96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB3890

Introduced 2/26/2009, by Rep. LaShawn K. Ford

SYNOPSIS AS INTRODUCED:

730 ILCS 5/3-6-2

from Ch. 38, par. 1003-6-2

Amends the Unified Code of Corrections. Makes a technical change in the Section concerning the administration of institutions and facilities of the Department of Corrections.

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AN ACT concerning criminal law.

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

Section 5. The Unified Code of Corrections is amended by
changing Section 3-6-2 as follows:

6 (730 ILCS 5/3-6-2) (from Ch. 38, par. 1003-6-2)

7 Sec. 3-6-2. Institutions and Facility Administration.

8 (a) Each institution and facility of the Department shall 9 be administered by a chief administrative officer appointed by Director. A chief administrative officer 10 the shall he responsible for all persons assigned to the institution or 11 facility. The chief administrative officer shall administer 12 13 the programs of the Department for the custody and treatment of 14 such persons.

(b) The chief administrative officer shall have suchassistants as the Department may assign.

(c) The Director or Assistant Director shall have the emergency powers to temporarily transfer individuals without formal procedures to any State, county, municipal or regional correctional or detention institution or facility in the State, subject to the acceptance of such receiving institution or facility, or to designate any reasonably secure place in the State as such an institution or facility and to make transfers thereto. However, transfers made under emergency powers shall be reviewed as soon as practicable under Article 8, and shall be subject to Section 5-905 of the Juvenile Court Act of 1987. This Section shall not apply to transfers to the Department of Human Services which are provided for under Section 3-8-5 or Section 3-10-5.

(d) The Department shall provide educational programs for 7 8 all committed persons so that all persons have an opportunity 9 to attain the achievement level equivalent to the completion of 10 the twelfth grade in the public school system in this State. 11 Other higher levels of attainment shall be encouraged and 12 professional instruction shall be maintained wherever 13 possible. The Department may establish programs of mandatory education and may establish rules and regulations for the 14 15 administration of such programs. A person committed to the 16 Department who, during the period of his or her incarceration, 17 participates in an educational program provided by or through the Department and through that program is awarded or earns the 18 number of hours of credit required for the award of an 19 20 associate, baccalaureate, or higher degree from a community college, college, or university located in Illinois shall 21 22 reimburse the State, through the Department, for the costs 23 incurred by the State in providing that person during his or her incarceration with the education that qualifies him or her 24 25 for the award of that degree. The costs for which reimbursement is required under this subsection shall be determined and 26

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1 computed by the Department under rules and regulations that it 2 shall establish for that purpose. However, interest at the rate 3 of 6% per annum shall be charged on the balance of those costs 4 from time to time remaining unpaid, from the date of the 5 person's parole, mandatory supervised release, or release 6 constituting a final termination of his or her commitment to 7 the Department until paid.

8 (d-5) A person committed to the Department is entitled to 9 confidential testing for infection with human immunodeficiency 10 virus (HIV) and to counseling in connection with such testing, 11 with no copay to the committed person. A person committed to 12 the Department who has tested positive for infection with HIV 13 is entitled to medical care while incarcerated, counseling, and 14 referrals to support services, in connection with that positive 15 test result. Implementation of this subsection (d-5) is subject 16 to appropriation.

17 (e) A person committed to the Department who becomes in need of medical or surgical treatment but is incapable of 18 giving consent thereto shall receive such medical or surgical 19 20 treatment by the chief administrative officer consenting on the person's behalf. Before the chief administrative officer 21 22 consents, he or she shall obtain the advice of one or more 23 physicians licensed to practice medicine in all its branches in 24 this State. If such physician or physicians advise:

(1) that immediate medical or surgical treatment is
 required relative to a condition threatening to cause

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1 death, damage or impairment to bodily functions, or 2 disfigurement; and

3 (2) that the person is not capable of giving consent to 4 such treatment; the chief administrative officer may give 5 consent for such medical or surgical treatment, and such 6 consent shall be deemed to be the consent of the person for 7 all purposes, including, but not limited to, the authority 8 of a physician to give such treatment.

9 (e-5) If a physician providing medical care to a committed 10 person on behalf of the Department advises the chief 11 administrative officer that the committed person's mental or 12 physical health has deteriorated as a result of the cessation 13 of ingestion of food or liquid to the point where medical or surgical treatment is required to prevent death, damage, or 14 impairment to bodily functions, the chief administrative 15 16 officer may authorize such medical or surgical treatment.

17 (f) In the event that the person requires medical care and treatment at a place other than the institution or facility, 18 the person may be removed therefrom under conditions prescribed 19 20 by the Department. The Department shall require the committed 21 person receiving medical or dental services on a non-emergency 22 basis to pay a \$2 co-payment to the Department for each visit 23 for medical or dental services. The amount of each co-payment shall be deducted from the committed person's individual 24 account. A committed person who has a chronic illness, as 25 26 defined by Department rules and regulations, shall be exempt

from the \$2 co-payment for treatment of the chronic illness. A 1 2 committed person shall not be subject to a \$2 co-payment for follow-up visits ordered by a physician, who is employed by, or 3 contracts with, the Department. A committed person who is 4 5 indigent is exempt from the \$2 co-payment and is entitled to 6 receive medical or dental services on the same basis as a 7 committed person who is financially able to afford the 8 co-payment. Notwithstanding any other provision in this 9 subsection (f) to the contrary, any person committed to any 10 facility operated by the Department of Juvenile Justice, as set 11 forth in Section 3-2.5-15 of this Code, is exempt from the 12 co-payment requirement for the duration of confinement in those 13 facilities.

(q) Any person having sole custody of a child at the time 14 15 of commitment or any woman giving birth to a child after her 16 commitment, may arrange through the Department of Children and 17 Family Services for suitable placement of the child outside of the Department of Corrections. The Director of the Department 18 19 of Corrections may determine that there are special reasons why 20 the child should continue in the custody of the mother until the child is 6 years old. 21

(h) The Department may provide Family Responsibility Services which may consist of, but not be limited to the following:

- 25
- family advocacy counseling;
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- (2) parent self-help group;

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(3) parenting skills training;

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(4) parent and child overnight program;

3 (5) parent and child reunification counseling, either
4 separately or together, preceding the inmate's release;
5 and

6 (6) a prerelease reunification staffing involving the 7 family advocate, the inmate and the child's counselor, or 8 both and the inmate.

(i) Prior Prior to the release of any inmate who has a 9 10 documented history of intravenous drug use, and upon the 11 receipt of that inmate's written informed consent, the 12 Department shall provide for the testing of such inmate for 13 infection with human immunodeficiency virus (HIV) and any other 14 identified causative agent of acquired immunodeficiency 15 syndrome (AIDS). The testing provided under this subsection 16 shall consist of an enzyme-linked immunosorbent assay (ELISA) 17 test or such other test as may be approved by the Illinois Department of Public Health. If the test result is positive, 18 the Western Blot Assay or more reliable confirmatory test shall 19 be administered. All inmates tested in accordance with the 20 provisions of this subsection shall be provided with pre-test 21 22 and post-test counseling. Notwithstanding any provision of 23 this subsection to the contrary, the Department shall not be required to conduct the testing and counseling required by this 24 25 subsection unless sufficient funds to cover all costs of such 26 testing and counseling are appropriated for that purpose by the 1 General Assembly.

(j) Any person convicted of a sex offense as defined in the Sex Offender Management Board Act shall be required to receive a sex offender evaluation prior to release into the community from the Department of Corrections. The sex offender evaluation shall be conducted in conformance with the standards and guidelines developed under the Sex Offender Management Board Act and by an evaluator approved by the Board.

9 (k) Any minor committed to the Department of Juvenile 10 Justice for a sex offense as defined by the Sex Offender 11 Management Board Act shall be required to undergo sex offender 12 treatment by a treatment provider approved by the Board and 13 conducted in conformance with the Sex Offender Management Board 14 Act.

15 (1) Prior to the release of any inmate, the Department must 16 provide the inmate with the option of testing for infection 17 with human immunodeficiency virus (HIV), as well as counseling in connection with such testing, with no copayment for the 18 19 test. At the same time, the Department shall require each such 20 inmate to sign a form stating that the inmate has been informed 21 of his or her rights with respect to the testing required to be 22 offered under this subsection (1) and providing the inmate with 23 an opportunity to indicate either that he or she wants to be tested or that he or she does not want to be tested. The 24 25 Department, in consultation with the Department of Public 26 Health, shall prescribe the contents of the form. The testing

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1 provided under this subsection (1) shall consist of an 2 enzyme-linked immunosorbent assay (ELISA) test or any other 3 test approved by the Department of Public Health. If the test 4 result is positive, the Western Blot Assay or more reliable 5 confirmatory test shall be administered.

6 Prior to the release of an inmate who the Department knows 7 has tested positive for infection with HIV, the Department in a 8 timely manner shall offer the inmate transitional case 9 management, including referrals to other support services.

10 Implementation of this subsection (1) is subject to 11 appropriation.

12 (Source: P.A. 93-616, eff. 1-1-04; 93-928, eff. 1-1-05; 94-629,
13 eff. 1-1-06; 94-696, eff. 6-1-06.)