



Sen. Ira I. Silverstein

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09600SB1927sam002

LRB096 11262 DRJ 23340 a

1 AMENDMENT TO SENATE BILL 1927

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 1927 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Emergency Medical Services (EMS) Systems  
5 Act is amended by adding Section 32.6 as follows:

6 (210 ILCS 50/32.6 new)

7 Sec. 32.6. Freestanding Emergency Center; patient  
8 protection from abuse.

9 (a) No administrator, agent, or employee of an FEC or a  
10 member of its medical staff may abuse a patient in the  
11 hospital.

12 (b) Any FEC administrator, agent, employee, or medical  
13 staff member who has reasonable cause to believe that any  
14 patient with whom he or she has direct contact has been  
15 subjected to abuse in the FEC shall promptly report or cause a  
16 report to be made to a designated FEC administrator responsible

1 for providing such reports to the Department as required by  
2 this Section.

3 (c) Retaliation against a person who lawfully and in good  
4 faith makes a report under this Section is prohibited.

5 (d) Upon receiving a report under subsection (b) of this  
6 Section, the FEC shall submit the report to the Department  
7 within 24 hours of obtaining such report. In the event that the  
8 FEC receives multiple reports involving a single alleged  
9 instance of abuse, the FEC shall submit one report to the  
10 Department.

11 (e) Upon receiving a report under this Section, the FEC  
12 shall promptly conduct an internal review to ensure the alleged  
13 victim's safety. Measures to protect the alleged victim shall  
14 be taken as deemed necessary by the FEC's administrator and may  
15 include, but are not limited to, removing suspected violators  
16 from further patient contact during the FEC's internal review.  
17 If the alleged victim lacks decision-making capacity under the  
18 Health Care Surrogate Act and no health care surrogate is  
19 available, the FEC may contact the Illinois Guardianship and  
20 Advocacy Commission to determine the need for a temporary  
21 guardian of that person.

22 (f) All internal FEC reviews shall be conducted by a  
23 designated FEC employee or agent who is qualified to detect  
24 abuse and is not involved in the alleged victim's treatment.  
25 All internal review findings must be documented and filed  
26 according to FEC procedures and shall be made available to the

1 Department upon request.

2 (g) Any other person may make a report of patient abuse to  
3 the Department if that person has reasonable cause to believe  
4 that a patient has been abused in the FEC.

5 (h) The report required under this Section shall include:  
6 the name of the patient; the name and address of the FEC  
7 treating the patient; the age of the patient; the nature of the  
8 patient's condition, including any evidence of previous  
9 injuries or disabilities; and any other information that the  
10 reporter believes might be helpful in establishing the cause of  
11 the reported abuse and the identity of the person believed to  
12 have caused the abuse.

13 (i) Any individual, person, institution, or agency  
14 participating in good faith in the making of a report under  
15 this Section, or in the investigation of such a report or in  
16 making a disclosure of information concerning reports of abuse  
17 under this Section, shall have immunity from any liability,  
18 whether civil, professional, or criminal, that otherwise might  
19 result by reason of such actions. For the purpose of any  
20 proceedings, whether civil, professional, or criminal, the  
21 good faith of any persons required to report cases of suspected  
22 abuse under this Section or who disclose information concerning  
23 reports of abuse in compliance with this Section, shall be  
24 presumed.

25 (j) No administrator, agent, or employee of an FEC shall  
26 adopt or employ practices or procedures designed to discourage

1 good faith reporting of patient abuse under this Section.

2 (k) Every FEC shall ensure that all new and existing  
3 employees are trained in the detection and reporting of abuse  
4 of patients and retrained at least every 2 years thereafter.

5 (l) The Department shall investigate each report of patient  
6 abuse made under this Section according to the procedures of  
7 the Department, except that a report of abuse which indicates  
8 that a patient's life or safety is in imminent danger shall be  
9 investigated within 24 hours of such report. Under no  
10 circumstances may an FEC's internal review of an allegation of  
11 abuse replace an investigation of the allegation by the  
12 Department.

13 (m) The Department shall keep a continuing record of all  
14 reports made pursuant to this Section, including indications of  
15 the final determination of any investigation and the final  
16 disposition of all reports. The Department shall inform the  
17 investigated FEC and any other person making a report under  
18 subsection (g) of its final determination or disposition in  
19 writing.

20 (n) The Department shall not disclose to the public any  
21 information regarding any reports and investigations under  
22 this Section unless and until the report of abuse is  
23 substantiated following a full and proper investigation.

24 (o) All patient identifiable information in any report or  
25 investigation under this Section shall be confidential and  
26 shall not be disclosed except as authorized by this Act or

1 other applicable law.

2 (p) Nothing in this Section relieves an FEC administrator,  
3 employee, agent, or medical staff member from contacting  
4 appropriate law enforcement authorities as required by law.

5 (q) Nothing in this Section shall be construed to mean that  
6 a patient is a victim of abuse because of health care services  
7 provided or not provided by health care professionals.

8 (r) Nothing in this Section shall require an FEC, including  
9 its employees, agents, and medical staff members, to provide  
10 any services to a patient in contravention of his or her stated  
11 or implied objection thereto upon grounds that such services  
12 conflict with his or her religious beliefs or practices, nor  
13 shall such a patient be considered abused under this Section  
14 for the exercise of such beliefs or practices.

15 (s) As used in this Section, the following terms have the  
16 following meanings:

17 "Abuse" means any physical or mental injury or sexual abuse  
18 intentionally inflicted by an FEC employee, agent, or medical  
19 staff member on a patient of the FEC and does not include any  
20 FEC, medical, health care, or other personal care services done  
21 in good faith in the interest of the patient according to  
22 established medical and clinical standards of care.

23 "FEC" means a Freestanding Emergency Center licensed under  
24 Section 32.5.

25 "Mental injury" means intentionally caused emotional  
26 distress in a patient from words or gestures that would be

1 considered by a reasonable person to be humiliating, harassing,  
2 or threatening and which causes observable and substantial  
3 impairment.

4 "Sexual abuse" means any intentional act of sexual contact  
5 or sexual penetration of a patient in the hospital.

6 "Substantiated", with respect to a report of abuse, means  
7 that a preponderance of the evidence indicates that abuse  
8 occurred.

9 Section 10. The Hospital Licensing Act is amended by  
10 changing Section 9 and by adding Section 9.6 as follows:

11 (210 ILCS 85/9) (from Ch. 111 1/2, par. 150)

12 Sec. 9. Inspections and investigations. The Department  
13 shall make or cause to be made such inspections and  
14 investigations as it deems necessary, except that the  
15 Department shall investigate every allegation of abuse of a  
16 patient received by the Department. Information received by the  
17 Department through filed reports, inspection, or as otherwise  
18 authorized under this Act shall not be disclosed publicly in  
19 such manner as to identify individuals or hospitals, except (i)  
20 in a proceeding involving the denial, suspension, or revocation  
21 of a permit to establish a hospital or a proceeding involving  
22 the denial, suspension, or revocation of a license to open,  
23 conduct, operate, and maintain a hospital, (ii) to the  
24 Department of Children and Family Services in the course of a

1 child abuse or neglect investigation conducted by that  
2 Department or by the Department of Public Health, (iii) in  
3 accordance with Section 6.14a of this Act, or (iv) in other  
4 circumstances as may be approved by the Hospital Licensing  
5 Board.

6 (Source: P.A. 90-608, eff. 6-30-98; 91-242, eff. 1-1-00.)

7 (210 ILCS 85/9.6 new)

8 Sec. 9.6. Patient protection from abuse.

9 (a) No administrator, agent, or employee of a hospital or a  
10 member of its medical staff may abuse a patient in the  
11 hospital.

12 (b) Any hospital administrator, agent, employee, or  
13 medical staff member who has reasonable cause to believe that  
14 any patient with whom he or she has direct contact has been  
15 subjected to abuse in the hospital shall promptly report or  
16 cause a report to be made to a designated hospital  
17 administrator responsible for providing such reports to the  
18 Department as required by this Section.

19 (c) Retaliation against a person who lawfully and in good  
20 faith makes a report under this Section is prohibited.

21 (d) Upon receiving a report under subsection (b) of this  
22 Section, the hospital shall submit the report to the Department  
23 within 24 hours of obtaining such report. In the event that the  
24 hospital receives multiple reports involving a single alleged  
25 instance of abuse, the hospital shall submit one report to the

1 Department.

2 (e) Upon receiving a report under this Section, the  
3 hospital shall promptly conduct an internal review to ensure  
4 the alleged victim's safety. Measures to protect the alleged  
5 victim shall be taken as deemed necessary by the hospital's  
6 administrator and may include, but are not limited to, removing  
7 suspected violators from further patient contact during the  
8 hospital's internal review. If the alleged victim lacks  
9 decision-making capacity under the Health Care Surrogate Act  
10 and no health care surrogate is available, the hospital may  
11 contact the Illinois Guardianship and Advocacy Commission to  
12 determine the need for a temporary guardian of that person.

13 (f) All internal hospital reviews shall be conducted by a  
14 designated hospital employee or agent who is qualified to  
15 detect abuse and is not involved in the alleged victim's  
16 treatment. All internal review findings must be documented and  
17 filed according to hospital procedures and shall be made  
18 available to the Department upon request.

19 (g) Any other person may make a report of patient abuse to  
20 the Department if that person has reasonable cause to believe  
21 that a patient has been abused in the hospital.

22 (h) The report required under this Section shall include:  
23 the name of the patient; the name and address of the hospital  
24 treating the patient; the age of the patient; the nature of the  
25 patient's condition, including any evidence of previous  
26 injuries or disabilities; and any other information that the



1 reporter believes might be helpful in establishing the cause of  
2 the reported abuse and the identity of the person believed to  
3 have caused the abuse.

4 (i) Any individual, person, institution, or agency  
5 participating in good faith in the making of a report under  
6 this Section, or in the investigation of such a report or in  
7 making a disclosure of information concerning reports of abuse  
8 under this Section, shall have immunity from any liability,  
9 whether civil, professional, or criminal, that otherwise might  
10 result by reason of such actions. For the purpose of any  
11 proceedings, whether civil, professional, or criminal, the  
12 good faith of any persons required to report cases of suspected  
13 abuse under this Section or who disclose information concerning  
14 reports of abuse in compliance with this Section, shall be  
15 presumed.

16 (j) No administrator, agent, or employee of a hospital  
17 shall adopt or employ practices or procedures designed to  
18 discourage good faith reporting of patient abuse under this  
19 Section.

20 (k) Every hospital shall ensure that all new and existing  
21 employees are trained in the detection and reporting of abuse  
22 of patients and retrained at least every 2 years thereafter.

23 (l) The Department shall investigate each report of patient  
24 abuse made under this Section according to the procedures of  
25 the Department, except that a report of abuse which indicates  
26 that a patient's life or safety is in imminent danger shall be

1 investigated within 24 hours of such report. Under no  
2 circumstances may a hospital's internal review of an allegation  
3 of abuse replace an investigation of the allegation by the  
4 Department.

5 (m) The Department shall keep a continuing record of all  
6 reports made pursuant to this Section, including indications of  
7 the final determination of any investigation and the final  
8 disposition of all reports. The Department shall inform the  
9 investigated hospital and any other person making a report  
10 under subsection (g) of its final determination or disposition  
11 in writing.

12 (n) The Department shall not disclose to the public any  
13 information regarding any reports and investigations under  
14 this Section unless and until the report of abuse is  
15 substantiated following a full and proper investigation.

16 (o) All patient identifiable information in any report or  
17 investigation under this Section shall be confidential and  
18 shall not be disclosed except as authorized by this Act or  
19 other applicable law.

20 (p) Nothing in this Section relieves a hospital  
21 administrator, employee, agent, or medical staff member from  
22 contacting appropriate law enforcement authorities as required  
23 by law.

24 (q) Nothing in this Section shall be construed to mean that  
25 a patient is a victim of abuse because of health care services  
26 provided or not provided by health care professionals.

1       (r) Nothing in this Section shall require a hospital,  
2 including its employees, agents, and medical staff members, to  
3 provide any services to a patient in contravention of his or  
4 her stated or implied objection thereto upon grounds that such  
5 services conflict with his or her religious beliefs or  
6 practices, nor shall such a patient be considered abused under  
7 this Section for the exercise of such beliefs or practices.

8       (s) As used in this Section, the following terms have the  
9 following meanings:

10       "Abuse" means any physical or mental injury or sexual abuse  
11 intentionally inflicted by a hospital employee, agent, or  
12 medical staff member on a patient of the hospital and does not  
13 include any hospital, medical, health care, or other personal  
14 care services done in good faith in the interest of the patient  
15 according to established medical and clinical standards of  
16 care.

17       "Mental injury" means intentionally caused emotional  
18 distress in a patient from words or gestures that would be  
19 considered by a reasonable person to be humiliating, harassing,  
20 or threatening and which causes observable and substantial  
21 impairment.

22       "Sexual abuse" means any intentional act of sexual contact  
23 or sexual penetration of a patient in the hospital.

24       "Substantiated", with respect to a report of abuse, means  
25 that a preponderance of the evidence indicates that abuse  
26 occurred."