to request additional information necessary for credentialing
8 or recredentialing.

9 (j) Nothing in this Act shall be construed to restrict in
10 any way the authority of any health care entity, health care
11 plan or hospital to approve, suspend or deny an application for
12 hospital staff membership, clinical privileges, or managed
13 care network participation.

14 (k) Nothing in this Act shall be construed to prohibit
15 delegation of credentialing and recredentialing activities as
16 long as the delegated entity follows the requirements set forth
17 in this Act.

18 (l) Nothing in this Act shall be construed to require any
19 health care entity or health care plan to credential or survey
20 any health care professional.

21 (m) Nothing in this Act prohibits a hospital from granting
22 disaster privileges pursuant to the provisions of Section 10.4
23 of the Hospital Licensing Act. When a hospital grants disaster
24 privileges pursuant to Section 10.4 of the Hospital Licensing
25 Act, that hospital is not required to collect credentials data
26 pursuant to this Act.

27 (Source: P.A. 91-602, eff. 8-16-99; 92-193, eff. 1-1-02.)

28 Section 40. The Illinois Vehicle Code is amended by
29 changing Sections 1-105 and 12-215 as follows:

30 (625 ILCS 5/1-105) (from Ch. 95 1/2, par. 1-105)

31 Sec. 1-105. Authorized emergency vehicle. Emergency
32 vehicles of municipal departments or public service
33 corporations as are designated or authorized by proper local
34 authorities; police vehicles; vehicles of the fire department;

1 ambulances; vehicles of the Illinois Emergency Management
2 Agency; vehicles of the Illinois Department of Public Health;
3 and vehicles of the Department of Nuclear Safety.

4 (Source: P.A. 92-138, eff. 7-24-01.)

5 (625 ILCS 5/12-215) (from Ch. 95 1/2, par. 12-215)

6 Sec. 12-215. Oscillating, rotating or flashing lights on
7 motor vehicles. Except as otherwise provided in this Code:

8 (a) The use of red or white oscillating, rotating or
9 flashing lights, whether lighted or unlighted, is prohibited
10 except on:

11 1. Law enforcement vehicles of State, Federal or local
12 authorities;

13 2. A vehicle operated by a police officer or county
14 coroner and designated or authorized by local authorities,
15 in writing, as a law enforcement vehicle; however, such
16 designation or authorization must be carried in the
17 vehicle;

18 3. Vehicles of local fire departments and State or
19 federal firefighting vehicles;

20 4. Vehicles which are designed and used exclusively as
21 ambulances or rescue vehicles; furthermore, such lights
22 shall not be lighted except when responding to an emergency
23 call for and while actually conveying the sick or injured;

24 5. Tow trucks licensed in a state that requires such
25 lights; furthermore, such lights shall not be lighted on
26 any such tow truck while the tow truck is operating in the
27 State of Illinois;

28 6. Vehicles of the Illinois Emergency Management
29 Agency, vehicles of the Illinois Department of Public
30 Health, and vehicles of the Department of Nuclear Safety;

31 7. Vehicles operated by a local or county emergency
32 management services agency as defined in the Illinois
33 Emergency Management Agency Act; and

34 8. School buses operating alternately flashing head
35 lamps as permitted under Section 12-805 of this Code.

1 (b) The use of amber oscillating, rotating or flashing
2 lights, whether lighted or unlighted, is prohibited except on:

3 1. Second division vehicles designed and used for
4 towing or hoisting vehicles; furthermore, such lights
5 shall not be lighted except as required in this paragraph
6 1; such lights shall be lighted when such vehicles are
7 actually being used at the scene of an accident or
8 disablement; if the towing vehicle is equipped with a flat
9 bed that supports all wheels of the vehicle being
10 transported, the lights shall not be lighted while the
11 vehicle is engaged in towing on a highway; if the towing
12 vehicle is not equipped with a flat bed that supports all
13 wheels of a vehicle being transported, the lights shall be
14 lighted while the towing vehicle is engaged in towing on a
15 highway during all times when the use of headlights is
16 required under Section 12-201 of this Code;

17 2. Motor vehicles or equipment of the State of
18 Illinois, local authorities and contractors; furthermore,
19 such lights shall not be lighted except while such vehicles
20 are engaged in maintenance or construction operations
21 within the limits of construction projects;

22 3. Vehicles or equipment used by engineering or survey
23 crews; furthermore, such lights shall not be lighted except
24 while such vehicles are actually engaged in work on a
25 highway;

26 4. Vehicles of public utilities, municipalities, or
27 other construction, maintenance or automotive service
28 vehicles except that such lights shall be lighted only as a
29 means for indicating the presence of a vehicular traffic
30 hazard requiring unusual care in approaching, overtaking
31 or passing while such vehicles are engaged in maintenance,
32 service or construction on a highway;

33 5. Oversized vehicle or load; however, such lights
34 shall only be lighted when moving under permit issued by
35 the Department under Section 15-301 of this Code;

36 6. The front and rear of motorized equipment owned and

1 operated by the State of Illinois or any political
2 subdivision thereof, which is designed and used for removal
3 of snow and ice from highways;

4 7. Fleet safety vehicles registered in another state,
5 furthermore, such lights shall not be lighted except as
6 provided for in Section 12-212 of this Code;

7 8. Such other vehicles as may be authorized by local
8 authorities;

9 9. Law enforcement vehicles of State or local
10 authorities when used in combination with red oscillating,
11 rotating or flashing lights;

12 9.5. Propane delivery trucks;

13 10. Vehicles used for collecting or delivering mail for
14 the United States Postal Service provided that such lights
15 shall not be lighted except when such vehicles are actually
16 being used for such purposes;

17 11. Any vehicle displaying a slow-moving vehicle
18 emblem as provided in Section 12-205.1;

19 12. All trucks equipped with self-compactors or
20 roll-off hoists and roll-on containers for garbage or
21 refuse hauling. Such lights shall not be lighted except
22 when such vehicles are actually being used for such
23 purposes;

24 13. Vehicles used by a security company, alarm
25 responder, or control agency;

26 14. Security vehicles of the Department of Human
27 Services; however, the lights shall not be lighted except
28 when being used for security related purposes under the
29 direction of the superintendent of the facility where the
30 vehicle is located; and

31 15. Vehicles of union representatives, except that the
32 lights shall be lighted only while the vehicle is within
33 the limits of a construction project.

34 (c) The use of blue oscillating, rotating or flashing
35 lights, whether lighted or unlighted, is prohibited except on:

36 1. Rescue squad vehicles not owned by a fire department

1 and vehicles owned or fully operated by a:
2 voluntary firefighter;
3 paid firefighter;
4 part-paid firefighter;
5 call firefighter;
6 member of the board of trustees of a fire
7 protection district;
8 paid or unpaid member of a rescue squad;
9 paid or unpaid member of a voluntary ambulance
10 unit; or
11 paid or unpaid members of a local or county
12 emergency management services agency as defined in the
13 Illinois Emergency Management Agency Act, designated
14 or authorized by local authorities, in writing, and
15 carrying that designation or authorization in the
16 vehicle.

17 However, such lights are not to be lighted except when
18 responding to a bona fide emergency.

19 2. Police department vehicles in cities having a
20 population of 500,000 or more inhabitants.

21 3. Law enforcement vehicles of State or local
22 authorities when used in combination with red oscillating,
23 rotating or flashing lights.

24 4. Vehicles of local fire departments and State or
25 federal firefighting vehicles when used in combination
26 with red oscillating, rotating or flashing lights.

27 5. Vehicles which are designed and used exclusively as
28 ambulances or rescue vehicles when used in combination with
29 red oscillating, rotating or flashing lights; furthermore,
30 such lights shall not be lighted except when responding to
31 an emergency call.

32 6. Vehicles that are equipped and used exclusively as
33 organ transport vehicles when used in combination with red
34 oscillating, rotating, or flashing lights; furthermore,
35 these lights shall only be lighted when the transportation
36 is declared an emergency by a member of the transplant team

1 or a representative of the organ procurement organization.

2 7. Vehicles of the Illinois Emergency Management
3 Agency, vehicles of the Illinois Department of Public
4 Health, and vehicles of the Department of Nuclear Safety,
5 when used in combination with red oscillating, rotating, or
6 flashing lights.

7 8. Vehicles operated by a local or county emergency
8 management services agency as defined in the Illinois
9 Emergency Management Agency Act, when used in combination
10 with red oscillating, rotating, or flashing lights.

11 (c-1) In addition to the blue oscillating, rotating, or
12 flashing lights permitted under subsection (c), and
13 notwithstanding subsection (a), a vehicle operated by a
14 voluntary firefighter, a voluntary member of a rescue squad, or
15 a member of a voluntary ambulance unit may be equipped with
16 flashing white headlights and blue grill lights, which may be
17 used only in responding to an emergency call.

18 (c-2) In addition to the blue oscillating, rotating, or
19 flashing lights permitted under subsection (c), and
20 notwithstanding subsection (a), a vehicle operated by a paid or
21 unpaid member of a local or county emergency management
22 services agency as defined in the Illinois Emergency Management
23 Agency Act, may be equipped with white oscillating, rotating,
24 or flashing lights to be used in combination with blue
25 oscillating, rotating, or flashing lights, if authorization by
26 local authorities is in writing and carried in the vehicle.

27 (d) The use of a combination of amber and white
28 oscillating, rotating or flashing lights, whether lighted or
29 unlighted, is prohibited except motor vehicles or equipment of
30 the State of Illinois, local authorities, contractors, and
31 union representatives may be so equipped; furthermore, such
32 lights shall not be lighted on vehicles of the State of
33 Illinois, local authorities, and contractors except while such
34 vehicles are engaged in highway maintenance or construction
35 operations within the limits of highway construction projects,
36 and shall not be lighted on the vehicles of union

1 representatives except when those vehicles are within the
2 limits of a construction project.

3 (e) All oscillating, rotating or flashing lights referred
4 to in this Section shall be of sufficient intensity, when
5 illuminated, to be visible at 500 feet in normal sunlight.

6 (f) Nothing in this Section shall prohibit a manufacturer
7 of oscillating, rotating or flashing lights or his
8 representative from temporarily mounting such lights on a
9 vehicle for demonstration purposes only.

10 (g) Any person violating the provisions of subsections (a),
11 (b), (c) or (d) of this Section who without lawful authority
12 stops or detains or attempts to stop or detain another person
13 shall be guilty of a Class 4 felony.

14 (h) Except as provided in subsection (g) above, any person
15 violating the provisions of subsections (a) or (c) of this
16 Section shall be guilty of a Class A misdemeanor.

17 (Source: P.A. 92-138, eff. 7-24-01; 92-407, eff. 8-17-01;
18 92-651, eff. 7-11-02; 92-782, eff. 8-6-02; 92-820, eff.
19 8-21-02; 92-872, eff. 6-1-03; 93-181, eff. 1-1-04.)

20 Section 45. The Communicable Disease Report Act is amended
21 by changing Section 1 as follows:

22 (745 ILCS 45/1) (from Ch. 126, par. 21)

23 Sec. 1. Whenever any statute of this State or any ordinance
24 or resolution of a municipal corporation or political
25 subdivision enacted pursuant to statute or any rule of an
26 administrative agency adopted pursuant to statute requires
27 medical practitioners or other persons to report cases of
28 injury, medical condition or procedure, communicable disease,
29 venereal disease, or sexually transmitted disease to any
30 governmental agency or officer, such reports shall be
31 confidential, and any medical practitioner or other person
32 making such report in good faith shall be immune from suit for
33 slander or libel based upon any statements contained in such
34 report.

1 The identity of any individual who makes a report or who is
2 identified in a report of an injury, medical condition or
3 procedure, communicable disease, venereal disease, sexually
4 transmitted disease, or food-borne illness or an investigation
5 conducted pursuant to a report of an injury, medical condition
6 or procedure, communicable disease, venereal disease, sexually
7 transmitted disease, or food-borne illness shall be
8 confidential and the identity of any person making a report or
9 named therein shall not be disclosed publicly or in any action
10 of any kind in any court or before any tribunal, board or
11 agency; provided that records and communications concerning a
12 venereal disease or sexually transmitted disease in any minor
13 under 11 years of age shall be disclosed in accordance with the
14 provisions of the Abused and Neglected Child Reporting Act,
15 approved June 26, 1975, as now or hereafter amended.

16 The confidentiality provisions of this Act do not apply to
17 the results of tests for diseases conducted pursuant to
18 subsections (g) and (g-5) of Section 5-5-3 and subsection (a)
19 of Section 3-15-2 of the Unified Code of Corrections.

20 Nothing in this Act prohibits the sharing of information as
21 authorized in Section 2.1 of the Department of Public Health
22 Act.

23 (Source: P.A. 89-187, eff. 7-19-95; 89-381, eff. 8-18-95;
24 89-477, eff. 6-18-96; 89-626, eff. 8-9-96.)

25 Section 50. The Workers' Compensation Act is amended by
26 changing Section 11 as follows:

27 (820 ILCS 305/11) (from Ch. 48, par. 138.11)

28 Sec. 11. The compensation herein provided, together with
29 the provisions of this Act, shall be the measure of the
30 responsibility of any employer engaged in any of the
31 enterprises or businesses enumerated in Section 3 of this Act,
32 or of any employer who is not engaged in any such enterprises
33 or businesses, but who has elected to provide and pay
34 compensation for accidental injuries sustained by any employee

1 arising out of and in the course of the employment according to
2 the provisions of this Act, and whose election to continue
3 under this Act, has not been nullified by any action of his
4 employees as provided for in this Act.

5 Accidental injuries incurred while participating in
6 voluntary recreational programs including but not limited to
7 athletic events, parties and picnics do not arise out of and in
8 the course of the employment even though the employer pays some
9 or all of the cost thereof. This exclusion shall not apply in
10 the event that the injured employee was ordered or assigned by
11 his employer to participate in the program.

12 Accidental injuries incurred while participating as a
13 patient in a drug or alcohol rehabilitation program do not
14 arise out of and in the course of employment even though the
15 employer pays some or all of the costs thereof.

16 Any injury to or disease or death of an employee arising
17 from the administration of a vaccine, including without
18 limitation smallpox vaccine, to prepare for, or as a response
19 to, a threatened or potential bioterrorist incident to the
20 employee as part of a voluntary inoculation program in
21 connection with the person's employment or in connection with
22 any governmental program or recommendation for the inoculation
23 of workers in the employee's occupation, geographical area, or
24 other category that includes the employee is deemed to arise
25 out of and in the course of the employment for all purposes
26 under this Act. This paragraph added by this amendatory Act of
27 the 93rd General Assembly is declarative of existing law and is
28 not a new enactment.

29 (Source: P.A. 81-1482.)

30 Section 55. The Workers' Occupational Diseases Act is
31 amended by changing Section 1 as follows:

32 (820 ILCS 310/1) (from Ch. 48, par. 172.36)

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

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

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

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

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

31 Where an employee files an Application for Adjustment of
32 Claim with the Industrial Commission alleging that his or her
33 claim is covered by the provisions of the preceding paragraph,
34 and joining both the alleged loaning and borrowing employers,
35 they and each of them, upon written demand by the employee and
36 within 7 days after receipt of such demand, shall have the duty

1 of filing with the Industrial Commission a written admission or
2 denial of the allegation that the claim is covered by the
3 provisions of the preceding paragraph and in default of such
4 filing or if any such denial be ultimately determined not to
5 have been bona fide then the provisions of Paragraph K of
6 Section 19 of this Act shall apply.

7 An employer whose business or enterprise or a substantial
8 part thereof consists of hiring, procuring or furnishing
9 employees to or for other employers operating under and subject
10 to the provisions of this Act for the performance of the work
11 of such other employers and who pays such employees their
12 salary or wage notwithstanding that they are doing the work of
13 such other employers shall be deemed a loaning employer within
14 the meaning and provisions of this Section.

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

17 1. Every person in the service of the State, county, city,
18 town, township, incorporated village or school district, body
19 politic or municipal corporation therein, whether by election,
20 appointment or contract of hire, express or implied, oral or
21 written, including any official of the State, or of any county,
22 city, town, township, incorporated village, school district,
23 body politic or municipal corporation therein and except any
24 duly appointed member of the fire department in any city whose
25 population exceeds 500,000 according to the last Federal or
26 State census, and except any member of a fire insurance patrol
27 maintained by a board of underwriters in this State. One
28 employed by a contractor who has contracted with the State, or
29 a county, city, town, township, incorporated village, school
30 district, body politic or municipal corporation therein,
31 through its representatives, shall not be considered as an
32 employee of the State, county, city, town, township,
33 incorporated village, school district, body politic or
34 municipal corporation which made the contract.

35 2. Every person in the service of another under any
36 contract of hire, express or implied, oral or written, who

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

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

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

28 A disease shall be deemed to arise out of the employment if
29 there is apparent to the rational mind, upon consideration of
30 all the circumstances, a causal connection between the
31 conditions under which the work is performed and the
32 occupational disease. The disease need not to have been
33 foreseen or expected but after its contraction it must appear
34 to have had its origin or aggravation in a risk connected with
35 the employment and to have flowed from that source as a
36 rational consequence.

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

12 Any injury to or disease or death of an employee arising
13 from the administration of a vaccine, including without
14 limitation smallpox vaccine, to prepare for, or as a response
15 to, a threatened or potential bioterrorist incident to the
16 employee as part of a voluntary inoculation program in
17 connection with the person's employment or in connection with
18 any governmental program or recommendation for the inoculation
19 of workers in the employee's occupation, geographical area, or
20 other category that includes the employee is deemed to arise
21 out of and in the course of the employment for all purposes
22 under this Act. This paragraph added by this amendatory Act of
23 the 93rd General Assembly is declarative of existing law and is
24 not a new enactment.

25 The employer liable for the compensation in this Act
26 provided shall be the employer in whose employment the employee
27 was last exposed to the hazard of the occupational disease
28 claimed upon regardless of the length of time of such last
29 exposure, except, in cases of silicosis or asbestosis, the only
30 employer liable shall be the last employer in whose employment
31 the employee was last exposed during a period of 60 days or
32 more after the effective date of this Act, to the hazard of
33 such occupational disease, and, in such cases, an exposure
34 during a period of less than 60 days, after the effective date
35 of this Act, shall not be deemed a last exposure. If a miner
36 who is suffering or suffered from pneumoconiosis was employed

1 for 10 years or more in one or more coal mines there shall,
2 effective July 1, 1973 be a rebuttable presumption that his or
3 her pneumoconiosis arose out of such employment.

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

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

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

20 (f) No compensation shall be payable for or on account of
21 any occupational disease unless disablement, as herein
22 defined, occurs within two years after the last day of the last
23 exposure to the hazards of the disease, except in cases of
24 occupational disease caused by berylliosis or by the inhalation
25 of silica dust or asbestos dust and, in such cases, within 3
26 years after the last day of the last exposure to the hazards of
27 such disease and except in the case of occupational disease
28 caused by exposure to radiological materials or equipment, and
29 in such case, within 25 years after the last day of last
30 exposure to the hazards of such disease.

31 (Source: P.A. 81-992.)

32 Section 60. The Illinois Administrative Procedure Act is
33 amended by changing Section 5-45 as follows:

34 (5 ILCS 100/5-45) (from Ch. 127, par. 1005-45)

1 Sec. 5-45. Emergency rulemaking.

2 (a) "Emergency" means the existence of any situation that
3 any agency finds reasonably constitutes a threat to the public
4 interest, safety, or welfare.

5 (b) If any agency finds that an emergency exists that
6 requires adoption of a rule upon fewer days than is required by
7 Section 5-40 and states in writing its reasons for that
8 finding, the agency may adopt an emergency rule without prior
9 notice or hearing upon filing a notice of emergency rulemaking
10 with the Secretary of State under Section 5-70. The notice
11 shall include the text of the emergency rule and shall be
12 published in the Illinois Register. Consent orders or other
13 court orders adopting settlements negotiated by an agency may
14 be adopted under this Section. Subject to applicable
15 constitutional or statutory provisions, an emergency rule
16 becomes effective immediately upon filing under Section 5-65 or
17 at a stated date less than 10 days thereafter. The agency's
18 finding and a statement of the specific reasons for the finding
19 shall be filed with the rule. The agency shall take reasonable
20 and appropriate measures to make emergency rules known to the
21 persons who may be affected by them.

22 (c) An emergency rule may be effective for a period of not
23 longer than 150 days, but the agency's authority to adopt an
24 identical rule under Section 5-40 is not precluded. No
25 emergency rule may be adopted more than once in any 24 month
26 period, except that this limitation on the number of emergency
27 rules that may be adopted in a 24 month period does not apply
28 to (i) emergency rules that make additions to and deletions
29 from the Drug Manual under Section 5-5.16 of the Illinois
30 Public Aid Code or the generic drug formulary under Section
31 3.14 of the Illinois Food, Drug and Cosmetic Act ~~and~~ (ii)
32 emergency rules adopted by the Pollution Control Board before
33 July 1, 1997 to implement portions of the Livestock Management
34 Facilities Act; or (iii) emergency rules adopted by the
35 Illinois Department of Public Health under subsections (a)
36 through (i) of Section 2 of the Department of Public Health Act

1 when necessary to protect the public's health. Two or more
2 emergency rules having substantially the same purpose and
3 effect shall be deemed to be a single rule for purposes of this
4 Section.

5 (d) In order to provide for the expeditious and timely
6 implementation of the State's fiscal year 1999 budget,
7 emergency rules to implement any provision of Public Act 90-587
8 or 90-588 or any other budget initiative for fiscal year 1999
9 may be adopted in accordance with this Section by the agency
10 charged with administering that provision or initiative,
11 except that the 24-month limitation on the adoption of
12 emergency rules and the provisions of Sections 5-115 and 5-125
13 do not apply to rules adopted under this subsection (d). The
14 adoption of emergency rules authorized by this subsection (d)
15 shall be deemed to be necessary for the public interest,
16 safety, and welfare.

17 (e) In order to provide for the expeditious and timely
18 implementation of the State's fiscal year 2000 budget,
19 emergency rules to implement any provision of this amendatory
20 Act of the 91st General Assembly or any other budget initiative
21 for fiscal year 2000 may be adopted in accordance with this
22 Section by the agency charged with administering that provision
23 or initiative, except that the 24-month limitation on the
24 adoption of emergency rules and the provisions of Sections
25 5-115 and 5-125 do not apply to rules adopted under this
26 subsection (e). The adoption of emergency rules authorized by
27 this subsection (e) shall be deemed to be necessary for the
28 public interest, safety, and welfare.

29 (f) In order to provide for the expeditious and timely
30 implementation of the State's fiscal year 2001 budget,
31 emergency rules to implement any provision of this amendatory
32 Act of the 91st General Assembly or any other budget initiative
33 for fiscal year 2001 may be adopted in accordance with this
34 Section by the agency charged with administering that provision
35 or initiative, except that the 24-month limitation on the
36 adoption of emergency rules and the provisions of Sections

1 5-115 and 5-125 do not apply to rules adopted under this
2 subsection (f). The adoption of emergency rules authorized by
3 this subsection (f) shall be deemed to be necessary for the
4 public interest, safety, and welfare.

5 (g) In order to provide for the expeditious and timely
6 implementation of the State's fiscal year 2002 budget,
7 emergency rules to implement any provision of this amendatory
8 Act of the 92nd General Assembly or any other budget initiative
9 for fiscal year 2002 may be adopted in accordance with this
10 Section by the agency charged with administering that provision
11 or initiative, except that the 24-month limitation on the
12 adoption of emergency rules and the provisions of Sections
13 5-115 and 5-125 do not apply to rules adopted under this
14 subsection (g). The adoption of emergency rules authorized by
15 this subsection (g) shall be deemed to be necessary for the
16 public interest, safety, and welfare.

17 (h) In order to provide for the expeditious and timely
18 implementation of the State's fiscal year 2003 budget,
19 emergency rules to implement any provision of this amendatory
20 Act of the 92nd General Assembly or any other budget initiative
21 for fiscal year 2003 may be adopted in accordance with this
22 Section by the agency charged with administering that provision
23 or initiative, except that the 24-month limitation on the
24 adoption of emergency rules and the provisions of Sections
25 5-115 and 5-125 do not apply to rules adopted under this
26 subsection (h). The adoption of emergency rules authorized by
27 this subsection (h) shall be deemed to be necessary for the
28 public interest, safety, and welfare.

29 (i) In order to provide for the expeditious and timely
30 implementation of the State's fiscal year 2004 budget,
31 emergency rules to implement any provision of this amendatory
32 Act of the 93rd General Assembly or any other budget initiative
33 for fiscal year 2004 may be adopted in accordance with this
34 Section by the agency charged with administering that provision
35 or initiative, except that the 24-month limitation on the
36 adoption of emergency rules and the provisions of Sections

1 5-115 and 5-125 do not apply to rules adopted under this
2 subsection (i). The adoption of emergency rules authorized by
3 this subsection (i) shall be deemed to be necessary for the
4 public interest, safety, and welfare.

5 (Source: P.A. 92-10, eff. 6-11-01; 92-597, eff. 6-28-02; 93-20,
6 eff. 6-20-03.)

7 Section 99. Effective date. This Act takes effect upon
8 becoming law.