



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

HB0115

Introduced 1/19/2007, by Rep. Naomi D. Jakobsson

SYNOPSIS AS INTRODUCED:

See Index

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois, the School Code, and the Communicable Disease Prevention Act. Requires that the Cervical Cancer Elimination Task Force identify strategies that are effective in reducing the number of women who are unscreened and under-screened for cervical cancer; increase awareness about human papillomavirus (HPV) and its link to cervical cancer and cervical dysplasia, the availability and efficacy of the HPV vaccine in the prevention of the disease, and the importance of providing it to young females; and assist in the development and implementation of a plan to provide HPV vaccines to the maximum extent possible throughout the State. Requires that, beginning with the 2008-2009 school year, the parent or legal guardian of a female child entering the sixth grade for the first time must submit a statement signed by a physician to the effect that the parent or guardian received information on the connection between HPV and cervical cancer and verifying that the child received the HPV vaccine or that the parent or guardian, having received the information, elected not to have the child receive the HPV vaccine and that the child did not receive the HPV vaccine. Requires a school to include the number of HPV-vaccinated children in its report to the State Board of Education. Requires that the Department of Public Health develop and disseminate information about HPV and the HPV vaccine to physicians, local public health departments, health clinics, and other appropriate healthcare professionals. Provides that the Department may pay for health insurance coverage with funds appropriated for this purpose on behalf of persons who are not otherwise covered by a public or private plan for the cost of acquisition and administration of the HPV vaccine.

LRB095 03811 KBJ 23842 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 Public Health Powers and
5 Duties Law of the Civil Administrative Code of Illinois is
6 amended by changing Section 2310-353 as follows:

7 (20 ILCS 2310/2310-353)

8 Sec. 2310-353. Cervical Cancer Elimination Task Force.

9 (a) A standing Task Force on Cervical Cancer Elimination
10 ("Task Force") is established within the Illinois Department of
11 Public Health.

12 (b) The Task Force shall have 12 members appointed by the
13 Director of Public Health as follows:

14 (1) A representative of an organization relating to
15 women and cancer.

16 (2) A representative of an organization providing
17 health care to women.

18 (3) A health educator.

19 (4) A representative of a national organization
20 relating to cancer treatment who is an oncologist.

21 (5) A representative of the health insurance industry.

22 (6) A representative of a national organization of
23 obstetricians and gynecologists.

1 (7) A representative of a national organization of
2 family physicians.

3 (8) The State Epidemiologist.

4 (9) A member at-large with an interest in women's
5 health.

6 (10) A social marketing expert on health issues.

7 (11) A licensed registered nurse.

8 (12) A member of the Illinois Breast and Cervical
9 Cancer Medical Advisory Committee.

10 The directors of Public Health and Healthcare and Family
11 Services ~~Public Aid~~, and the Secretary of Human Services, or
12 their designees, and the Chair and Vice-Chair of the Conference
13 of Women Legislators in Illinois, or their designees, shall be
14 ex officio members of the Task Force. The Director of Public
15 Health shall also consult with the Speaker of the House of
16 Representatives, the Minority Leader of the House of
17 Representatives, the President of the Senate, and the Minority
18 Leader of the Senate in the designation of members of the
19 Illinois General Assembly as ex-officio members.

20 Appointments to the Task Force should reflect the
21 composition of the Illinois population with regard to ethnic,
22 racial, age, and religious composition.

23 (c) The Director of Public Health shall appoint a Chair
24 from among the members of the Task Force. The Task Force shall
25 elect a Vice-Chair from its members. Initial appointments to
26 the Task Force shall be made not later than 30 days after the

1 effective date of this amendatory Act of the 93rd General
2 Assembly. A majority of the Task Force shall constitute a
3 quorum for the transaction of its business. The Task Force
4 shall meet at least quarterly. The Task Force Chair may
5 establish sub-committees for the purpose of making special
6 studies; such sub-committees may include non-Task-Force
7 members as resource persons.

8 (d) Members of the Task Force shall be reimbursed for their
9 necessary expenses incurred in performing their duties. The
10 Department of Public Health shall provide staff and technical
11 assistance to the Task Force to the extent possible within
12 annual appropriations for its ordinary and contingent
13 expenses.

14 (e) The Task Force shall have the following duties:

15 (1) To obtain from the Department of Public Health, if
16 available, data and analyses regarding the prevalence and
17 burden of cervical cancer. The Task Force may conduct or
18 arrange for independent studies and analyses.

19 (2) To coordinate the efforts of the Task Force with
20 existing State committees and programs providing cervical
21 cancer screening, education, and case management.

22 (3) To raise public awareness on the causes and nature
23 of cervical cancer, personal risk factors, the value of
24 prevention, early detection, options for testing,
25 treatment costs, new technology, medical care
26 reimbursement, and physician education.

1 (4) To identify priority strategies, new technologies,
2 and newly introduced vaccines that are effective in
3 preventing and controlling the risk of cervical cancer and
4 to reduce the number of women who are unscreened and
5 under-screened for cervical cancer.

6 (5) To identify and examine the limitations of existing
7 laws, regulations, programs, and services with regard to
8 coverage and awareness issues for cervical cancer,
9 including requiring insurance or other coverage for PAP
10 smears and mammograms in accordance with the most recently
11 published American Cancer Society guidelines.

12 (6) To develop a statewide comprehensive Cervical
13 Cancer Prevention Plan and strategies for implementing the
14 Plan and for promoting the Plan to the general public,
15 State and local elected officials, and various public and
16 private organizations, associations, businesses,
17 industries, and agencies.

18 (7) To receive and to consider reports and testimony
19 from individuals, local health departments,
20 community-based organizations, voluntary health
21 organizations, and other public and private organizations
22 statewide to learn more about their contributions to
23 cervical cancer diagnosis, prevention, and treatment and
24 more about their ideas for improving cervical cancer
25 prevention, diagnosis, and treatment in Illinois.

26 (8) To increase awareness about human papillomavirus

1 (HPV) and its link to cervical cancer and cervical
2 dysplasia, the availability and efficacy of the HPV vaccine
3 in the prevention of the disease, and the importance of
4 providing it to young females 9 years of age through 26
5 years of age.

6 (9) To assist in the development and implementation of
7 a plan to provide HPV vaccines to the maximum extent
8 possible throughout the State, as recommended by the U.S.
9 Centers for Disease Control and Prevention.

10 (f) The Task Force shall submit a report to the Governor
11 and the General Assembly by April 1, 2005 and by April 1 of
12 each year thereafter. The report shall include (i) information
13 regarding the progress being made in fulfilling the duties of
14 the Task Force and in developing the Cervical Cancer Prevention
15 Plan and (ii) recommended strategies or actions to reduce the
16 occurrence of cervical cancer and the burdens from cervical
17 cancer suffered by citizens of this State.

18 (g) The Task Force shall expire on April 1, 2009, or upon
19 submission of the Task Force's final report to the Governor and
20 the General Assembly, whichever occurs earlier.

21 (Source: P.A. 93-956, eff. 8-19-04; revised 12-15-05.)

22 Section 10. The School Code is amended by changing Section
23 27-8.1 as follows:

24 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

1 Sec. 27-8.1. Health examinations and immunizations.

2 (1) In compliance with rules and regulations which the
3 Department of Public Health shall promulgate, and except as
4 hereinafter provided, all children in Illinois shall have a
5 health examination as follows: within one year prior to
6 entering kindergarten or the first grade of any public,
7 private, or parochial elementary school; upon entering the
8 fifth and ninth grades of any public, private, or parochial
9 school; prior to entrance into any public, private, or
10 parochial nursery school; and, irrespective of grade,
11 immediately prior to or upon entrance into any public, private,
12 or parochial school or nursery school, each child shall present
13 proof of having been examined in accordance with this Section
14 and the rules and regulations promulgated hereunder.

15 A tuberculosis skin test screening shall be included as a
16 required part of each health examination included under this
17 Section if the child resides in an area designated by the
18 Department of Public Health as having a high incidence of
19 tuberculosis. Additional health examinations of pupils,
20 including vision examinations, may be required when deemed
21 necessary by school authorities. Parents are encouraged to have
22 their children undergo vision examinations at the same points
23 in time required for health examinations.

24 (1.5) In compliance with rules adopted by the Department of
25 Public Health and except as otherwise provided in this Section,
26 all children in kindergarten and the second and sixth grades of

1 any public, private, or parochial school shall have a dental
2 examination. Each of these children shall present proof of
3 having been examined by a dentist in accordance with this
4 Section and rules adopted under this Section before May 15th of
5 the school year. If a child in the second or sixth grade fails
6 to present proof by May 15th, the school may hold the child's
7 report card until one of the following occurs: (i) the child
8 presents proof of a completed dental examination or (ii) the
9 child presents proof that a dental examination will take place
10 within 60 days after May 15th. The Department of Public Health
11 shall establish, by rule, a waiver for children who show an
12 undue burden or a lack of access to a dentist. Each public,
13 private, and parochial school must give notice of this dental
14 examination requirement to the parents and guardians of
15 students at least 60 days before May 15th of each school year.

16 (2) The Department of Public Health shall promulgate rules
17 and regulations specifying the examinations and procedures
18 that constitute a health examination, which shall include the
19 collection of data relating to obesity, ~~(including at a~~
20 ~~minimum, date of birth, gender, height, weight, blood pressure,~~
21 ~~and date of exam)~~, and a dental examination and may recommend
22 by rule that certain additional examinations be performed. The
23 rules and regulations of the Department of Public Health shall
24 specify that a tuberculosis skin test screening shall be
25 included as a required part of each health examination included
26 under this Section if the child resides in an area designated

1 by the Department of Public Health as having a high incidence
2 of tuberculosis. The Department of Public Health shall specify
3 that a diabetes screening as defined by rule shall be included
4 as a required part of each health examination. Diabetes testing
5 is not required.

6 Physicians licensed to practice medicine in all of its
7 branches, advanced practice nurses who have a written
8 collaborative agreement with a collaborating physician which
9 authorizes them to perform health examinations, or physician
10 assistants who have been delegated the performance of health
11 examinations by their supervising physician shall be
12 responsible for the performance of the health examinations,
13 other than dental examinations and vision and hearing
14 screening, and shall sign all report forms required by
15 subsection (4) of this Section that pertain to those portions
16 of the health examination for which the physician, advanced
17 practice nurse, or physician assistant is responsible. If a
18 registered nurse performs any part of a health examination,
19 then a physician licensed to practice medicine in all of its
20 branches must review and sign all required report forms.
21 Licensed dentists shall perform all dental examinations and
22 shall sign all report forms required by subsection (4) of this
23 Section that pertain to the dental examinations. Physicians
24 licensed to practice medicine in all its branches, or licensed
25 optometrists, shall perform all vision exams required by school
26 authorities and shall sign all report forms required by

1 subsection (4) of this Section that pertain to the vision exam.
2 Vision and hearing screening tests, which shall not be
3 considered examinations as that term is used in this Section,
4 shall be conducted in accordance with rules and regulations of
5 the Department of Public Health, and by individuals whom the
6 Department of Public Health has certified. In these rules and
7 regulations, the Department of Public Health shall require that
8 individuals conducting vision screening tests give a child's
9 parent or guardian written notification, before the vision
10 screening is conducted, that states, "Vision screening is not a
11 substitute for a complete eye and vision evaluation by an eye
12 doctor. Your child is not required to undergo this vision
13 screening if an optometrist or ophthalmologist has completed
14 and signed a report form indicating that an examination has
15 been administered within the previous 12 months."

16 (3) Every child shall, at or about the same time as he or
17 she receives a health examination required by subsection (1) of
18 this Section, present to the local school proof of having
19 received such immunizations against preventable communicable
20 diseases as the Department of Public Health shall require by
21 rules and regulations promulgated pursuant to this Section and
22 the Communicable Disease Prevention Act. Beginning with the
23 2008-2009 school year, the parent or legal guardian of a female
24 child entering the sixth grade (or such other grade as the
25 Department of Public Health designates by rule) of any public,
26 private, or parochial school for the first time must submit a

1 statement to the local school, which must be signed by a
2 physician licensed to practice medicine in all of its branches,
3 to the effect that the parent or guardian received information
4 from the physician on the connection between human
5 papillomavirus (HPV) and cervical cancer, which information
6 the physician must provide, and verifying that the child
7 received the HPV vaccine or that the parent or guardian, having
8 received the information, elected not to have the child receive
9 the HPV vaccine and that the child did not receive the HPV
10 vaccine. The Department of Public Health may prescribe a
11 uniform statement to be used for this purpose.

12 (4) The individuals conducting the health examination or
13 dental examination shall record the fact of having conducted
14 the examination, and such additional information as required,
15 including for a health examination data relating to obesity,
16 (including at a minimum, date of birth, gender, height, weight,
17 blood pressure, and date of exam), on uniform forms which the
18 Department of Public Health and the State Board of Education
19 shall prescribe for statewide use. The examiner shall summarize
20 on the report form any condition that he or she suspects
21 indicates a need for special services, including for a health
22 examination factors relating to obesity. The individuals
23 confirming the administration of required immunizations shall
24 record as indicated on the form that the immunizations were
25 administered.

26 (5) If a child does not submit proof of having had either

1 the health examination or the immunization as required, then
2 the child shall be examined or receive the immunization, as the
3 case may be, and present proof by October 15 of the current
4 school year, or by an earlier date of the current school year
5 established by a school district. To establish a date before
6 October 15 of the current school year for the health
7 examination or immunization as required, a school district must
8 give notice of the requirements of this Section 60 days prior
9 to the earlier established date. If for medical reasons one or
10 more of the required immunizations must be given after October
11 15 of the current school year, or after an earlier established
12 date of the current school year, then the child shall present,
13 by October 15, or by the earlier established date, a schedule
14 for the administration of the immunizations and a statement of
15 the medical reasons causing the delay, both the schedule and
16 the statement being issued by the physician, advanced practice
17 nurse, physician assistant, registered nurse, or local health
18 department that will be responsible for administration of the
19 remaining required immunizations. If a child does not comply by
20 October 15, or by the earlier established date of the current
21 school year, with the requirements of this subsection, then the
22 local school authority shall exclude that child from school
23 until such time as the child presents proof of having had the
24 health examination as required and presents proof of having
25 received those required immunizations which are medically
26 possible to receive immediately. During a child's exclusion

1 from school for noncompliance with this subsection, the child's
2 parents or legal guardian shall be considered in violation of
3 Section 26-1 and subject to any penalty imposed by Section
4 26-10. This subsection (5) does not apply to dental
5 examinations.

6 (6) Every school shall report to the State Board of
7 Education by November 15, in the manner which that agency shall
8 require, the number of children who have received the necessary
9 immunizations and the health examination (other than a dental
10 examination) as required, indicating, of those who have not
11 received the immunizations and examination as required, the
12 number of children who are exempt from health examination and
13 immunization requirements on religious or medical grounds as
14 provided in subsection (8). This report shall also include the
15 number of female children entering the sixth grade (or such
16 other grade as the Department of Public Health designates by
17 rule) who have received a human papillomavirus (HPV)
18 vaccination and the number of female children who have not
19 received an HPV vaccination. Every school shall report to the
20 State Board of Education by June 30, in the manner that the
21 State Board requires, the number of children who have received
22 the required dental examination, indicating, of those who have
23 not received the required dental examination, the number of
24 children who are exempt from the dental examination on
25 religious grounds as provided in subsection (8) of this Section
26 and the number of children who have received a waiver under

1 subsection (1.5) of this Section. This reported information
2 shall be provided to the Department of Public Health by the
3 State Board of Education.

4 (7) Upon determining that the number of pupils who are
5 required to be in compliance with subsection (5) of this
6 Section is below 90% of the number of pupils enrolled in the
7 school district, 10% of each State aid payment made pursuant to
8 Section 18-8.05 to the school district for such year shall be
9 withheld by the regional superintendent until the number of
10 students in compliance with subsection (5) is the applicable
11 specified percentage or higher.

12 (8) Parents or legal guardians who object to health or
13 dental examinations or any part thereof, or to immunizations,
14 on religious grounds shall not be required to submit their
15 children or wards to the examinations or immunizations to which
16 they so object if such parents or legal guardians present to
17 the appropriate local school authority a signed statement of
18 objection, detailing the grounds for the objection. If the
19 physical condition of the child is such that any one or more of
20 the immunizing agents should not be administered, the examining
21 physician, advanced practice nurse, or physician assistant
22 responsible for the performance of the health examination shall
23 endorse that fact upon the health examination form. Exempting a
24 child from the health or dental examination does not exempt the
25 child from participation in the program of physical education
26 training provided in Sections 27-5 through 27-7 of this Code.

1 (9) For the purposes of this Section, "nursery schools"
2 means those nursery schools operated by elementary school
3 systems or secondary level school units or institutions of
4 higher learning.

5 (Source: P.A. 92-703, eff. 7-19-02; 93-504, eff. 1-1-04;
6 93-530, eff. 1-1-04; 93-946, eff. 7-1-05; 93-966, eff. 1-1-05;
7 revised 12-1-05.)

8 Section 15. The Communicable Disease Prevention Act is
9 amended by changing Section 1 and by adding Section 2e as
10 follows:

11 (410 ILCS 315/1) (from Ch. 111 1/2, par. 22.11)

12 Sec. 1. Certain communicable diseases such as measles,
13 poliomyelitis and tetanus, may and do result in serious
14 physical and mental disability including mental retardation,
15 permanent paralysis, encephalitis, convulsions, pneumonia, and
16 not infrequently, death. In addition, human papillomavirus
17 (HPV) is a common virus that can develop into cervical cancer,
18 precancerous lesions, or genital warts.

19 Most of these diseases attack young children, and if they
20 have not been immunized, may spread to other susceptible
21 children and possibly, adults, thus, posing serious threats to
22 the health of the community. Effective, safe and widely used
23 vaccines and immunization procedures have been developed and
24 are available to prevent these diseases and to limit their

1 spread. Even though such immunization procedures are
2 available, many children fail to receive this protection either
3 through parental oversight, lack of concern, knowledge or
4 interest, or lack of available facilities or funds. The
5 existence of susceptible children in the community constitutes
6 a health hazard to the individual and to the public at large by
7 serving as a focus for the spread of these communicable
8 diseases.

9 It is declared to be the public policy of this State that
10 all children shall be protected, as soon after birth as
11 medically indicated, by the appropriate vaccines and
12 immunizing procedures to prevent communicable diseases which
13 are or which may in the future become preventable by
14 immunization.

15 It is also declared to be the public policy of this State
16 that Gardasil, the approved vaccine to prevent certain types of
17 HPV, or any other vaccine approved for the same purpose be
18 administered to young females to the maximum extent possible in
19 accordance with the recommendations of the U.S. Centers for
20 Disease Control and Prevention.

21 (Source: P.A. 78-255; 78-303; 78-1297.)

22 (410 ILCS 315/2e new)

23 Sec. 2e. HPV vaccination. The Department of Public Health
24 shall develop and disseminate information about human
25 papillomavirus (HPV) and the HPV vaccine to physicians, local

1 public health departments, health clinics, and other
2 appropriate healthcare professionals. The information shall
3 include the recommendations of the U.S. Centers for Disease
4 Control and Prevention that the HPV vaccine should be
5 administered to 11 and 12-year-old girls, can be administered
6 to girls as young as 9 years of age, and is also recommended
7 for 13 through 26-year-old females who have not yet received or
8 completed the vaccination series.

9 The Department of Public Health may pay for health
10 insurance coverage with funds appropriated for this purpose on
11 behalf of persons who are not otherwise covered by a public or
12 private plan for the cost of acquisition and administration of
13 the HPV vaccine under the guidelines and recommendation of the
14 U.S. Centers for Disease Control and Prevention. The Department
15 of Public Health shall adopt rules to establish eligibility
16 requirements for participation in this health insurance
17 coverage program.

1 INDEX

2 Statutes amended in order of appearance

3 20 ILCS 2310/2310-353

4 105 ILCS 5/27-8.1 from Ch. 122, par. 27-8.1

5 410 ILCS 315/1 from Ch. 111 1/2, par. 22.11

6 410 ILCS 315/2e new