

1 AN ACT concerning health care.

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

4 Section 5. The Illinois Occupational Therapy Practice Act
5 is amended by changing Sections 3.1 and 19 as follows:

6 (225 ILCS 75/3.1)

7 (Section scheduled to be repealed on January 1, 2014)

8 Sec. 3.1. Referrals. A licensed occupational therapist or
9 licensed occupational therapy assistant may consult with,
10 educate, evaluate, and monitor services for clients concerning
11 non-medical occupational therapy needs. Implementation of
12 direct occupational therapy to individuals for their specific
13 health care conditions shall be based upon a referral from a
14 licensed physician, dentist, podiatrist, advanced practice
15 nurse who has a written collaborative agreement with a
16 collaborating physician to provide or accept referrals from
17 licensed occupational therapists, physician assistant who has
18 been delegated authority to provide or accept referrals from or
19 to licensed occupational therapists, or optometrist.

20 An occupational therapist shall refer to a licensed
21 physician, dentist, optometrist, advanced practice nurse,
22 physician assistant, or podiatrist any patient whose medical
23 condition should, at the time of evaluation or treatment, be
24 determined to be beyond the scope of practice of the
25 occupational therapist.

26 (Source: P.A. 92-297, eff. 1-1-02; 93-461, eff. 8-8-03.)

27 (225 ILCS 75/19) (from Ch. 111, par. 3719)

28 (Section scheduled to be repealed on January 1, 2014)

29 Sec. 19. (a) The Department may refuse to issue or renew,
30 or may revoke, suspend, place on probation, reprimand or take
31 other disciplinary action as the Department may deem proper,

1 including fines not to exceed \$2,500 for each violation, with
2 regard to any license for any one or combination of the
3 following:

4 (1) Material misstatement in furnishing information to
5 the Department;

6 (2) Wilfully violating this Act, or of the rules
7 promulgated thereunder;

8 (3) Conviction of any crime under the laws of the
9 United States or any state or territory thereof which is a
10 felony or which is a misdemeanor, an essential element of
11 which is dishonesty, or of any crime which is directly
12 related to the practice of occupational therapy;

13 (4) Making any misrepresentation for the purpose of
14 obtaining certification, or violating any provision of
15 this Act or the rules promulgated thereunder pertaining to
16 advertising;

17 (5) Having demonstrated unworthiness, or incompetency
18 to act as an occupational therapist or occupational therapy
19 assistant in such manner as to safeguard the interest of
20 the public;

21 (6) Wilfully aiding or assisting another person, firm,
22 partnership or corporation in violating any provision of
23 this Act or rules;

24 (7) Failing, within 60 days, to provide information in
25 response to a written request made by the Department;

26 (8) Engaging in dishonorable, unethical or
27 unprofessional conduct of a character likely to deceive,
28 defraud or harm the public;

29 (9) Habitual intoxication or addiction to the use of
30 drugs;

31 (10) Discipline by another state, the District of
32 Columbia, a territory, or foreign nation, if at least one
33 of the grounds for the discipline is the same or
34 substantially equivalent to those set forth herein;

35 (11) Directly or indirectly giving to or receiving from
36 any person, firm, corporation, partnership or association

1 any fee, commission, rebate or other form of compensation
2 for professional services not actually or personally
3 rendered;

4 (12) A finding by the Department that the license
5 holder, after having his license disciplined, has violated
6 the terms of the discipline;

7 (13) Wilfully making or filing false records or reports
8 in the practice of occupational therapy, including but not
9 limited to false records filed with the State agencies or
10 departments;

11 (14) Physical illness, including but not limited to,
12 deterioration through the aging process, or loss of motor
13 skill which results in the inability to practice the
14 profession with reasonable judgment, skill or safety;

15 (15) Solicitation of professional services other than
16 by permitted advertising;

17 (16) Wilfully exceeding the scope of practice
18 customarily undertaken by persons licensed under this Act,
19 which conduct results in, or may result in, harm to the
20 public;

21 (17) Holding one's self out to practice occupational
22 therapy under any name other than his own or impersonation
23 of any other occupational therapy licensee;

24 (18) Gross negligence;

25 (19) Malpractice;

26 (20) Obtaining a fee in money or gift in kind of any
27 other items of value or in the form of financial profit or
28 benefit as personal compensation, or as compensation, or
29 charge, profit or gain for an employer or for any other
30 person or persons, on the fraudulent misrepresentation
31 that a manifestly incurable condition of sickness, disease
32 or injury to any person can be cured;

33 (21) Accepting commissions or rebates or other forms of
34 remuneration for referring persons to other professionals;

35 (22) Failure to file a return, or to pay the tax,
36 penalty or interest shown in a filed return, or to pay any

1 final assessment of tax, penalty or interest, as required
2 by any tax Act administered by the Illinois Department of
3 Revenue, until such time as the requirements of any such
4 tax Act are satisfied;

5 (23) Violating the Health Care Worker Self-Referral
6 Act; and

7 (24) Having treated patients other than by the practice
8 of occupational therapy as defined in this Act, or having
9 treated patients as a licensed occupational therapist
10 independent of a referral from a physician, advanced
11 practice nurse or physician assistant in accordance with
12 Section 3.1, dentist, podiatrist, or optometrist, or
13 having failed to notify the physician, advanced practice
14 nurse, physician assistant, dentist, podiatrist, or
15 optometrist who established a diagnosis that the patient is
16 receiving occupational therapy pursuant to that diagnosis.

17 (b) The determination by a circuit court that a license
18 holder is subject to involuntary admission or judicial
19 admission as provided in the Mental Health and Developmental
20 Disabilities Code, as now or hereafter amended, operates as an
21 automatic suspension. Such suspension will end only upon a
22 finding by a court that the patient is no longer subject to
23 involuntary admission or judicial admission, an order by the
24 court so finding and discharging the patient, and the
25 recommendation of the Board to the Director that the license
26 holder be allowed to resume his practice.

27 (c) The Department may refuse to issue or take disciplinary
28 action concerning the license of any person who fails to file a
29 return, to pay the tax, penalty, or interest shown in a filed
30 return, or to pay any final assessment of tax, penalty, or
31 interest as required by any tax Act administered by the
32 Department of Revenue, until such time as the requirements of
33 any such tax Act are satisfied as determined by the Department
34 of Revenue.

35 (d) In enforcing this Section, the Board, upon a showing of
36 a possible violation, may compel a licensee or applicant to

1 submit to a mental or physical examination, or both, as
2 required by and at the expense of the Department. The examining
3 physicians or clinical psychologists shall be those
4 specifically designated by the Board. The Board or the
5 Department may order (i) the examining physician to present
6 testimony concerning the mental or physical examination of a
7 licensee or applicant or (ii) the examining clinical
8 psychologist to present testimony concerning the mental
9 examination of a licensee or applicant. No information shall be
10 excluded by reason of any common law or statutory privilege
11 relating to communications between a licensee or applicant and
12 the examining physician or clinical psychologist. An
13 individual to be examined may have, at his or her own expense,
14 another physician or clinical psychologist of his or her choice
15 present during all aspects of the examination. Failure of an
16 individual to submit to a mental or physical examination, when
17 directed, is grounds for suspension of his or her license. The
18 license must remain suspended until the person submits to the
19 examination or the Board finds, after notice and hearing, that
20 the refusal to submit to the examination was with reasonable
21 cause.

22 If the Board finds an individual unable to practice because
23 of the reasons set forth in this Section, the Board must
24 require the individual to submit to care, counseling, or
25 treatment by a physician or clinical psychologist approved by
26 the Board, as a condition, term, or restriction for continued,
27 reinstated, or renewed licensure to practice. In lieu of care,
28 counseling, or treatment, the Board may recommend that the
29 Department file a complaint to immediately suspend or revoke
30 the license of the individual or otherwise discipline the
31 licensee.

32 Any individual whose license was granted, continued,
33 reinstated, or renewed subject to conditions, terms, or
34 restrictions, as provided for in this Section, or any
35 individual who was disciplined or placed on supervision
36 pursuant to this Section must be referred to the Director for a

1 determination as to whether the person shall have his or her
2 license suspended immediately, pending a hearing by the Board.

3 (Source: P.A. 93-461, eff. 8-8-03.)

4 Section 15. The Sexual Assault Survivors Emergency
5 Treatment Act is amended by changing Sections 2.2, 5, and 6.4
6 as follows:

7 (410 ILCS 70/2.2)

8 Sec. 2.2. Emergency contraception.

9 (a) The General Assembly finds:

10 (1) Crimes of sexual violence cause significant
11 physical, emotional, and psychological trauma to the
12 victims. This trauma is compounded by a victim's fear of
13 becoming pregnant and bearing a child as a result of the
14 sexual assault.

15 (2) Each year over 32,000 women become pregnant in the
16 United States as the result of rape and approximately 50%
17 of these pregnancies end in abortion.

18 (3) As approved for use by the Federal Food and Drug
19 Administration (FDA), emergency contraception can
20 significantly reduce the risk of pregnancy if taken within
21 72 hours after the sexual assault.

22 (4) By providing emergency contraception to rape
23 victims in a timely manner, the trauma of rape can be
24 significantly reduced.

25 (b) Within 120 days after the effective date of this
26 amendatory Act of the 92nd General Assembly, every hospital
27 providing services to alleged sexual assault survivors in
28 accordance with a plan approved under Section 2 must develop a
29 protocol that ensures that each survivor of sexual assault will
30 receive medically and factually accurate and written and oral
31 information about emergency contraception; the indications and
32 counter-indications and risks associated with the use of
33 emergency contraception; and a description of how and when
34 victims may be provided emergency contraception upon the

1 written order of a physician licensed to practice medicine in
2 all its branches, an advanced practice nurse who has a written
3 collaborative agreement with a collaborating physician that
4 authorizes prescription of emergency contraception, or a
5 physician assistant who has been delegated authority to
6 prescribe emergency contraception. The Department shall
7 approve the protocol if it finds that the implementation of the
8 protocol would provide sufficient protection for survivors of
9 an alleged sexual assault.

10 The hospital shall implement the protocol upon approval by
11 the Department. The Department shall adopt rules and
12 regulations establishing one or more safe harbor protocols and
13 setting minimum acceptable protocol standards that hospitals
14 may develop and implement. The Department shall approve any
15 protocol that meets those standards. The Department may provide
16 a sample acceptable protocol upon request.

17 (Source: P.A. 92-156, eff. 1-1-02.)

18 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

19 Sec. 5. Minimum requirements for hospitals providing
20 emergency service to sexual assault survivors.

21 (a) Every hospital providing emergency hospital services
22 to an alleged sexual assault survivor under this Act shall, as
23 minimum requirements for such services, provide, with the
24 consent of the alleged sexual assault survivor, and as ordered
25 by the attending physician, an advanced practice nurse who has
26 a written collaborative agreement with a collaborating
27 physician that authorizes provision of emergency services, or a
28 physician assistant who has been delegated authority to provide
29 emergency services, the following:

30 (1) appropriate medical examinations and laboratory
31 tests required to ensure the health, safety, and welfare of
32 an alleged sexual assault survivor or which may be used as
33 evidence in a criminal proceeding against a person accused
34 of the sexual assault, or both; and records of the results
35 of such examinations and tests shall be maintained by the

1 hospital and made available to law enforcement officials
2 upon the request of the alleged sexual assault survivor;

3 (2) appropriate oral and written information
4 concerning the possibility of infection, sexually
5 transmitted disease and pregnancy resulting from sexual
6 assault;

7 (3) appropriate oral and written information
8 concerning accepted medical procedures, medication, and
9 possible contraindications of such medication available
10 for the prevention or treatment of infection or disease
11 resulting from sexual assault;

12 (4) such medication as deemed appropriate by the
13 attending physician, an advanced practice nurse, or a
14 physician assistant;

15 (5) a blood test to determine the presence or absence
16 of sexually transmitted disease;

17 (6) written and oral instructions indicating the need
18 for a second blood test 6 weeks after the sexual assault to
19 determine the presence or absence of sexually transmitted
20 disease; and

21 (7) appropriate counseling as determined by the
22 hospital, by trained personnel designated by the hospital.

23 (b) Any minor who is an alleged survivor of sexual assault
24 who seeks emergency services under this Act shall be provided
25 such services without the consent of the parent, guardian or
26 custodian of the minor.

27 (Source: P.A. 91-888, eff. 7-6-00.)

28 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

29 Sec. 6.4. Sexual assault evidence collection program.

30 (a) There is created a statewide sexual assault evidence
31 collection program to facilitate the prosecution of persons
32 accused of sexual assault. This program shall be administered
33 by the Illinois State Police. The program shall consist of the
34 following: (1) distribution of sexual assault evidence
35 collection kits which have been approved by the Illinois State

1 Police to hospitals that request them, or arranging for such
2 distribution by the manufacturer of the kits, (2) collection of
3 the kits from hospitals after the kits have been used to
4 collect evidence, (3) analysis of the collected evidence and
5 conducting of laboratory tests, and (4) maintaining the chain
6 of custody and safekeeping of the evidence for use in a legal
7 proceeding. The standardized evidence collection kit for the
8 State of Illinois shall be the State Police Evidence Collection
9 Kit, also known as "S.P.E.C.K.". A sexual assault evidence
10 collection kit may not be released by a hospital without the
11 written consent of the sexual assault survivor. In the case of
12 a survivor who is a minor 13 years of age or older, evidence
13 and information concerning the alleged sexual assault may be
14 released at the written request of the minor. If the survivor
15 is a minor who is under 13 years of age, evidence and
16 information concerning the alleged sexual assault may be
17 released at the written request of the parent, guardian,
18 investigating law enforcement officer, or Department of
19 Children and Family Services. Any health care professional,
20 including any physician, advanced practice nurse, physician
21 assistant, or nurse, sexual assault nurse examiner, and any
22 health care institution, including any hospital, who provides
23 evidence or information to a law enforcement officer pursuant
24 to a written request as specified in this Section is immune
25 from any civil or professional liability that might arise from
26 those actions, with the exception of willful or wanton
27 misconduct. The immunity provision applies only if all of the
28 requirements of this Section are met.

29 (b) The Illinois State Police shall administer a program to
30 train hospitals and hospital personnel participating in the
31 sexual assault evidence collection program, in the correct use
32 and application of the sexual assault evidence collection kits.
33 A sexual assault nurse examiner may conduct examinations using
34 the sexual assault evidence collection kits, without the
35 presence or participation of a physician. The Department of
36 Public Health shall cooperate with the Illinois State Police in

1 this program as it pertains to medical aspects of the evidence
2 collection.

3 (c) In this Section, "sexual assault nurse examiner" means
4 a registered nurse who has completed a sexual assault nurse
5 examiner (SANE) training program that meets the Forensic Sexual
6 Assault Nurse Examiner Education Guidelines established by the
7 International Association of Forensic Nurses.

8 (Source: P.A. 91-888, eff. 7-6-00; 92-514, eff. 1-1-02.)

9 Section 20. The Prenatal and Newborn Care Act is amended by
10 changing Sections 2 and 6 as follows:

11 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

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

14 "Advanced practice nurse" or "APN" means an advanced
15 practice nurse licensed under the Nursing and Advanced Practice
16 Nursing Act who has a written collaborative agreement with a
17 collaborating physician that authorizes the provision of
18 prenatal and newborn care.

19 ~~(a)~~ "Department" means the Illinois Department of Human
20 Services.

21 ~~(b)~~ "Early and Periodic Screening, Diagnosis and Treatment
22 (EPSDT)" means the provision of preventative health care under
23 42 C.F.R. 441.50 et seq., including medical and dental
24 services, needed to assess growth and development and detect
25 and treat health problems.

26 ~~(c)~~ "Hospital" means a hospital as defined under the
27 Hospital Licensing Act.

28 ~~(d)~~ "Local health authority" means the full-time official
29 health department or board of health, as recognized by the
30 Illinois Department of Public Health, having jurisdiction over
31 a particular area.

32 ~~(e)~~ "Nurse" means a nurse licensed under the Nursing and
33 Advanced Practice Nursing Act.

34 ~~(f)~~ "Physician" means a physician licensed to practice

1 medicine in all of its branches.

2 "Physician assistant" means a physician assistant licensed
3 under the Physician Assistant Practice Act of 1987 who has been
4 delegated authority to provide prenatal and newborn care.

5 ~~(g)~~ "Postnatal visit" means a visit occurring after birth,
6 with reference to the newborn.

7 ~~(h)~~ "Prenatal visit" means a visit occurring before birth.

8 ~~(i)~~ "Program" means the Prenatal and Newborn Care Program
9 established pursuant to this Act.

10 (Source: P.A. 89-507, eff. 7-1-97; 90-742, eff. 8-13-98.)

11 (410 ILCS 225/6) (from Ch. 111 1/2, par. 7026)

12 Sec. 6. Covered services.

13 (a) Covered services under the program may include, but are
14 not necessarily limited to, the following:

15 (1) Laboratory services related to a recipient's
16 pregnancy, performed or ordered by a physician, advanced
17 practice nurse, or physician assistant.

18 (2) Screening and treatment for sexually transmitted
19 disease.

20 (3) Prenatal visits to a physician in the physician's
21 office, an advanced practice nurse in the advanced practice
22 nurse's office, a physician assistant in the physician
23 assistant's office, or to a hospital outpatient prenatal
24 clinic, local health department maternity clinic, or
25 community health center.

26 (4) Radiology services which are directly related to
27 the pregnancy, are determined to be medically necessary and
28 are ordered by a physician, an advanced practice nurse, or
29 a physician assistant.

30 (5) Pharmacy services related to the pregnancy.

31 (6) Other medical consultations related to the
32 pregnancy.

33 (7) Physician, advanced practice nurse, physician
34 assistant, or nurse services associated with delivery.

35 (8) One postnatal office visit within 60 days after

1 delivery.

2 (9) Two EPSDT-equivalent screenings for the infant
3 within 90 days after birth.

4 (10) Social and support services.

5 (11) Nutrition services.

6 (12) Case management services.

7 (b) The following services shall not be covered under the
8 program:

9 (1) Services determined by the Department not to be
10 medically necessary.

11 (2) Services not directly related to the pregnancy,
12 except for the 2 covered EPSDT-equivalent screenings.

13 (3) Hospital inpatient services.

14 (4) Anesthesiologist and radiologist services during a
15 period of hospital inpatient care.

16 (5) Physician, advanced practice nurse, and physician
17 assistant hospital visits.

18 (6) Services considered investigational or
19 experimental.

20 (Source: P.A. 89-187, eff. 7-19-95.)

21 Section 30. The Illinois Sexually Transmissible Disease
22 Control Act is amended by changing Sections 4 and 5.5 as
23 follows:

24 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

25 Sec. 4. Reporting required.

26 (a) A physician licensed under the provisions of the
27 Medical Practice Act of 1987, an advanced practice nurse
28 licensed under the provisions of the Nursing and Advanced
29 Practice Nursing Act who has a written collaborative agreement
30 with a collaborating physician that authorizes the provision of
31 services for a sexually transmissible disease, or a physician
32 assistant licensed under the provisions of the Physician
33 Assistant Practice Act of 1987 who has been delegated authority
34 to provide services for a sexually transmissible disease who

1 makes a diagnosis of or treats a person with a sexually
2 transmissible disease and each laboratory that performs a test
3 for a sexually transmissible disease which concludes with a
4 positive result shall report such facts as may be required by
5 the Department by rule, within such time period as the
6 Department may require by rule, but in no case to exceed 2
7 weeks.

8 (b) The Department shall adopt rules specifying the
9 information required in reporting a sexually transmissible
10 disease, the method of reporting and specifying a minimum time
11 period for reporting. In adopting such rules, the Department
12 shall consider the need for information, protections for the
13 privacy and confidentiality of the patient, and the practical
14 abilities of persons and laboratories to report in a reasonable
15 fashion.

16 (c) Any person who knowingly or maliciously disseminates
17 any false information or report concerning the existence of any
18 sexually transmissible disease under this Section is guilty of
19 a Class A misdemeanor.

20 (d) Any person who violates the provisions of this Section
21 or the rules adopted hereunder may be fined by the Department
22 up to \$500 for each violation. The Department shall report each
23 violation of this Section to the regulatory agency responsible
24 for licensing a health care professional or a laboratory to
25 which these provisions apply.

26 (Source: P.A. 90-14, eff. 7-1-97.)

27 (410 ILCS 325/5.5) (from Ch. 111 1/2, par. 7405.5)

28 Sec. 5.5. Risk assessment.

29 (a) Whenever the Department receives a report of HIV
30 infection or AIDS pursuant to this Act and the Department
31 determines that the subject of the report may present or may
32 have presented a possible risk of HIV transmission, the
33 Department shall, when medically appropriate, investigate the
34 subject of the report and that person's contacts as defined in
35 subsection (c), to assess the potential risks of transmission.

1 Any investigation and action shall be conducted in a timely
2 fashion. All contacts other than those defined in subsection
3 (c) shall be investigated in accordance with Section 5 of this
4 Act.

5 (b) If the Department determines that there is or may have
6 been potential risks of HIV transmission from the subject of
7 the report to other persons, the Department shall afford the
8 subject the opportunity to submit any information and comment
9 on proposed actions the Department intends to take with respect
10 to the subject's contacts who are at potential risk of
11 transmission of HIV prior to notification of the subject's
12 contacts. The Department shall also afford the subject of the
13 report the opportunity to notify the subject's contacts in a
14 timely fashion who are at potential risk of transmission of HIV
15 prior to the Department taking any steps to notify such
16 contacts. If the subject declines to notify such contacts or if
17 the Department determines the notices to be inadequate or
18 incomplete, the Department shall endeavor to notify such other
19 persons of the potential risk, and offer testing and counseling
20 services to these individuals. When the contacts are notified,
21 they shall be informed of the disclosure provisions of the AIDS
22 Confidentiality Act and the penalties therein and this Section.

23 (c) Contacts investigated under this Section shall in the
24 case of HIV infection include (i) individuals who have
25 undergone invasive procedures performed by an HIV infected
26 health care provider and (ii) health care providers who have
27 performed invasive procedures for persons infected with HIV,
28 provided the Department has determined that there is or may
29 have been potential risk of HIV transmission from the health
30 care provider to those individuals or from infected persons to
31 health care providers. The Department shall have access to the
32 subject's records to review for the identity of contacts. The
33 subject's records shall not be copied or seized by the
34 Department.

35 For purposes of this subsection, the term "invasive
36 procedures" means those procedures termed invasive by the

1 Centers for Disease Control in current guidelines or
2 recommendations for the prevention of HIV transmission in
3 health care settings, and the term "health care provider" means
4 any physician, dentist, podiatrist, advanced practice nurse,
5 physician assistant, nurse, or other person providing health
6 care services of any kind.

7 (d) All information and records held by the Department and
8 local health authorities pertaining to activities conducted
9 pursuant to this Section shall be strictly confidential and
10 exempt from copying and inspection under the Freedom of
11 Information Act. Such information and records shall not be
12 released or made public by the Department or local health
13 authorities, and shall not be admissible as evidence, nor
14 discoverable in any action of any kind in any court or before
15 any tribunal, board, agency or person and shall be treated in
16 the same manner as the information and those records subject to
17 the provisions of Part 21 of the Code of Civil Procedure except
18 under the following circumstances:

19 (1) When made with the written consent of all persons
20 to whom this information pertains;

21 (2) When authorized under Section 8 to be released
22 under court order or subpoena pursuant to Section 12-16.2
23 of the Criminal Code of 1961; or

24 (3) When made by the Department for the purpose of
25 seeking a warrant authorized by Sections 6 and 7 of this
26 Act. Such disclosure shall conform to the requirements of
27 subsection (a) of Section 8 of this Act.

28 (e) Any person who knowingly or maliciously disseminates
29 any information or report concerning the existence of any
30 disease under this Section is guilty of a Class A misdemeanor.

31 (Source: P.A. 87-763.)

32 Section 35. The Consent by Minors to Medical Procedures Act
33 is amended by changing Sections 1, 2, 3, and 5 as follows:

34 (410 ILCS 210/1) (from Ch. 111, par. 4501)

1 Sec. 1. Consent by minor. The consent to the performance of
2 a medical or surgical procedure by a physician licensed to
3 practice medicine and surgery, an advanced practice nurse who
4 has a written collaborative agreement with a collaborating
5 physician that authorizes provision of services for minors, or
6 a physician assistant who has been delegated authority to
7 provide services for minors executed by a married person who is
8 a minor, by a parent who is a minor, by a pregnant woman who is
9 a minor, or by any person 18 years of age or older, is not
10 voidable because of such minority, and, for such purpose, a
11 married person who is a minor, a parent who is a minor, a
12 pregnant woman who is a minor, or any person 18 years of age or
13 older, is deemed to have the same legal capacity to act and has
14 the same powers and obligations as has a person of legal age.

15 (Source: P.A. 89-187, eff. 7-19-95.)

16 (410 ILCS 210/2) (from Ch. 111, par. 4502)

17 Sec. 2. Any parent, including a parent who is a minor, may
18 consent to the performance upon his or her child of a medical
19 or surgical procedure by a physician licensed to practice
20 medicine and surgery, an advanced practice nurse who has a
21 written collaborative agreement with a collaborating physician
22 that authorizes provision of services for minors, or a
23 physician assistant who has been delegated authority to provide
24 services for minors or a dental procedure by a licensed
25 dentist. The consent of a parent who is a minor shall not be
26 voidable because of such minority, but, for such purpose, a
27 parent who is a minor shall be deemed to have the same legal
28 capacity to act and shall have the same powers and obligations
29 as has a person of legal age.

30 (Source: P.A. 77-1661.)

31 (410 ILCS 210/3) (from Ch. 111, par. 4503)

32 Sec. 3. (a) Where a hospital, ~~or~~ a physician, licensed to
33 practice medicine or surgery, an advanced practice nurse who
34 has a written collaborative agreement with a collaborating

1 physician that authorizes provision of services for minors, or
2 a physician assistant who has been delegated authority to
3 provide services for minors renders emergency treatment or
4 first aid or a licensed dentist renders emergency dental
5 treatment to a minor, consent of the minor's parent or legal
6 guardian need not be obtained if, in the sole opinion of the
7 physician, advanced practice nurse, physician assistant,
8 dentist, or hospital, the obtaining of consent is not
9 reasonably feasible under the circumstances without adversely
10 affecting the condition of such minor's health.

11 (b) Where a minor is the victim of a predatory criminal
12 sexual assault of a child, aggravated criminal sexual assault,
13 criminal sexual assault, aggravated criminal sexual abuse or
14 criminal sexual abuse, as provided in Sections 12-13 through
15 12-16 of the Criminal Code of 1961, as now or hereafter
16 amended, the consent of the minor's parent or legal guardian
17 need not be obtained to authorize a hospital, physician,
18 advanced practice nurse, physician assistant, or other medical
19 personnel to furnish medical care or counseling related to the
20 diagnosis or treatment of any disease or injury arising from
21 such offense. The minor may consent to such counseling,
22 diagnosis or treatment as if the minor had reached his or her
23 age of majority. Such consent shall not be voidable, nor
24 subject to later disaffirmance, because of minority.

25 (Source: P.A. 89-428, eff. 12-13-95; 89-462, eff. 5-29-96.)

26 (410 ILCS 210/5) (from Ch. 111, par. 4505)

27 Sec. 5. Counseling; informing parent or guardian. Any
28 physician, advanced practice nurse, or physician assistant,
29 who provides diagnosis or treatment or any licensed clinical
30 psychologist or professionally trained social worker with a
31 master's degree or any qualified person employed (i) by an
32 organization licensed or funded by the Department of Human
33 Services, (ii) by units of local government, or (iii) by
34 agencies or organizations operating drug abuse programs funded
35 or licensed by the Federal Government or the State of Illinois

1 or any qualified person employed by or associated with any
2 public or private alcoholism or drug abuse program licensed by
3 the State of Illinois who provides counseling to a minor
4 patient who has come into contact with any sexually transmitted
5 disease referred to in Section 4 of this Act may, but shall not
6 be obligated to, inform the parent, parents, or guardian of the
7 minor as to the treatment given or needed. Any person described
8 in this Section who provides counseling to a minor who abuses
9 drugs or alcohol or has a family member who abuses drugs or
10 alcohol shall not inform the parent, parents, guardian, or
11 other responsible adult of the minor's condition or treatment
12 without the minor's consent unless that action is, in the
13 person's judgment, necessary to protect the safety of the
14 minor, a family member, or another individual.

15 Any such person shall, upon the minor's consent, make
16 reasonable efforts to involve the family of the minor in his or
17 her treatment, if the person furnishing the treatment believes
18 that the involvement of the family will not be detrimental to
19 the progress and care of the minor. Reasonable effort shall be
20 extended to assist the minor in accepting the involvement of
21 his or her family in the care and treatment being given.

22 (Source: P.A. 89-187, eff. 7-19-95; 89-507, eff. 7-1-97.)

23 Section 99. Effective date. This Act takes effect upon
24 becoming law.