

1 AN ACT concerning regulation.

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

4 Section 5. The Illinois Identification Card Act is amended
5 by changing Section 4 as follows:

6 (15 ILCS 335/4) (from Ch. 124, par. 24)

7 Sec. 4. Identification Card.

8 (a) The Secretary of State shall issue a standard Illinois
9 Identification Card to any natural person who is a resident of
10 the State of Illinois who applies for such card, or renewal
11 thereof, or who applies for a standard Illinois Identification
12 Card upon release as a committed person on parole, mandatory
13 supervised release, aftercare release, final discharge, or
14 pardon from the Department of Corrections or Department of
15 Juvenile Justice by submitting an identification card issued by
16 the Department of Corrections or Department of Juvenile Justice
17 under Section 3-14-1 or Section 3-2.5-70 of the Unified Code of
18 Corrections, together with the prescribed fees. No
19 identification card shall be issued to any person who holds a
20 valid foreign state identification card, license, or permit
21 unless the person first surrenders to the Secretary of State
22 the valid foreign state identification card, license, or
23 permit. The card shall be prepared and supplied by the

1 Secretary of State and shall include a photograph and signature
2 or mark of the applicant. However, the Secretary of State may
3 provide by rule for the issuance of Illinois Identification
4 Cards without photographs if the applicant has a bona fide
5 religious objection to being photographed or to the display of
6 his or her photograph. The Illinois Identification Card may be
7 used for identification purposes in any lawful situation only
8 by the person to whom it was issued. As used in this Act,
9 "photograph" means any color photograph or digitally produced
10 and captured image of an applicant for an identification card.
11 As used in this Act, "signature" means the name of a person as
12 written by that person and captured in a manner acceptable to
13 the Secretary of State.

14 (a-5) If an applicant for an identification card has a
15 current driver's license or instruction permit issued by the
16 Secretary of State, the Secretary may require the applicant to
17 utilize the same residence address and name on the
18 identification card, driver's license, and instruction permit
19 records maintained by the Secretary. The Secretary may
20 promulgate rules to implement this provision.

21 (a-10) If the applicant is a judicial officer as defined in
22 Section 1-10 of the Judicial Privacy Act or a peace officer,
23 the applicant may elect to have his or her office or work
24 address listed on the card instead of the applicant's residence
25 or mailing address. The Secretary may promulgate rules to
26 implement this provision. For the purposes of this subsection

1 (a-10), "peace officer" means any person who by virtue of his
2 or her office or public employment is vested by law with a duty
3 to maintain public order or to make arrests for a violation of
4 any penal statute of this State, whether that duty extends to
5 all violations or is limited to specific violations.

6 (b) The Secretary of State shall issue a special Illinois
7 Identification Card, which shall be known as an Illinois Person
8 with a Disability Identification Card, to any natural person
9 who is a resident of the State of Illinois, who is a person
10 with a disability as defined in Section 4A of this Act, who
11 applies for such card, or renewal thereof. No Illinois Person
12 with a Disability Identification Card shall be issued to any
13 person who holds a valid foreign state identification card,
14 license, or permit unless the person first surrenders to the
15 Secretary of State the valid foreign state identification card,
16 license, or permit. The Secretary of State shall charge no fee
17 to issue such card. The card shall be prepared and supplied by
18 the Secretary of State, and shall include a photograph and
19 signature or mark of the applicant, a designation indicating
20 that the card is an Illinois Person with a Disability
21 Identification Card, and shall include a comprehensible
22 designation of the type and classification of the applicant's
23 disability as set out in Section 4A of this Act. However, the
24 Secretary of State may provide by rule for the issuance of
25 Illinois Person with a Disability Identification Cards without
26 photographs if the applicant has a bona fide religious

1 objection to being photographed or to the display of his or her
2 photograph. If the applicant so requests, the card shall
3 include a description of the applicant's disability and any
4 information about the applicant's disability or medical
5 history which the Secretary determines would be helpful to the
6 applicant in securing emergency medical care. If a mark is used
7 in lieu of a signature, such mark shall be affixed to the card
8 in the presence of two witnesses who attest to the authenticity
9 of the mark. The Illinois Person with a Disability
10 Identification Card may be used for identification purposes in
11 any lawful situation by the person to whom it was issued.

12 The Illinois Person with a Disability Identification Card
13 may be used as adequate documentation of disability in lieu of
14 a physician's determination of disability, a determination of
15 disability from a physician assistant ~~who has been delegated~~
16 ~~the authority to make this determination by his or her~~
17 ~~supervising physician,~~ a determination of disability from an
18 advanced practice nurse ~~who has a written collaborative~~
19 ~~agreement with a collaborating physician that authorizes the~~
20 ~~advanced practice nurse to make this determination,~~ or any
21 other documentation of disability whenever any State law
22 requires that a disabled person provide such documentation of
23 disability, however an Illinois Person with a Disability
24 Identification Card shall not qualify the cardholder to
25 participate in any program or to receive any benefit which is
26 not available to all persons with like disabilities.

1 Notwithstanding any other provisions of law, an Illinois Person
2 with a Disability Identification Card, or evidence that the
3 Secretary of State has issued an Illinois Person with a
4 Disability Identification Card, shall not be used by any person
5 other than the person named on such card to prove that the
6 person named on such card is a disabled person or for any other
7 purpose unless the card is used for the benefit of the person
8 named on such card, and the person named on such card consents
9 to such use at the time the card is so used.

10 An optometrist's determination of a visual disability
11 under Section 4A of this Act is acceptable as documentation for
12 the purpose of issuing an Illinois Person with a Disability
13 Identification Card.

14 When medical information is contained on an Illinois Person
15 with a Disability Identification Card, the Office of the
16 Secretary of State shall not be liable for any actions taken
17 based upon that medical information.

18 (c) The Secretary of State shall provide that each original
19 or renewal Illinois Identification Card or Illinois Person with
20 a Disability Identification Card issued to a person under the
21 age of 21 shall be of a distinct nature from those Illinois
22 Identification Cards or Illinois Person with a Disability
23 Identification Cards issued to individuals 21 years of age or
24 older. The color designated for Illinois Identification Cards
25 or Illinois Person with a Disability Identification Cards for
26 persons under the age of 21 shall be at the discretion of the

1 Secretary of State.

2 (c-1) Each original or renewal Illinois Identification
3 Card or Illinois Person with a Disability Identification Card
4 issued to a person under the age of 21 shall display the date
5 upon which the person becomes 18 years of age and the date upon
6 which the person becomes 21 years of age.

7 (c-3) The General Assembly recognizes the need to identify
8 military veterans living in this State for the purpose of
9 ensuring that they receive all of the services and benefits to
10 which they are legally entitled, including healthcare,
11 education assistance, and job placement. To assist the State in
12 identifying these veterans and delivering these vital services
13 and benefits, the Secretary of State is authorized to issue
14 Illinois Identification Cards and Illinois Person with a
15 Disability Identification Cards with the word "veteran"
16 appearing on the face of the cards. This authorization is
17 predicated on the unique status of veterans. The Secretary may
18 not issue any other identification card which identifies an
19 occupation, status, affiliation, hobby, or other unique
20 characteristics of the identification card holder which is
21 unrelated to the purpose of the identification card.

22 (c-5) Beginning on or before July 1, 2015, the Secretary of
23 State shall designate a space on each original or renewal
24 identification card where, at the request of the applicant, the
25 word "veteran" shall be placed. The veteran designation shall
26 be available to a person identified as a veteran under

1 subsection (b) of Section 5 of this Act who was discharged or
2 separated under honorable conditions.

3 (d) The Secretary of State may issue a Senior Citizen
4 discount card, to any natural person who is a resident of the
5 State of Illinois who is 60 years of age or older and who
6 applies for such a card or renewal thereof. The Secretary of
7 State shall charge no fee to issue such card. The card shall be
8 issued in every county and applications shall be made available
9 at, but not limited to, nutrition sites, senior citizen centers
10 and Area Agencies on Aging. The applicant, upon receipt of such
11 card and prior to its use for any purpose, shall have affixed
12 thereon in the space provided therefor his signature or mark.

13 (e) The Secretary of State, in his or her discretion, may
14 designate on each Illinois Identification Card or Illinois
15 Person with a Disability Identification Card a space where the
16 card holder may place a sticker or decal, issued by the
17 Secretary of State, of uniform size as the Secretary may
18 specify, that shall indicate in appropriate language that the
19 card holder has renewed his or her Illinois Identification Card
20 or Illinois Person with a Disability Identification Card.

21 (Source: P.A. 97-371, eff. 1-1-12; 97-739, eff. 1-1-13; 97-847,
22 eff. 1-1-13; 97-1064, eff. 1-1-13; 98-323, eff. 1-1-14; 98-463,
23 eff. 8-16-13; 98-558, eff. 1-1-14; 98-756, eff. 7-16-14.)

24 Section 10. The Alcoholism and Other Drug Abuse and
25 Dependency Act is amended by changing Section 5-23 as follows:

1 (20 ILCS 301/5-23)

2 Sec. 5-23. Drug Overdose Prevention Program.

3 (a) Reports of drug overdose.

4 (1) The Director of the Division of Alcoholism and
5 Substance Abuse may publish annually a report on drug
6 overdose trends statewide that reviews State death rates
7 from available data to ascertain changes in the causes or
8 rates of fatal and nonfatal drug overdose for the preceding
9 period of not less than 5 years. The report shall also
10 provide information on interventions that would be
11 effective in reducing the rate of fatal or nonfatal drug
12 overdose.

13 (2) The report may include:

14 (A) Trends in drug overdose death rates.

15 (B) Trends in emergency room utilization related
16 to drug overdose and the cost impact of emergency room
17 utilization.

18 (C) Trends in utilization of pre-hospital and
19 emergency services and the cost impact of emergency
20 services utilization.

21 (D) Suggested improvements in data collection.

22 (E) A description of other interventions effective
23 in reducing the rate of fatal or nonfatal drug
24 overdose.

25 (b) Programs; drug overdose prevention.

1 (1) The Director may establish a program to provide for
2 the production and publication, in electronic and other
3 formats, of drug overdose prevention, recognition, and
4 response literature. The Director may develop and
5 disseminate curricula for use by professionals,
6 organizations, individuals, or committees interested in
7 the prevention of fatal and nonfatal drug overdose,
8 including, but not limited to, drug users, jail and prison
9 personnel, jail and prison inmates, drug treatment
10 professionals, emergency medical personnel, hospital
11 staff, families and associates of drug users, peace
12 officers, firefighters, public safety officers, needle
13 exchange program staff, and other persons. In addition to
14 information regarding drug overdose prevention,
15 recognition, and response, literature produced by the
16 Department shall stress that drug use remains illegal and
17 highly dangerous and that complete abstinence from illegal
18 drug use is the healthiest choice. The literature shall
19 provide information and resources for substance abuse
20 treatment.

21 The Director may establish or authorize programs for
22 prescribing, dispensing, or distributing naloxone
23 hydrochloride or any other similarly acting and equally
24 safe drug approved by the U.S. Food and Drug Administration
25 for the treatment of drug overdose. Such programs may
26 include the prescribing of naloxone hydrochloride or any

1 other similarly acting and equally safe drug approved by
2 the U.S. Food and Drug Administration for the treatment of
3 drug overdose to and education about administration by
4 individuals who are not personally at risk of opioid
5 overdose.

6 (2) The Director may provide advice to State and local
7 officials on the growing drug overdose crisis, including
8 the prevalence of drug overdose incidents, trends in drug
9 overdose incidents, and solutions to the drug overdose
10 crisis.

11 (c) Grants.

12 (1) The Director may award grants, in accordance with
13 this subsection, to create or support local drug overdose
14 prevention, recognition, and response projects. Local
15 health departments, correctional institutions, hospitals,
16 universities, community-based organizations, and
17 faith-based organizations may apply to the Department for a
18 grant under this subsection at the time and in the manner
19 the Director prescribes.

20 (2) In awarding grants, the Director shall consider the
21 necessity for overdose prevention projects in various
22 settings and shall encourage all grant applicants to
23 develop interventions that will be effective and viable in
24 their local areas.

25 (3) The Director shall give preference for grants to
26 proposals that, in addition to providing life-saving

1 interventions and responses, provide information to drug
2 users on how to access drug treatment or other strategies
3 for abstaining from illegal drugs. The Director shall give
4 preference to proposals that include one or more of the
5 following elements:

6 (A) Policies and projects to encourage persons,
7 including drug users, to call 911 when they witness a
8 potentially fatal drug overdose.

9 (B) Drug overdose prevention, recognition, and
10 response education projects in drug treatment centers,
11 outreach programs, and other organizations that work
12 with, or have access to, drug users and their families
13 and communities.

14 (C) Drug overdose recognition and response
15 training, including rescue breathing, in drug
16 treatment centers and for other organizations that
17 work with, or have access to, drug users and their
18 families and communities.

19 (D) The production and distribution of targeted or
20 mass media materials on drug overdose prevention and
21 response.

22 (E) Prescription and distribution of naloxone
23 hydrochloride or any other similarly acting and
24 equally safe drug approved by the U.S. Food and Drug
25 Administration for the treatment of drug overdose.

26 (F) The institution of education and training

1 projects on drug overdose response and treatment for
2 emergency services and law enforcement personnel.

3 (G) A system of parent, family, and survivor
4 education and mutual support groups.

5 (4) In addition to moneys appropriated by the General
6 Assembly, the Director may seek grants from private
7 foundations, the federal government, and other sources to
8 fund the grants under this Section and to fund an
9 evaluation of the programs supported by the grants.

10 (d) Health care professional prescription of drug overdose
11 treatment medication.

12 (1) A health care professional who, acting in good
13 faith, directly or by standing order, prescribes or
14 dispenses an opioid antidote to a patient who, in the
15 judgment of the health care professional, is capable of
16 administering the drug in an emergency, shall not, as a
17 result of his or her acts or omissions, be subject to
18 disciplinary or other adverse action under the Medical
19 Practice Act of 1987, the Physician Assistant Practice Act
20 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,
21 or any other professional licensing statute.

22 (2) A person who is not otherwise licensed to
23 administer an opioid antidote may in an emergency
24 administer without fee an opioid antidote if the person has
25 received the patient information specified in paragraph
26 (4) of this subsection and believes in good faith that

1 another person is experiencing a drug overdose. The person
2 shall not, as a result of his or her acts or omissions, be
3 liable for any violation of the Medical Practice Act of
4 1987, the Physician Assistant Practice Act of 1987, the
5 Nurse Practice Act, the Pharmacy Practice Act, or any other
6 professional licensing statute, or subject to any criminal
7 prosecution arising from or related to the unauthorized
8 practice of medicine or the possession of an opioid
9 antidote.

10 (3) A health care professional prescribing an opioid
11 antidote to a patient shall ensure that the patient
12 receives the patient information specified in paragraph
13 (4) of this subsection. Patient information may be provided
14 by the health care professional or a community-based
15 organization, substance abuse program, or other
16 organization with which the health care professional
17 establishes a written agreement that includes a
18 description of how the organization will provide patient
19 information, how employees or volunteers providing
20 information will be trained, and standards for documenting
21 the provision of patient information to patients.
22 Provision of patient information shall be documented in the
23 patient's medical record or through similar means as
24 determined by agreement between the health care
25 professional and the organization. The Director of the
26 Division of Alcoholism and Substance Abuse, in

1 consultation with statewide organizations representing
2 physicians, advanced practice nurses, physician
3 assistants, substance abuse programs, and other interested
4 groups, shall develop and disseminate to health care
5 professionals, community-based organizations, substance
6 abuse programs, and other organizations training materials
7 in video, electronic, or other formats to facilitate the
8 provision of such patient information.

9 (4) For the purposes of this subsection:

10 "Opioid antidote" means naloxone hydrochloride or any
11 other similarly acting and equally safe drug approved by
12 the U.S. Food and Drug Administration for the treatment of
13 drug overdose.

14 "Health care professional" means a physician licensed
15 to practice medicine in all its branches, a licensed
16 physician assistant ~~who has been delegated the~~
17 ~~prescription or dispensation of an opioid antidote by his~~
18 ~~or her supervising physician, a licensed an~~ advanced
19 practice ~~registered~~ nurse ~~who has a written collaborative~~
20 ~~agreement with a collaborating physician that authorizes~~
21 ~~the prescription or dispensation of an opioid antidote, or~~
22 an advanced practice nurse who practices in a hospital or
23 ambulatory surgical treatment center and possesses
24 appropriate clinical privileges in accordance with the
25 Nurse Practice Act.

26 "Patient" includes a person who is not at risk of

1 opioid overdose but who, in the judgment of the physician,
2 may be in a position to assist another individual during an
3 overdose and who has received patient information as
4 required in paragraph (2) of this subsection on the
5 indications for and administration of an opioid antidote.

6 "Patient information" includes information provided to
7 the patient on drug overdose prevention and recognition;
8 how to perform rescue breathing and resuscitation; opioid
9 antidote dosage and administration; the importance of
10 calling 911; care for the overdose victim after
11 administration of the overdose antidote; and other issues
12 as necessary.

13 (Source: P.A. 96-361, eff. 1-1-10.)

14 Section 15. The School Code is amended by changing Sections
15 22-30, 24-5, 24-6, 26-1, and 27-8.1 as follows:

16 (105 ILCS 5/22-30)

17 Sec. 22-30. Self-administration and self-carry of asthma
18 medication and epinephrine auto-injectors; administration of
19 undesignated epinephrine auto-injectors.

20 (a) For the purpose of this Section only, the following
21 terms shall have the meanings set forth below:

22 "Asthma inhaler" means a quick reliever asthma inhaler.

23 "Epinephrine auto-injector" means a single-use device used
24 for the automatic injection of a pre-measured dose of

1 epinephrine into the human body.

2 "Asthma medication" means a medicine, prescribed by (i) a
3 physician licensed to practice medicine in all its branches,
4 (ii) a licensed physician assistant ~~who has been delegated the~~
5 ~~authority to prescribe asthma medications by his or her~~
6 ~~supervising physician,~~ or (iii) a licensed ~~an~~ advanced practice
7 nurse ~~who has a written collaborative agreement with a~~
8 ~~collaborating physician that delegates the authority to~~
9 ~~prescribe asthma medications,~~ for a pupil that pertains to the
10 pupil's asthma and that has an individual prescription label.

11 "School nurse" means a registered nurse working in a school
12 with or without licensure endorsed in school nursing.

13 "Self-administration" means a pupil's discretionary use of
14 his or her prescribed asthma medication or epinephrine
15 auto-injector.

16 "Self-carry" means a pupil's ability to carry his or her
17 prescribed asthma medication or epinephrine auto-injector.

18 "Standing protocol" may be issued by (i) a physician
19 licensed to practice medicine in all its branches, (ii) a
20 licensed physician assistant ~~who has been delegated the~~
21 ~~authority to prescribe asthma medications or epinephrine~~
22 ~~auto injectors by his or her supervising physician,~~ or (iii) a
23 licensed ~~an~~ advanced practice nurse ~~who has a collaborative~~
24 ~~agreement with a collaborating physician that delegates~~
25 ~~authority to issue a standing protocol for asthma medications~~
26 ~~or epinephrine auto injectors.~~

1 "Trained personnel" means any school employee or volunteer
2 personnel authorized in Sections 10-22.34, 10-22.34a, and
3 10-22.34b of this Code who has completed training under
4 subsection (g) of this Section to recognize and respond to
5 anaphylaxis.

6 "Undesignated epinephrine auto-injector" means an
7 epinephrine auto-injector prescribed in the name of a school
8 district, public school, or nonpublic school.

9 (b) A school, whether public or nonpublic, must permit the
10 self-administration and self-carry of asthma medication by a
11 pupil with asthma or the self-administration and self-carry of
12 an epinephrine auto-injector by a pupil, provided that:

13 (1) the parents or guardians of the pupil provide to
14 the school (i) written authorization from the parents or
15 guardians for (A) the self-administration and self-carry
16 of asthma medication or (B) the self-carry of asthma
17 medication or (ii) for (A) the self-administration and
18 self-carry of an epinephrine auto-injector or (B) the
19 self-carry of an epinephrine auto-injector, written
20 authorization from the pupil's physician, physician
21 assistant, or advanced practice nurse; and

22 (2) the parents or guardians of the pupil provide to
23 the school (i) the prescription label, which must contain
24 the name of the asthma medication, the prescribed dosage,
25 and the time at which or circumstances under which the
26 asthma medication is to be administered, or (ii) for the

1 self-administration or self-carry of an epinephrine
2 auto-injector, a written statement from the pupil's
3 physician, physician assistant, or advanced practice nurse
4 containing the following information:

5 (A) the name and purpose of the epinephrine
6 auto-injector;

7 (B) the prescribed dosage; and

8 (C) the time or times at which or the special
9 circumstances under which the epinephrine
10 auto-injector is to be administered.

11 The information provided shall be kept on file in the office of
12 the school nurse or, in the absence of a school nurse, the
13 school's administrator.

14 (b-5) A school district, public school, or nonpublic school
15 may authorize the provision of a student-specific or
16 undesignated epinephrine auto-injector to a student or any
17 personnel authorized under a student's Individual Health Care
18 Action Plan, Illinois Food Allergy Emergency Action Plan and
19 Treatment Authorization Form, or plan pursuant to Section 504
20 of the federal Rehabilitation Act of 1973 to administer an
21 epinephrine auto-injector to the student, that meets the
22 student's prescription on file.

23 (b-10) The school district, public school, or nonpublic
24 school may authorize a school nurse or trained personnel to do
25 the following: (i) provide an undesignated epinephrine
26 auto-injector to a student for self-administration only or any

1 personnel authorized under a student's Individual Health Care
2 Action Plan, Illinois Food Allergy Emergency Action Plan and
3 Treatment Authorization Form, or plan pursuant to Section 504
4 of the federal Rehabilitation Act of 1973 to administer to the
5 student, that meets the student's prescription on file; (ii)
6 administer an undesignated epinephrine auto-injector that
7 meets the prescription on file to any student who has an
8 Individual Health Care Action Plan, Illinois Food Allergy
9 Emergency Action Plan and Treatment Authorization Form, or plan
10 pursuant to Section 504 of the federal Rehabilitation Act of
11 1973 that authorizes the use of an epinephrine auto-injector;
12 and (iii) administer an undesignated epinephrine auto-injector
13 to any person that the school nurse or trained personnel in
14 good faith believes is having an anaphylactic reaction.

15 (c) The school district, public school, or nonpublic school
16 must inform the parents or guardians of the pupil, in writing,
17 that the school district, public school, or nonpublic school
18 and its employees and agents, including a physician, physician
19 assistant, or advanced practice nurse providing standing
20 protocol or prescription for school epinephrine
21 auto-injectors, are to incur no liability or professional
22 discipline, except for willful and wanton conduct, as a result
23 of any injury arising from the administration of asthma
24 medication or of an epinephrine auto-injector regardless of
25 whether authorization was given by the pupil's parents or
26 guardians or by the pupil's physician, physician assistant, or

1 advanced practice nurse. The parents or guardians of the pupil
2 must sign a statement acknowledging that the school district,
3 public school, or nonpublic school and its employees and agents
4 are to incur no liability, except for willful and wanton
5 conduct, as a result of any injury arising from the
6 administration of asthma medication or of an epinephrine
7 auto-injector regardless of whether authorization was given by
8 the pupil's parents or guardians or by the pupil's physician,
9 physician assistant, or advanced practice nurse and that the
10 parents or guardians must indemnify and hold harmless the
11 school district, public school, or nonpublic school and its
12 employees and agents against any claims, except a claim based
13 on willful and wanton conduct, arising out of the
14 administration of asthma medication or of an epinephrine
15 auto-injector regardless of whether authorization was given by
16 the pupil's parents or guardians or by the pupil's physician,
17 physician assistant, or advanced practice nurse.

18 (c-5) Upon the effective date of this amendatory Act of the
19 98th General Assembly, when a school nurse or trained personnel
20 administers an undesignated epinephrine auto-injector to a
21 person whom the school nurse or trained personnel in good faith
22 believes is having an anaphylactic reaction, notwithstanding
23 the lack of notice to the parents or guardians of the pupil or
24 the absence of the parents or guardians signed statement
25 acknowledging no liability, except for willful and wanton
26 conduct, the school district, public school, or nonpublic

1 school and its employees and agents, and a physician, a
2 physician assistant, or an advanced practice nurse providing
3 standing protocol or prescription for undesignated epinephrine
4 auto-injectors, are to incur no liability or professional
5 discipline, except for willful and wanton conduct, as a result
6 of any injury arising from the use of an undesignated
7 epinephrine auto-injector regardless of whether authorization
8 was given by the pupil's parents or guardians or by the pupil's
9 physician, physician assistant, or advanced practice nurse.

10 (d) The permission for self-administration and self-carry
11 of asthma medication or the self-administration and self-carry
12 of an epinephrine auto-injector is effective for the school
13 year for which it is granted and shall be renewed each
14 subsequent school year upon fulfillment of the requirements of
15 this Section.

16 (e) Provided that the requirements of this Section are
17 fulfilled, a pupil with asthma may self-administer and
18 self-carry his or her asthma medication or a pupil may
19 self-administer and self-carry an epinephrine auto-injector
20 (i) while in school, (ii) while at a school-sponsored activity,
21 (iii) while under the supervision of school personnel, or (iv)
22 before or after normal school activities, such as while in
23 before-school or after-school care on school-operated
24 property.

25 (e-5) Provided that the requirements of this Section are
26 fulfilled, a school nurse or trained personnel may administer

1 an undesignated epinephrine auto-injector to any person whom
2 the school nurse or trained personnel in good faith believes to
3 be having an anaphylactic reaction (i) while in school, (ii)
4 while at a school-sponsored activity, (iii) while under the
5 supervision of school personnel, or (iv) before or after normal
6 school activities, such as while in before-school or
7 after-school care on school-operated property. A school nurse
8 or trained personnel may carry undesignated epinephrine
9 auto-injectors on his or her person while in school or at a
10 school-sponsored activity.

11 (f) The school district, public school, or nonpublic school
12 may maintain a supply of undesignated epinephrine
13 auto-injectors in any secure location where an allergic person
14 is most at risk, including, but not limited to, classrooms and
15 lunchrooms. A physician, a physician assistant who has been
16 delegated prescriptive authority for asthma medication or
17 epinephrine auto-injectors in accordance with Section 7.5 of
18 the Physician Assistant Practice Act of 1987, or an advanced
19 practice nurse who has been delegated prescriptive authority
20 for asthma medication or epinephrine auto-injectors in
21 accordance with Section 65-40 of the Nurse Practice Act may
22 prescribe undesignated epinephrine auto-injectors in the name
23 of the school district, public school, or nonpublic school to
24 be maintained for use when necessary. Any supply of epinephrine
25 auto-injectors shall be maintained in accordance with the
26 manufacturer's instructions.

1 (f-5) Upon any administration of an epinephrine
2 auto-injector, a school district, public school, or nonpublic
3 school must immediately activate the EMS system and notify the
4 student's parent, guardian, or emergency contact, if known.

5 (f-10) Within 24 hours of the administration of an
6 undesignated epinephrine auto-injector, a school district,
7 public school, or nonpublic school must notify the physician,
8 physician assistant, or advance practice nurse who provided the
9 standing protocol or prescription for the undesignated
10 epinephrine auto-injector of its use.

11 (g) Prior to the administration of an undesignated
12 epinephrine auto-injector, trained personnel must submit to
13 his or her school's administration proof of completion of a
14 training curriculum to recognize and respond to anaphylaxis
15 that meets the requirements of subsection (h) of this Section.
16 Training must be completed annually. Trained personnel must
17 also submit to his or her school's administration proof of
18 cardiopulmonary resuscitation and automated external
19 defibrillator certification. The school district, public
20 school, or nonpublic school must maintain records related to
21 the training curriculum and trained personnel.

22 (h) A training curriculum to recognize and respond to
23 anaphylaxis, including the administration of an undesignated
24 epinephrine auto-injector, may be conducted online or in
25 person. It must include, but is not limited to:

26 (1) how to recognize symptoms of an allergic reaction;

1 (2) a review of high-risk areas within the school and
2 its related facilities;

3 (3) steps to take to prevent exposure to allergens;

4 (4) how to respond to an emergency involving an
5 allergic reaction;

6 (5) how to administer an epinephrine auto-injector;

7 (6) how to respond to a student with a known allergy as
8 well as a student with a previously unknown allergy;

9 (7) a test demonstrating competency of the knowledge
10 required to recognize anaphylaxis and administer an
11 epinephrine auto-injector; and

12 (8) other criteria as determined in rules adopted
13 pursuant to this Section.

14 In consultation with statewide professional organizations
15 representing physicians licensed to practice medicine in all of
16 its branches, registered nurses, and school nurses, the Board
17 shall make available resource materials consistent with
18 criteria in this subsection (h) for educating trained personnel
19 to recognize and respond to anaphylaxis. The Board may take
20 into consideration the curriculum on this subject developed by
21 other states, as well as any other curricular materials
22 suggested by medical experts and other groups that work on
23 life-threatening allergy issues. The Board is not required to
24 create new resource materials. The Board shall make these
25 resource materials available on its Internet website.

26 (i) Within 3 days after the administration of an

1 undesignated epinephrine auto-injector by a school nurse,
2 trained personnel, or a student at a school or school-sponsored
3 activity, the school must report to the Board in a form and
4 manner prescribed by the Board the following information:

5 (1) age and type of person receiving epinephrine
6 (student, staff, visitor);

7 (2) any previously known diagnosis of a severe allergy;

8 (3) trigger that precipitated allergic episode;

9 (4) location where symptoms developed;

10 (5) number of doses administered;

11 (6) type of person administering epinephrine (school
12 nurse, trained personnel, student); and

13 (7) any other information required by the Board.

14 (j) By October 1, 2015 and every year thereafter, the Board
15 shall submit a report to the General Assembly identifying the
16 frequency and circumstances of epinephrine administration
17 during the preceding academic year. This report shall be
18 published on the Board's Internet website on the date the
19 report is delivered to the General Assembly.

20 (k) The Board may adopt rules necessary to implement this
21 Section.

22 (Source: P.A. 97-361, eff. 8-15-11; 98-795, eff. 8-1-14.)

23 (105 ILCS 5/24-5) (from Ch. 122, par. 24-5)

24 Sec. 24-5. Physical fitness and professional growth.

25 (a) In this Section, "employee" means any employee of a

1 school district, a student teacher, an employee of a contractor
2 that provides services to students or in schools, or any other
3 individual subject to the requirements of Section 10-21.9 or
4 34-18.5 of this Code.

5 (b) School boards shall require of new employees evidence
6 of physical fitness to perform duties assigned and freedom from
7 communicable disease. Such evidence shall consist of a physical
8 examination by a physician licensed in Illinois or any other
9 state to practice medicine and surgery in all its branches, a
10 licensed ~~an~~ advanced practice nurse ~~who has a written~~
11 ~~collaborative agreement with a collaborating physician that~~
12 ~~authorizes the advanced practice nurse to perform health~~
13 ~~examinations,~~ or a licensed physician assistant ~~who has been~~
14 ~~delegated the authority to perform health examinations by his~~
15 ~~or her supervising physician~~ not more than 90 days preceding
16 time of presentation to the board, and the cost of such
17 examination shall rest with the employee. A new or existing
18 employee may be subject to additional health examinations,
19 including screening for tuberculosis, as required by rules
20 adopted by the Department of Public Health or by order of a
21 local public health official. The board may from time to time
22 require an examination of any employee by a physician licensed
23 in Illinois to practice medicine and surgery in all its
24 branches, a licensed ~~an~~ advanced practice nurse ~~who has a~~
25 ~~written collaborative agreement with a collaborating physician~~
26 ~~that authorizes the advanced practice nurse to perform health~~

1 ~~examinations,~~ or a licensed physician assistant ~~who has been~~
2 ~~delegated the authority to perform health examinations by his~~
3 ~~or her supervising physician~~ and shall pay the expenses thereof
4 from school funds.

5 (c) School boards may require teachers in their employ to
6 furnish from time to time evidence of continued professional
7 growth.

8 (Source: P.A. 98-716, eff. 7-16-14.)

9 (105 ILCS 5/24-6)

10 Sec. 24-6. Sick leave. The school boards of all school
11 districts, including special charter districts, but not
12 including school districts in municipalities of 500,000 or
13 more, shall grant their full-time teachers, and also shall
14 grant such of their other employees as are eligible to
15 participate in the Illinois Municipal Retirement Fund under the
16 "600-Hour Standard" established, or under such other
17 eligibility participation standard as may from time to time be
18 established, by rules and regulations now or hereafter
19 promulgated by the Board of that Fund under Section 7-198 of
20 the Illinois Pension Code, as now or hereafter amended, sick
21 leave provisions not less in amount than 10 days at full pay in
22 each school year. If any such teacher or employee does not use
23 the full amount of annual leave thus allowed, the unused amount
24 shall be allowed to accumulate to a minimum available leave of
25 180 days at full pay, including the leave of the current year.

1 Sick leave shall be interpreted to mean personal illness,
2 quarantine at home, serious illness or death in the immediate
3 family or household, or birth, adoption, or placement for
4 adoption. The school board may require a certificate from a
5 physician licensed in Illinois to practice medicine and surgery
6 in all its branches, a chiropractic physician licensed under
7 the Medical Practice Act of 1987, a licensed ~~an~~ advanced
8 practice nurse ~~who has a written collaborative agreement with a~~
9 ~~collaborating physician that authorizes the advanced practice~~
10 ~~nurse to perform health examinations,~~ a licensed physician
11 assistant ~~who has been delegated the authority to perform~~
12 ~~health examinations by his or her supervising physician,~~ or, if
13 the treatment is by prayer or spiritual means, a spiritual
14 adviser or practitioner of the teacher's or employee's faith as
15 a basis for pay during leave after an absence of 3 days for
16 personal illness or 30 days for birth or as the school board
17 may deem necessary in other cases. If the school board does
18 require a certificate as a basis for pay during leave of less
19 than 3 days for personal illness, the school board shall pay,
20 from school funds, the expenses incurred by the teachers or
21 other employees in obtaining the certificate. For paid leave
22 for adoption or placement for adoption, the school board may
23 require that the teacher or other employee provide evidence
24 that the formal adoption process is underway, and such leave is
25 limited to 30 days unless a longer leave has been negotiated
26 with the exclusive bargaining representative.

1 If, by reason of any change in the boundaries of school
2 districts, or by reason of the creation of a new school
3 district, the employment of a teacher is transferred to a new
4 or different board, the accumulated sick leave of such teacher
5 is not thereby lost, but is transferred to such new or
6 different district.

7 For purposes of this Section, "immediate family" shall
8 include parents, spouse, brothers, sisters, children,
9 grandparents, grandchildren, parents-in-law, brothers-in-law,
10 sisters-in-law, and legal guardians.

11 (Source: P.A. 95-151, eff. 8-14-07; 96-51, eff. 7-23-09;
12 96-367, eff. 8-13-09; 96-1000, eff. 7-2-10.)

13 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

14 Sec. 26-1. Compulsory school age-Exemptions. Whoever has
15 custody or control of any child (i) between the ages of 7 and
16 17 years (unless the child has already graduated from high
17 school) for school years before the 2014-2015 school year or
18 (ii) between the ages of 6 (on or before September 1) and 17
19 years (unless the child has already graduated from high school)
20 beginning with the 2014-2015 school year shall cause such child
21 to attend some public school in the district wherein the child
22 resides the entire time it is in session during the regular
23 school term, except as provided in Section 10-19.1, and during
24 a required summer school program established under Section
25 10-22.33B; provided, that the following children shall not be

1 required to attend the public schools:

2 1. Any child attending a private or a parochial school
3 where children are taught the branches of education taught
4 to children of corresponding age and grade in the public
5 schools, and where the instruction of the child in the
6 branches of education is in the English language;

7 2. Any child who is physically or mentally unable to
8 attend school, such disability being certified to the
9 county or district truant officer by a competent physician
10 licensed in Illinois to practice medicine and surgery in
11 all its branches, a chiropractic physician licensed under
12 the Medical Practice Act of 1987, a licensed ~~an~~ advanced
13 practice nurse ~~who has a written collaborative agreement~~
14 ~~with a collaborating physician that authorizes the~~
15 ~~advanced practice nurse to perform health examinations,~~ a
16 licensed physician assistant ~~who has been delegated the~~
17 ~~authority to perform health examinations by his or her~~
18 ~~supervising physician,~~ or a Christian Science practitioner
19 residing in this State and listed in the Christian Science
20 Journal; or who is excused for temporary absence for cause
21 by the principal or teacher of the school which the child
22 attends; the exemptions in this paragraph (2) do not apply
23 to any female who is pregnant or the mother of one or more
24 children, except where a female is unable to attend school
25 due to a complication arising from her pregnancy and the
26 existence of such complication is certified to the county

1 or district truant officer by a competent physician;

2 3. Any child necessarily and lawfully employed
3 according to the provisions of the law regulating child
4 labor may be excused from attendance at school by the
5 county superintendent of schools or the superintendent of
6 the public school which the child should be attending, on
7 certification of the facts by and the recommendation of the
8 school board of the public school district in which the
9 child resides. In districts having part time continuation
10 schools, children so excused shall attend such schools at
11 least 8 hours each week;

12 4. Any child over 12 and under 14 years of age while in
13 attendance at confirmation classes;

14 5. Any child absent from a public school on a
15 particular day or days or at a particular time of day for
16 the reason that he is unable to attend classes or to
17 participate in any examination, study or work requirements
18 on a particular day or days or at a particular time of day,
19 because the tenets of his religion forbid secular activity
20 on a particular day or days or at a particular time of day.
21 Each school board shall prescribe rules and regulations
22 relative to absences for religious holidays including, but
23 not limited to, a list of religious holidays on which it
24 shall be mandatory to excuse a child; but nothing in this
25 paragraph 5 shall be construed to limit the right of any
26 school board, at its discretion, to excuse an absence on

1 any other day by reason of the observance of a religious
2 holiday. A school board may require the parent or guardian
3 of a child who is to be excused from attending school due
4 to the observance of a religious holiday to give notice,
5 not exceeding 5 days, of the child's absence to the school
6 principal or other school personnel. Any child excused from
7 attending school under this paragraph 5 shall not be
8 required to submit a written excuse for such absence after
9 returning to school; and

10 6. Any child 16 years of age or older who (i) submits
11 to a school district evidence of necessary and lawful
12 employment pursuant to paragraph 3 of this Section and (ii)
13 is enrolled in a graduation incentives program pursuant to
14 Section 26-16 of this Code or an alternative learning
15 opportunities program established pursuant to Article 13B
16 of this Code.

17 (Source: P.A. 98-544, eff. 7-1-14.)

18 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

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

20 (1) In compliance with rules and regulations which the
21 Department of Public Health shall promulgate, and except as
22 hereinafter provided, all children in Illinois shall have a
23 health examination as follows: within one year prior to
24 entering kindergarten or the first grade of any public,
25 private, or parochial elementary school; upon entering the

1 sixth and ninth grades of any public, private, or parochial
2 school; prior to entrance into any public, private, or
3 parochial nursery school; and, irrespective of grade,
4 immediately prior to or upon entrance into any public, private,
5 or parochial school or nursery school, each child shall present
6 proof of having been examined in accordance with this Section
7 and the rules and regulations promulgated hereunder. Any child
8 who received a health examination within one year prior to
9 entering the fifth grade for the 2007-2008 school year is not
10 required to receive an additional health examination in order
11 to comply with the provisions of Public Act 95-422 when he or
12 she attends school for the 2008-2009 school year, unless the
13 child is attending school for the first time as provided in
14 this paragraph.

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 eye examinations, may be required when deemed
21 necessary by school authorities. Parents are encouraged to have
22 their children undergo eye examinations at the same points in
23 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 (1.10) Except as otherwise provided in this Section, all
17 children enrolling in kindergarten in a public, private, or
18 parochial school on or after the effective date of this
19 amendatory Act of the 95th General Assembly and any student
20 enrolling for the first time in a public, private, or parochial
21 school on or after the effective date of this amendatory Act of
22 the 95th General Assembly shall have an eye examination. Each
23 of these children shall present proof of having been examined
24 by a physician licensed to practice medicine in all of its
25 branches or a licensed optometrist within the previous year, in
26 accordance with this Section and rules adopted under this

1 Section, before October 15th of the school year. If the child
2 fails to present proof by October 15th, the school may hold the
3 child's report card until one of the following occurs: (i) the
4 child presents proof of a completed eye examination or (ii) the
5 child presents proof that an eye examination will take place
6 within 60 days after October 15th. The Department of Public
7 Health shall establish, by rule, a waiver for children who show
8 an undue burden or a lack of access to a physician licensed to
9 practice medicine in all of its branches who provides eye
10 examinations or to a licensed optometrist. Each public,
11 private, and parochial school must give notice of this eye
12 examination requirement to the parents and guardians of
13 students in compliance with rules of the Department of Public
14 Health. Nothing in this Section shall be construed to allow a
15 school to exclude a child from attending because of a parent's
16 or guardian's failure to obtain an eye examination for the
17 child.

18 (2) The Department of Public Health shall promulgate rules
19 and regulations specifying the examinations and procedures
20 that constitute a health examination, which shall include the
21 collection of data relating to obesity (including at a minimum,
22 date of birth, gender, height, weight, blood pressure, and date
23 of exam), and a dental examination and may recommend by rule
24 that certain additional examinations be performed. The rules
25 and regulations of the Department of Public Health shall
26 specify that a tuberculosis skin test screening shall be

1 included as a required part of each health examination included
2 under this Section if the child resides in an area designated
3 by the Department of Public Health as having a high incidence
4 of tuberculosis. The Department of Public Health shall specify
5 that a diabetes screening as defined by rule shall be included
6 as a required part of each health examination. Diabetes testing
7 is not required.

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

1 its branches or licensed optometrists shall perform all eye
2 examinations required by this Section and shall sign all report
3 forms required by subsection (4) of this Section that pertain
4 to the eye examination. For purposes of this Section, an eye
5 examination shall at a minimum include history, visual acuity,
6 subjective refraction to best visual acuity near and far,
7 internal and external examination, and a glaucoma evaluation,
8 as well as any other tests or observations that in the
9 professional judgment of the doctor are necessary. Vision and
10 hearing screening tests, which shall not be considered
11 examinations as that term is used in this Section, shall be
12 conducted in accordance with rules and regulations of the
13 Department of Public Health, and by individuals whom the
14 Department of Public Health has certified. In these rules and
15 regulations, the Department of Public Health shall require that
16 individuals conducting vision screening tests give a child's
17 parent or guardian written notification, before the vision
18 screening is conducted, that states, "Vision screening is not a
19 substitute for a complete eye and vision evaluation by an eye
20 doctor. Your child is not required to undergo this vision
21 screening if an optometrist or ophthalmologist has completed
22 and signed a report form indicating that an examination has
23 been administered within the previous 12 months."

24 (3) Every child shall, at or about the same time as he or
25 she receives a health examination required by subsection (1) of
26 this Section, present to the local school proof of having

1 received such immunizations against preventable communicable
2 diseases as the Department of Public Health shall require by
3 rules and regulations promulgated pursuant to this Section and
4 the Communicable Disease Prevention Act.

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

19 (5) If a child does not submit proof of having had either
20 the health examination or the immunization as required, then
21 the child shall be examined or receive the immunization, as the
22 case may be, and present proof by October 15 of the current
23 school year, or by an earlier date of the current school year
24 established by a school district. To establish a date before
25 October 15 of the current school year for the health
26 examination or immunization as required, a school district must

1 give notice of the requirements of this Section 60 days prior
2 to the earlier established date. If for medical reasons one or
3 more of the required immunizations must be given after October
4 15 of the current school year, or after an earlier established
5 date of the current school year, then the child shall present,
6 by October 15, or by the earlier established date, a schedule
7 for the administration of the immunizations and a statement of
8 the medical reasons causing the delay, both the schedule and
9 the statement being issued by the physician, advanced practice
10 nurse, physician assistant, registered nurse, or local health
11 department that will be responsible for administration of the
12 remaining required immunizations. If a child does not comply by
13 October 15, or by the earlier established date of the current
14 school year, with the requirements of this subsection, then the
15 local school authority shall exclude that child from school
16 until such time as the child presents proof of having had the
17 health examination as required and presents proof of having
18 received those required immunizations which are medically
19 possible to receive immediately. During a child's exclusion
20 from school for noncompliance with this subsection, the child's
21 parents or legal guardian shall be considered in violation of
22 Section 26-1 and subject to any penalty imposed by Section
23 26-10. This subsection (5) does not apply to dental
24 examinations and eye examinations. If the student is an
25 out-of-state transfer student and does not have the proof
26 required under this subsection (5) before October 15 of the

1 current year or whatever date is set by the school district,
2 then he or she may only attend classes (i) if he or she has
3 proof that an appointment for the required vaccinations has
4 been scheduled with a party authorized to submit proof of the
5 required vaccinations. If the proof of vaccination required
6 under this subsection (5) is not submitted within 30 days after
7 the student is permitted to attend classes, then the student is
8 not to be permitted to attend classes until proof of the
9 vaccinations has been properly submitted. No school district or
10 employee of a school district shall be held liable for any
11 injury or illness to another person that results from admitting
12 an out-of-state transfer student to class that has an
13 appointment scheduled pursuant to this subsection (5).

14 (6) Every school shall report to the State Board of
15 Education by November 15, in the manner which that agency shall
16 require, the number of children who have received the necessary
17 immunizations and the health examination (other than a dental
18 examination or eye examination) as required, indicating, of
19 those who have not received the immunizations and examination
20 as required, the number of children who are exempt from health
21 examination and immunization requirements on religious or
22 medical grounds as provided in subsection (8). On or before
23 December 1 of each year, every public school district and
24 registered nonpublic school shall make publicly available the
25 immunization data they are required to submit to the State
26 Board of Education by November 15. The immunization data made

1 publicly available must be identical to the data the school
2 district or school has reported to the State Board of
3 Education.

4 Every school shall report to the State Board of Education
5 by June 30, in the manner that the State Board requires, the
6 number of children who have received the required dental
7 examination, indicating, of those who have not received the
8 required dental examination, the number of children who are
9 exempt from the dental examination on religious grounds as
10 provided in subsection (8) of this Section and the number of
11 children who have received a waiver under subsection (1.5) of
12 this Section.

13 Every school shall report to the State Board of Education
14 by June 30, in the manner that the State Board requires, the
15 number of children who have received the required eye
16 examination, indicating, of those who have not received the
17 required eye examination, the number of children who are exempt
18 from the eye examination as provided in subsection (8) of this
19 Section, the number of children who have received a waiver
20 under subsection (1.10) of this Section, and the total number
21 of children in noncompliance with the eye examination
22 requirement.

23 The reported information under this subsection (6) shall be
24 provided to the Department of Public Health by the State Board
25 of Education.

26 (7) Upon determining that the number of pupils who are

1 required to be in compliance with subsection (5) of this
2 Section is below 90% of the number of pupils enrolled in the
3 school district, 10% of each State aid payment made pursuant to
4 Section 18-8.05 to the school district for such year may be
5 withheld by the State Board of Education until the number of
6 students in compliance with subsection (5) is the applicable
7 specified percentage or higher.

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

24 (9) For the purposes of this Section, "nursery schools"
25 means those nursery schools operated by elementary school
26 systems or secondary level school units or institutions of

1 higher learning.

2 (Source: P.A. 97-216, eff. 1-1-12; 97-910, eff. 1-1-13; 98-673,
3 eff. 6-30-14.)

4 Section 20. The Illinois Clinical Laboratory and Blood Bank
5 Act is amended by changing Section 7-101 as follows:

6 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

7 Sec. 7-101. Examination of specimens. A clinical
8 laboratory shall examine specimens only at the request of (i) a
9 licensed physician, (ii) a licensed dentist, (iii) a licensed
10 podiatric physician, (iv) a licensed optometrist, (v) a
11 licensed physician assistant ~~in accordance with the written~~
12 ~~supervision agreement required under Section 7.5 of the~~
13 ~~Physician Assistant Practice Act of 1987 or when authorized~~
14 ~~under Section 7.7 of the Physician Assistant Practice Act of~~
15 ~~1987, (v-A) a licensed an advanced practice nurse in accordance~~
16 ~~with the written collaborative agreement required under~~
17 ~~Section 65-35 of the Nurse Practice Act or when authorized~~
18 ~~under Section 65-45 of the Nurse Practice Act, (vi) an~~
19 authorized law enforcement agency or, in the case of blood
20 alcohol, at the request of the individual for whom the test is
21 to be performed in compliance with Sections 11-501 and 11-501.1
22 of the Illinois Vehicle Code, or (vii) a genetic counselor with
23 the specific authority from a referral to order a test or tests
24 pursuant to subsection (b) of Section 20 of the Genetic

1 Counselor Licensing Act. If the request to a laboratory is
2 oral, the physician or other authorized person shall submit a
3 written request to the laboratory within 48 hours. If the
4 laboratory does not receive the written request within that
5 period, it shall note that fact in its records. For purposes of
6 this Section, a request made by electronic mail or fax
7 constitutes a written request.

8 (Source: P.A. 97-333, eff. 8-12-11; 98-185, eff. 1-1-14;
9 98-214, eff. 8-9-13; 98-756, eff. 7-16-14; 98-767, eff.
10 1-1-15.)

11 Section 25. The Home Health, Home Services, and Home
12 Nursing Agency Licensing Act is amended by changing Section
13 2.05 as follows:

14 (210 ILCS 55/2.05) (from Ch. 111 1/2, par. 2802.05)

15 Sec. 2.05. "Home health services" means services provided
16 to a person at his residence according to a plan of treatment
17 for illness or infirmity prescribed by a physician licensed to
18 practice medicine in all its branches, a licensed physician
19 assistant ~~who has been delegated the authority to prescribe~~
20 ~~home health services by his or her supervising physician, or a~~
21 licensed ~~an~~ advanced practice nurse ~~who has a written~~
22 ~~collaborative agreement with a collaborating physician that~~
23 ~~delegates the authority to prescribe home health services.~~ Such
24 services include part time and intermittent nursing services

1 and other therapeutic services such as physical therapy,
2 occupational therapy, speech therapy, medical social services,
3 or services provided by a home health aide.

4 (Source: P.A. 98-261, eff. 8-9-13.)

5 Section 30. The Illinois Insurance Code is amended by
6 changing Sections 356g.5 and 356z.1 as follows:

7 (215 ILCS 5/356g.5)

8 Sec. 356g.5. Clinical breast exam.

9 (a) The General Assembly finds that clinical breast
10 examinations are a critical tool in the early detection of
11 breast cancer, while the disease is in its earlier and
12 potentially more treatable stages. Insurer reimbursement of
13 clinical breast examinations is essential to the effort to
14 reduce breast cancer deaths in Illinois.

15 (b) Every insurer shall provide, in each group or
16 individual policy, contract, or certificate of accident or
17 health insurance issued or renewed for persons who are
18 residents of Illinois, coverage for complete and thorough
19 clinical breast examinations as indicated by guidelines of
20 practice, performed by a physician licensed to practice
21 medicine in all its branches, a licensed ~~an~~ advanced practice
22 nurse ~~who has a collaborative agreement with a collaborating~~
23 ~~physician that authorizes breast examinations,~~ or a licensed
24 physician assistant ~~who has been delegated authority to provide~~

1 ~~breast examinations~~, to check for lumps and other changes for
2 the purpose of early detection and prevention of breast cancer
3 as follows:

4 (1) at least every 3 years for women at least 20 years
5 of age but less than 40 years of age; and

6 (2) annually for women 40 years of age or older.

7 (c) Upon approval of a nationally recognized separate and
8 distinct clinical breast exam code that is compliant with all
9 State and federal laws, rules, and regulations, public and
10 private insurance plans shall take action to cover clinical
11 breast exams on a separate and distinct basis.

12 (Source: P.A. 95-189, eff. 8-16-07.)

13 (215 ILCS 5/356z.1)

14 Sec. 356z.1. Prenatal HIV testing. An individual or group
15 policy of accident and health insurance that provides maternity
16 coverage and is amended, delivered, issued, or renewed after
17 the effective date of this amendatory Act of the 92nd General
18 Assembly must provide coverage for prenatal HIV testing ordered
19 by an attending physician licensed to practice medicine in all
20 its branches, or by a physician assistant or advanced practice
21 registered nurse ~~who has a written collaborative agreement with~~
22 ~~a collaborating physician that authorizes these services,~~
23 including but not limited to orders consistent with the
24 recommendations of the American College of Obstetricians and
25 Gynecologists or the American Academy of Pediatrics.

1 (Source: P.A. 92-130, eff. 7-20-01.)

2 Section 33. The Medical Practice Act of 1987 is amended by
3 changing Section 54.5 as follows:

4 (225 ILCS 60/54.5)

5 (Section scheduled to be repealed on December 31, 2015)

6 Sec. 54.5. Physician delegation of authority to physician
7 assistants, advanced practice nurses, and prescribing
8 psychologists.

9 (a) Physicians licensed to practice medicine in all its
10 branches may delegate care and treatment responsibilities to a
11 physician assistant under guidelines in accordance with the
12 requirements of the Physician Assistant Practice Act of 1987. A
13 physician licensed to practice medicine in all its branches may
14 enter into supervising physician agreements with no more than 5
15 physician assistants as set forth in subsection (a) of Section
16 7 of the Physician Assistant Practice Act of 1987.

17 (b) A physician licensed to practice medicine in all its
18 branches in active clinical practice may collaborate with an
19 advanced practice nurse in accordance with the requirements of
20 the Nurse Practice Act. Collaboration is for the purpose of
21 providing medical consultation, and no employment relationship
22 is required. A written collaborative agreement shall conform to
23 the requirements of Section 65-35 of the Nurse Practice Act.
24 The written collaborative agreement shall be for services in

1 the same area of practice or specialty as the collaborating
2 physician ~~generally provides or may provide~~ in his or her
3 clinical medical practice. A written collaborative agreement
4 shall be adequate with respect to collaboration with advanced
5 practice nurses if all of the following apply:

6 (1) The agreement is written to promote the exercise of
7 professional judgment by the advanced practice nurse
8 commensurate with his or her education and experience. ~~The~~
9 ~~agreement need not describe the exact steps that an~~
10 ~~advanced practice nurse must take with respect to each~~
11 ~~specific condition, disease, or symptom, but must specify~~
12 ~~those procedures that require a physician's presence as the~~
13 ~~procedures are being performed.~~

14 ~~(2) Practice guidelines and orders are developed and~~
15 ~~approved jointly by the advanced practice nurse and~~
16 ~~collaborating physician, as needed, based on the practice~~
17 ~~of the practitioners. Such guidelines and orders and the~~
18 ~~patient services provided thereunder are periodically~~
19 ~~reviewed by the collaborating physician.~~

20 (2) ~~(3)~~ The advance practice nurse provides services
21 based upon a written collaborative agreement with the
22 collaborating physician ~~generally provides or may provide~~
23 ~~in his or her clinical medical practice,~~ except as set
24 forth in subsection (b-5) of this Section. With respect to
25 labor and delivery, the collaborating physician must
26 provide delivery services in order to participate with a

1 certified nurse midwife.

2 ~~(4) The collaborating physician and advanced practice~~
3 ~~nurse consult at least once a month to provide~~
4 ~~collaboration and consultation.~~

5 (3) ~~(5)~~ Methods of communication are available with the
6 collaborating physician in person or through
7 telecommunications for consultation, collaboration, and
8 referral as needed to address patient care needs.

9 ~~(6) The agreement contains provisions detailing notice~~
10 ~~for termination or change of status involving a written~~
11 ~~collaborative agreement, except when such notice is given~~
12 ~~for just cause.~~

13 (b-5) An anesthesiologist or physician licensed to
14 practice medicine in all its branches may collaborate with a
15 certified registered nurse anesthetist in accordance with
16 Section 65-35 of the Nurse Practice Act for the provision of
17 anesthesia services. With respect to the provision of
18 anesthesia services, the collaborating anesthesiologist or
19 physician shall have training and experience in the delivery of
20 anesthesia services consistent with Department rules.
21 Collaboration shall be adequate if:

22 (1) an anesthesiologist or a physician participates in
23 the joint formulation and joint approval of orders or
24 guidelines and periodically reviews such orders and the
25 services provided patients under such orders; and

26 (2) for anesthesia services, the anesthesiologist or

1 physician participates through discussion of and agreement
2 with the anesthesia plan and is physically present and
3 available on the premises during the delivery of anesthesia
4 services for diagnosis, consultation, and treatment of
5 emergency medical conditions. Anesthesia services in a
6 hospital shall be conducted in accordance with Section 10.7
7 of the Hospital Licensing Act and in an ambulatory surgical
8 treatment center in accordance with Section 6.5 of the
9 Ambulatory Surgical Treatment Center Act.

10 (b-10) The anesthesiologist or operating physician must
11 agree with the anesthesia plan prior to the delivery of
12 services.

13 (c) The supervising physician shall have access to the
14 medical records of all patients attended by a physician
15 assistant. The collaborating physician shall have access to the
16 medical records of all patients attended to by an advanced
17 practice nurse.

18 (d) (Blank).

19 (e) A physician shall not be liable for the acts or
20 omissions of a prescribing psychologist, physician assistant,
21 or advanced practice nurse solely on the basis of having signed
22 a supervision agreement or guidelines or a collaborative
23 agreement, an order, a standing medical order, a standing
24 delegation order, or other order or guideline authorizing a
25 prescribing psychologist, physician assistant, or advanced
26 practice nurse to perform acts, unless the physician has reason

1 to believe the prescribing psychologist, physician assistant,
2 or advanced practice nurse lacked the competency to perform the
3 act or acts or commits willful and wanton misconduct.

4 (f) A collaborating physician may, but is not required to,
5 delegate prescriptive authority to an advanced practice nurse
6 as part of a written collaborative agreement, and the
7 delegation of prescriptive authority shall conform to the
8 requirements of Section 65-40 of the Nurse Practice Act.

9 (g) A supervising physician may, but is not required to,
10 delegate prescriptive authority to a physician assistant as
11 part of a written supervision agreement, and the delegation of
12 prescriptive authority shall conform to the requirements of
13 Section 7.5 of the Physician Assistant Practice Act of 1987.

14 (h) (Blank). ~~For the purposes of this Section, "generally~~
15 ~~provides or may provide in his or her clinical medical~~
16 ~~practice" means categories of care or treatment, not specific~~
17 ~~tasks or duties, that the physician provides individually or~~
18 ~~through delegation to other persons so that the physician has~~
19 ~~the experience and ability to provide collaboration and~~
20 ~~consultation. This definition shall not be construed to~~
21 ~~prohibit an advanced practice nurse from providing primary~~
22 ~~health treatment or care within the scope of his or her~~
23 ~~training and experience, including, but not limited to, health~~
24 ~~screenings, patient histories, physical examinations, women's~~
25 ~~health examinations, or school physicals that may be provided~~
26 ~~as part of the routine practice of an advanced practice nurse~~

1 ~~or on a volunteer basis.~~

2 (i) A collaborating physician shall delegate prescriptive
3 authority to a prescribing psychologist as part of a written
4 collaborative agreement, and the delegation of prescriptive
5 authority shall conform to the requirements of Section 4.3 of
6 the Clinical Psychologist Licensing Act.

7 (Source: P.A. 97-358, eff. 8-12-11; 97-1071, eff. 8-24-12;
8 98-192, eff. 1-1-14; 98-668, eff. 6-25-14.)

9 Section 35. The Nurse Practice Act is amended by changing
10 Sections 50-10, 65-35, and 65-45 and by adding Section 65-35.1
11 as follows:

12 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

13 (Section scheduled to be repealed on January 1, 2018)

14 Sec. 50-10. Definitions. Each of the following terms, when
15 used in this Act, shall have the meaning ascribed to it in this
16 Section, except where the context clearly indicates otherwise:

17 "Academic year" means the customary annual schedule of
18 courses at a college, university, or approved school,
19 customarily regarded as the school year as distinguished from
20 the calendar year.

21 "Advanced practice nurse" or "APN" means a person who has
22 met the qualifications for a (i) certified nurse midwife (CNM);
23 (ii) certified nurse practitioner (CNP); (iii) certified
24 registered nurse anesthetist (CRNA); or (iv) clinical nurse

1 specialist (CNS) and has been licensed by the Department. All
2 advanced practice nurses licensed and practicing in the State
3 of Illinois shall use the title APN and may use specialty
4 credentials CNM, CNP, CRNA, or CNS after their name. All
5 advanced practice nurses may only practice in accordance with
6 national certification and this Act.

7 "Approved program of professional nursing education" and
8 "approved program of practical nursing education" are programs
9 of professional or practical nursing, respectively, approved
10 by the Department under the provisions of this Act.

11 "Board" means the Board of Nursing appointed by the
12 Secretary.

13 "Collaboration" means a process involving 2 or more health
14 care professionals working together, each contributing one's
15 respective area of expertise to provide more comprehensive
16 patient care.

17 "Consultation" means the process whereby an advanced
18 practice nurse seeks the advice or opinion of another health
19 care professional.

20 "Credentialed" means the process of assessing and
21 validating the qualifications of a health care professional.

22 "Current nursing practice update course" means a planned
23 nursing education curriculum approved by the Department
24 consisting of activities that have educational objectives,
25 instructional methods, content or subject matter, clinical
26 practice, and evaluation methods, related to basic review and

1 updating content and specifically planned for those nurses
2 previously licensed in the United States or its territories and
3 preparing for reentry into nursing practice.

4 "Dentist" means a person licensed to practice dentistry
5 under the Illinois Dental Practice Act.

6 "Department" means the Department of Financial and
7 Professional Regulation.

8 "Impaired nurse" means a nurse licensed under this Act who
9 is unable to practice with reasonable skill and safety because
10 of a physical or mental disability as evidenced by a written
11 determination or written consent based on clinical evidence,
12 including loss of motor skills, abuse of drugs or alcohol, or a
13 psychiatric disorder, of sufficient degree to diminish his or
14 her ability to deliver competent patient care.

15 "License-pending advanced practice nurse" means a
16 registered professional nurse who has completed all
17 requirements for licensure as an advanced practice nurse except
18 the certification examination and has applied to take the next
19 available certification exam and received a temporary license
20 from the Department.

21 "License-pending registered nurse" means a person who has
22 passed the Department-approved registered nurse licensure exam
23 and has applied for a license from the Department. A
24 license-pending registered nurse shall use the title "RN lic
25 pend" on all documentation related to nursing practice.

26 "Physician" means a person licensed to practice medicine in

1 all its branches under the Medical Practice Act of 1987.

2 "Podiatric physician" means a person licensed to practice
3 podiatry under the Podiatric Medical Practice Act of 1987.

4 "Practical nurse" or "licensed practical nurse" means a
5 person who is licensed as a practical nurse under this Act and
6 practices practical nursing as defined in this Act. Only a
7 practical nurse licensed under this Act is entitled to use the
8 title "licensed practical nurse" and the abbreviation
9 "L.P.N.".

10 "Practical nursing" means the performance of nursing acts
11 requiring the basic nursing knowledge, judgment ~~judgement~~, and
12 skill acquired by means of completion of an approved practical
13 nursing education program. Practical nursing includes
14 assisting in the nursing process as delegated by a registered
15 professional nurse or an advanced practice nurse. The practical
16 nurse may work under the direction of a licensed physician,
17 dentist, podiatric physician, or other health care
18 professional determined by the Department.

19 "Privileged" means the authorization granted by the
20 governing body of a healthcare facility, agency, or
21 organization to provide specific patient care services within
22 well-defined limits, based on qualifications reviewed in the
23 credentialing process.

24 "Registered Nurse" or "Registered Professional Nurse"
25 means a person who is licensed as a professional nurse under
26 this Act and practices nursing as defined in this Act. Only a

1 registered nurse licensed under this Act is entitled to use the
2 titles "registered nurse" and "registered professional nurse"
3 and the abbreviation, "R.N."

4 "Registered professional nursing practice" is a scientific
5 process founded on a professional body of knowledge; it is a
6 learned profession based on the understanding of the human
7 condition across the life span and environment and includes all
8 nursing specialties and means the performance of any nursing
9 act based upon professional knowledge, judgment, and skills
10 acquired by means of completion of an approved professional
11 nursing education program. A registered professional nurse
12 provides holistic nursing care through the nursing process to
13 individuals, groups, families, or communities, that includes
14 but is not limited to: (1) the assessment of healthcare needs,
15 nursing diagnosis, planning, implementation, and nursing
16 evaluation; (2) the promotion, maintenance, and restoration of
17 health; (3) counseling, patient education, health education,
18 and patient advocacy; (4) the administration of medications and
19 treatments as prescribed by a physician licensed to practice
20 medicine in all of its branches, a licensed dentist, a licensed
21 podiatric physician, or a licensed optometrist or as prescribed
22 by a physician assistant ~~in accordance with written guidelines~~
23 ~~required under the Physician Assistant Practice Act of 1987~~ or
24 by an advanced practice nurse ~~in accordance with Article 65 of~~
25 ~~this Act~~; (5) the coordination and management of the nursing
26 plan of care; (6) the delegation to and supervision of

1 individuals who assist the registered professional nurse
2 implementing the plan of care; and (7) teaching nursing
3 students. The foregoing shall not be deemed to include those
4 acts of medical diagnosis or prescription of therapeutic or
5 corrective measures.

6 "Professional assistance program for nurses" means a
7 professional assistance program that meets criteria
8 established by the Board of Nursing and approved by the
9 Secretary, which provides a non-disciplinary treatment
10 approach for nurses licensed under this Act whose ability to
11 practice is compromised by alcohol or chemical substance
12 addiction.

13 "Secretary" means the Secretary of Financial and
14 Professional Regulation.

15 "Unencumbered license" means a license issued in good
16 standing.

17 "Written collaborative agreement" means a written
18 agreement between an advanced practice nurse and a
19 collaborating physician, dentist, or podiatric physician
20 pursuant to Section 65-35.

21 (Source: P.A. 97-813, eff. 7-13-12; 98-214, eff. 8-9-13.)

22 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

23 (Section scheduled to be repealed on January 1, 2018)

24 Sec. 65-35. Written collaborative agreements.

25 (a) A written collaborative agreement is required for all

1 advanced practice nurses engaged in clinical practice, except
2 for advanced practice nurses who are authorized to practice in
3 a hospital, hospital affiliate, or ambulatory surgical
4 treatment center.

5 (a-5) If an advanced practice nurse engages in clinical
6 practice outside of a hospital, hospital affiliate, or
7 ambulatory surgical treatment center in which he or she is
8 authorized to practice, the advanced practice nurse must have a
9 written collaborative agreement.

10 (b) A written collaborative agreement shall describe the
11 ~~working~~ relationship of the advanced practice nurse with the
12 collaborating physician or podiatric physician and shall
13 describe ~~authorize~~ the categories of care, treatment, or
14 procedures to be provided ~~performed~~ by the advanced practice
15 nurse. A collaborative agreement with a dentist must be in
16 accordance with subsection (c-10) of this Section.
17 Collaboration does not require an employment relationship
18 between the collaborating physician or podiatric physician and
19 advanced practice nurse. ~~Collaboration means the relationship~~
20 ~~under which an advanced practice nurse works with a~~
21 ~~collaborating physician or podiatric physician in an active~~
22 ~~clinical practice to deliver health care services in accordance~~
23 ~~with (i) the advanced practice nurse's training, education, and~~
24 ~~experience and (ii) collaboration and consultation as~~
25 ~~documented in a jointly developed written collaborative~~
26 ~~agreement.~~

1 ~~The agreement shall promote the exercise of professional~~
2 ~~judgment by the advanced practice nurse commensurate with his~~
3 ~~or her education and experience. The services to be provided by~~
4 ~~the advanced practice nurse shall be services that the~~
5 ~~collaborating physician or podiatric physician is authorized~~
6 ~~to and generally provides or may provide in his or her clinical~~
7 ~~medical or podiatric practice, except as set forth in~~
8 ~~subsection (b 5) or (c 5) of this Section. The agreement need~~
9 ~~not describe the exact steps that an advanced practice nurse~~
10 ~~must take with respect to each specific condition, disease, or~~
11 ~~symptom but must specify which authorized procedures require~~
12 ~~the presence of the collaborating physician or podiatric~~
13 ~~physician as the procedures are being performed. The~~
14 collaborative relationship under an agreement shall not be
15 construed to require the personal presence of a physician or
16 podiatric physician at the place where services are rendered.
17 Methods of communication shall be available for consultation
18 with the collaborating physician or podiatric physician in
19 person or by telecommunications or electronic communications
20 ~~in accordance with established written guidelines~~ as set forth
21 in the written agreement.

22 (b-5) Absent an employment relationship, a written
23 collaborative agreement may not (1) restrict the categories of
24 patients of an advanced practice nurse within the scope of the
25 advanced practice nurses training and experience, (2) limit
26 third party payors or government health programs, such as the

1 medical assistance program or Medicare with which the advanced
2 practice nurse contracts, or (3) limit the geographic area or
3 practice location of the advanced practice nurse in this State.

4 ~~(c) Collaboration and consultation under all collaboration~~
5 ~~agreements shall be adequate if a collaborating physician or~~
6 ~~podiatric physician does each of the following:~~

7 ~~(1) Participates in the joint formulation and joint~~
8 ~~approval of orders or guidelines with the advanced practice~~
9 ~~nurse and he or she periodically reviews such orders and~~
10 ~~the services provided patients under such orders in~~
11 ~~accordance with accepted standards of medical practice or~~
12 ~~podiatric practice and advanced practice nursing practice.~~

13 ~~(2) Provides collaboration and consultation with the~~
14 ~~advanced practice nurse at least once a month. In the case~~
15 ~~of anesthesia services provided by a certified registered~~
16 ~~nurse anesthetist, an anesthesiologist, a physician, a~~
17 ~~dentist, or a podiatric physician must participate through~~
18 ~~discussion of and agreement with the anesthesia plan and~~
19 ~~remain physically present and available on the premises~~
20 ~~during the delivery of anesthesia services for diagnosis,~~
21 ~~consultation, and treatment of emergency medical~~
22 ~~conditions.~~

23 ~~(3) Is available through telecommunications for~~
24 ~~consultation on medical problems, complications, or~~
25 ~~emergencies or patient referral. In the case of anesthesia~~
26 services provided by a certified registered nurse

1 anesthetist, an anesthesiologist, a physician, a dentist,
2 or a podiatric physician must participate through
3 discussion of and agreement with the anesthesia plan and
4 remain physically present and available on the premises
5 during the delivery of anesthesia services for diagnosis,
6 consultation, and treatment of emergency medical
7 conditions.

8 ~~The agreement must contain provisions detailing notice for~~
9 ~~termination or change of status involving a written~~
10 ~~collaborative agreement, except when such notice is given for~~
11 ~~just cause.~~

12 (c-5) A certified registered nurse anesthetist, who
13 provides anesthesia services outside of a hospital or
14 ambulatory surgical treatment center shall enter into a written
15 collaborative agreement with an anesthesiologist or the
16 physician licensed to practice medicine in all its branches or
17 the podiatric physician performing the procedure. Outside of a
18 hospital or ambulatory surgical treatment center, the
19 certified registered nurse anesthetist may provide only those
20 services that the collaborating podiatric physician is
21 authorized to provide pursuant to the Podiatric Medical
22 Practice Act of 1987 and rules adopted thereunder. A certified
23 registered nurse anesthetist may select, order, and administer
24 medication, including controlled substances, and apply
25 appropriate medical devices for delivery of anesthesia
26 services under the anesthesia plan agreed with by the

1 anesthesiologist or the operating physician or operating
2 podiatric physician.

3 (c-10) A certified registered nurse anesthetist who
4 provides anesthesia services in a dental office shall enter
5 into a written collaborative agreement with an
6 anesthesiologist or the physician licensed to practice
7 medicine in all its branches or the operating dentist
8 performing the procedure. The agreement shall describe the
9 working relationship of the certified registered nurse
10 anesthetist and dentist and shall authorize the categories of
11 care, treatment, or procedures to be performed by the certified
12 registered nurse anesthetist. In a collaborating dentist's
13 office, the certified registered nurse anesthetist may only
14 provide those services that the operating dentist with the
15 appropriate permit is authorized to provide pursuant to the
16 Illinois Dental Practice Act and rules adopted thereunder. For
17 anesthesia services, an anesthesiologist, physician, or
18 operating dentist shall participate through discussion of and
19 agreement with the anesthesia plan and shall remain physically
20 present and be available on the premises during the delivery of
21 anesthesia services for diagnosis, consultation, and treatment
22 of emergency medical conditions. A certified registered nurse
23 anesthetist may select, order, and administer medication,
24 including controlled substances, and apply appropriate medical
25 devices for delivery of anesthesia services under the
26 anesthesia plan agreed with by the operating dentist.

1 (d) A copy of the signed, written collaborative agreement
2 must be available to the Department upon request from both the
3 advanced practice nurse and the collaborating physician,
4 dentist, or podiatric physician.

5 (e) Nothing in this Act shall be construed to limit the
6 delegation of tasks or duties by a physician to a licensed
7 practical nurse, a registered professional nurse, or other
8 persons in accordance with Section 54.2 of the Medical Practice
9 Act of 1987. Nothing in this Act shall be construed to limit
10 the method of delegation that may be authorized by any means,
11 including, but not limited to, oral, written, electronic,
12 standing orders, protocols, guidelines, or verbal orders.
13 Nothing in this Act shall be construed to authorize an advanced
14 practice nurse to provide health care services required by law
15 or rule to be performed by a physician.

16 (f) An advanced practice nurse shall inform each
17 collaborating physician, dentist, or podiatric physician of
18 all collaborative agreements he or she has signed and provide a
19 copy of these to any collaborating physician, dentist, or
20 podiatric physician upon request.

21 (g) (Blank). ~~For the purposes of this Act, "generally~~
22 ~~provides or may provide in his or her clinical medical~~
23 ~~practice" means categories of care or treatment, not specific~~
24 ~~tasks or duties, the physician provides individually or through~~
25 ~~delegation to other persons so that the physician has the~~
26 ~~experience and ability to provide collaboration and~~

1 ~~consultation. This definition shall not be construed to~~
2 ~~prohibit an advanced practice nurse from providing primary~~
3 ~~health treatment or care within the scope of his or her~~
4 ~~training and experience, including, but not limited to, health~~
5 ~~screenings, patient histories, physical examinations, women's~~
6 ~~health examinations, or school physicals that may be provided~~
7 ~~as part of the routine practice of an advanced practice nurse~~
8 ~~or on a volunteer basis.~~

9 ~~For the purposes of this Act, "generally provides or may~~
10 ~~provide in his or her clinical podiatric practice" means~~
11 ~~services, not specific tasks or duties, that the podiatric~~
12 ~~physician routinely provides individually or through~~
13 ~~delegation to other persons so that the podiatric physician has~~
14 ~~the experience and ability to provide collaboration and~~
15 ~~consultation.~~

16 (Source: P.A. 97-358, eff. 8-12-11; 98-192, eff. 1-1-14;
17 98-214, eff. 8-9-13; 98-756, eff. 7-16-14.)

18 (225 ILCS 65/65-35.1 new)

19 Sec. 65-35.1. Written collaborative agreement; temporary
20 practice. Any advanced practice nurse required to enter into a
21 written collaborative agreement with a collaborating physician
22 or collaborating podiatrist is authorized to continue to
23 practice for up to 90 days after the termination of a
24 collaborative agreement provided the advanced practice nurse
25 seeks any needed collaboration at a local hospital and refers

1 patients who require services beyond the training and
2 experience of the advanced practice nurse to a physician or
3 other health care provider.

4 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

5 (Section scheduled to be repealed on January 1, 2018)

6 Sec. 65-45. Advanced practice nursing in hospitals,
7 hospital affiliates, or ambulatory surgical treatment centers.

8 (a) An advanced practice nurse may provide services in a
9 hospital or a hospital affiliate as those terms are defined in
10 the Hospital Licensing Act or the University of Illinois
11 Hospital Act or a licensed ambulatory surgical treatment center
12 without a written collaborative agreement pursuant to Section
13 65-35 of this Act. An advanced practice nurse must possess
14 clinical privileges recommended by the hospital medical staff
15 and granted by the hospital or the consulting medical staff
16 committee and ambulatory surgical treatment center in order to
17 provide services. The medical staff or consulting medical staff
18 committee shall periodically review the services of advanced
19 practice nurses granted clinical privileges, including any
20 care provided in a hospital affiliate. Authority may also be
21 granted when recommended by the hospital medical staff and
22 granted by the hospital or recommended by the consulting
23 medical staff committee and ambulatory surgical treatment
24 center to individual advanced practice nurses to select, order,
25 and administer medications, including controlled substances,

1 to provide delineated care. In a hospital, hospital affiliate,
2 or ambulatory surgical treatment center, the attending
3 physician shall determine an advanced practice nurse's role in
4 providing care for his or her patients, except as otherwise
5 provided in the medical staff bylaws or consulting committee
6 policies.

7 (a-2) An advanced practice nurse granted authority to order
8 medications including controlled substances may complete
9 discharge prescriptions provided the prescription is in the
10 name of the advanced practice nurse and the attending or
11 discharging physician.

12 (a-3) Advanced practice nurses practicing in a hospital or
13 an ambulatory surgical treatment center are not required to
14 obtain a mid-level controlled substance license to order
15 controlled substances under Section 303.05 of the Illinois
16 Controlled Substances Act.

17 (a-5) For anesthesia services provided by a certified
18 registered nurse anesthetist, an anesthesiologist, physician,
19 dentist, or podiatric physician shall participate through
20 discussion of and agreement with the anesthesia plan and shall
21 remain physically present and be available on the premises
22 during the delivery of anesthesia services for diagnosis,
23 consultation, and treatment of emergency medical conditions,
24 unless hospital policy adopted pursuant to clause (B) of
25 subdivision (3) of Section 10.7 of the Hospital Licensing Act
26 or ambulatory surgical treatment center policy adopted

1 pursuant to clause (B) of subdivision (3) of Section 6.5 of the
2 Ambulatory Surgical Treatment Center Act provides otherwise. A
3 certified registered nurse anesthetist may select, order, and
4 administer medication for anesthesia services under the
5 anesthesia plan agreed to by the anesthesiologist or the
6 physician, in accordance with hospital alternative policy or
7 the medical staff consulting committee policies of a licensed
8 ambulatory surgical treatment center.

9 (b) An advanced practice nurse who provides services in a
10 hospital shall do so in accordance with Section 10.7 of the
11 Hospital Licensing Act and, in an ambulatory surgical treatment
12 center, in accordance with Section 6.5 of the Ambulatory
13 Surgical Treatment Center Act.

14 (c) Advanced practice nurses certified as nurse
15 practitioners, nurse midwives, or clinical nurse specialists
16 practicing in a hospital affiliate may be, but are not required
17 to be, granted authority to prescribe Schedule II through V
18 controlled substances when such authority is recommended by the
19 appropriate physician committee of the hospital affiliate and
20 granted by the hospital affiliate. This authority may, but is
21 not required to, include prescription of, selection of, orders
22 for, administration of, storage of, acceptance of samples of,
23 and dispensing over-the-counter medications, legend drugs,
24 medical gases, and controlled substances categorized as
25 Schedule II through V controlled substances, as defined in
26 Article II of the Illinois Controlled Substances Act, and other

1 preparations, including, but not limited to, botanical and
2 herbal remedies.

3 To prescribe controlled substances under this subsection
4 (c), an advanced practice nurse certified as a nurse
5 practitioner, nurse midwife, or clinical nurse specialist must
6 obtain a mid-level practitioner controlled substance license.
7 Medication orders shall be reviewed periodically by the
8 appropriate hospital affiliate physicians committee or its
9 physician designee.

10 The hospital affiliate shall file with the Department
11 notice of a grant of prescriptive authority consistent with
12 this subsection (c) and termination of such a grant of
13 authority, in accordance with rules of the Department. Upon
14 receipt of this notice of grant of authority to prescribe any
15 Schedule II through V controlled substances, the licensed
16 advanced practice nurse certified as a nurse practitioner,
17 nurse midwife, or clinical nurse specialist may register for a
18 mid-level practitioner controlled substance license under
19 Section 303.05 of the Illinois Controlled Substances Act.

20 In addition, a hospital affiliate may, but is not required
21 to, grant authority to an advanced practice nurse certified as
22 a nurse practitioner, nurse midwife, or clinical nurse
23 specialist to prescribe any Schedule II controlled substances,
24 if all of the following conditions apply:

25 (1) specific Schedule II controlled substances by oral
26 dosage or topical or transdermal application may be

1 designated, provided that the designated Schedule II
2 controlled substances are routinely prescribed by advanced
3 practice nurses in their area of certification; this grant
4 of authority must identify the specific Schedule II
5 controlled substances by either brand name or generic name;
6 authority to prescribe or dispense Schedule II controlled
7 substances to be delivered by injection or other route of
8 administration may not be granted;

9 (2) any grant of authority must be controlled
10 substances limited to the practice of the advanced practice
11 nurse;

12 (3) any prescription must be limited to no more than a
13 30-day supply;

14 (4) the advanced practice nurse must discuss the
15 condition of any patients for whom a controlled substance
16 is prescribed monthly with the appropriate physician
17 committee of the hospital affiliate or its physician
18 designee; and

19 (5) the advanced practice nurse must meet the education
20 requirements of Section 303.05 of the Illinois Controlled
21 Substances Act.

22 (Source: P.A. 97-358, eff. 8-12-11; 98-214, eff. 8-9-13.)

23 Section 40. The Illinois Occupational Therapy Practice Act
24 is amended by changing Section 3.1 as follows:

1 (225 ILCS 75/3.1)

2 (Section scheduled to be repealed on January 1, 2024)

3 Sec. 3.1. Referrals.

4 (a) A licensed occupational therapist or licensed
5 occupational therapy assistant may consult with, educate,
6 evaluate, and monitor services for individuals, groups, and
7 populations concerning occupational therapy needs. Except as
8 indicated in subsections (b) and (c) of this Section,
9 implementation of direct occupational therapy treatment to
10 individuals for their specific health care conditions shall be
11 based upon a referral from a licensed physician, dentist,
12 podiatric physician, ~~or advanced practice nurse who has a~~
13 ~~written collaborative agreement with a collaborating physician~~
14 ~~to provide or accept referrals from licensed occupational~~
15 ~~therapists, physician assistant who has been delegated~~
16 ~~authority to provide or accept referrals from or to licensed~~
17 ~~occupational therapists, or optometrist.~~

18 (b) A referral is not required for the purpose of providing
19 consultation, habilitation, screening, education, wellness,
20 prevention, environmental assessments, and work-related
21 ergonomic services to individuals, groups, or populations.

22 (c) Referral from a physician or other health care provider
23 is not required for evaluation or intervention for children and
24 youths if an occupational therapist or occupational therapy
25 assistant provides services in a school-based or educational
26 environment, including the child's home.

1 (d) An occupational therapist shall refer to a licensed
2 physician, dentist, optometrist, advanced practice nurse,
3 physician assistant, or podiatric physician any patient whose
4 medical condition should, at the time of evaluation or
5 treatment, be determined to be beyond the scope of practice of
6 the occupational therapist.

7 (Source: P.A. 98-214, eff. 8-9-13; 98-264, eff. 12-31-13;
8 98-756, eff. 7-16-14.)

9 Section 45. The Orthotics, Prosthetics, and Pedorthics
10 Practice Act is amended by changing Section 57 as follows:

11 (225 ILCS 84/57)

12 (Section scheduled to be repealed on January 1, 2020)

13 Sec. 57. Limitation on provision of care and services. A
14 licensed orthotist, prosthetist, or pedorthist may provide
15 care or services only if the care or services are provided
16 pursuant to an order from (i) a licensed physician, (ii) a
17 licensed podiatric physician, (iii) a licensed ~~an~~ advanced
18 practice nurse ~~who has a written collaborative agreement with a~~
19 ~~collaborating physician or podiatric physician that~~
20 ~~specifically authorizes ordering the services of an orthotist,~~
21 ~~prosthetist or pedorthist, or~~ (iv) an advanced practice nurse
22 ~~who practices in a hospital or ambulatory surgical treatment~~
23 ~~center and possesses clinical privileges to order services of~~
24 ~~an orthotist, prosthetist, or pedorthist, or~~ (v) a licensed

1 physician assistant ~~who has been delegated the authority to~~
2 ~~order the services of an orthotist, prosthetist, or pedorthist~~
3 ~~by his or her supervising physician.~~ A licensed podiatric
4 physician or advanced practice nurse collaborating with a
5 podiatric physician may only order care or services concerning
6 the foot from a licensed prosthetist.

7 (Source: P.A. 98-214, eff. 8-9-13.)

8 Section 50. The Illinois Physical Therapy Act is amended by
9 changing Section 1 as follows:

10 (225 ILCS 90/1) (from Ch. 111, par. 4251)

11 (Section scheduled to be repealed on January 1, 2016)

12 Sec. 1. Definitions. As used in this Act:

13 (1) "Physical therapy" means all of the following:

14 (A) Examining, evaluating, and testing individuals who
15 may have mechanical, physiological, or developmental
16 impairments, functional limitations, disabilities, or
17 other health and movement-related conditions, classifying
18 these disorders, determining a rehabilitation prognosis
19 and plan of therapeutic intervention, and assessing the
20 on-going effects of the interventions.

21 (B) Alleviating impairments, functional limitations,
22 or disabilities by designing, implementing, and modifying
23 therapeutic interventions that may include, but are not
24 limited to, the evaluation or treatment of a person through

1 the use of the effective properties of physical measures
2 and heat, cold, light, water, radiant energy, electricity,
3 sound, and air and use of therapeutic massage, therapeutic
4 exercise, mobilization, and rehabilitative procedures,
5 with or without assistive devices, for the purposes of
6 preventing, correcting, or alleviating a physical or
7 mental impairment, functional limitation, or disability.

8 (C) Reducing the risk of injury, impairment,
9 functional limitation, or disability, including the
10 promotion and maintenance of fitness, health, and
11 wellness.

12 (D) Engaging in administration, consultation,
13 education, and research.

14 Physical therapy includes, but is not limited to: (a)
15 performance of specialized tests and measurements, (b)
16 administration of specialized treatment procedures, (c)
17 interpretation of referrals from physicians, dentists,
18 advanced practice nurses, physician assistants, and podiatric
19 physicians, (d) establishment, and modification of physical
20 therapy treatment programs, (e) administration of topical
21 medication used in generally accepted physical therapy
22 procedures when such medication is prescribed by the patient's
23 physician, licensed to practice medicine in all its branches,
24 the patient's physician licensed to practice podiatric
25 medicine, the patient's advanced practice nurse, the patient's
26 physician assistant, or the patient's dentist, and (f)

1 supervision or teaching of physical therapy. Physical therapy
2 does not include radiology, electrosurgery, chiropractic
3 technique or determination of a differential diagnosis;
4 provided, however, the limitation on determining a
5 differential diagnosis shall not in any manner limit a physical
6 therapist licensed under this Act from performing an evaluation
7 pursuant to such license. Nothing in this Section shall limit a
8 physical therapist from employing appropriate physical therapy
9 techniques that he or she is educated and licensed to perform.
10 A physical therapist shall refer to a licensed physician,
11 advanced practice nurse, physician assistant, dentist, or
12 podiatric physician any patient whose medical condition
13 should, at the time of evaluation or treatment, be determined
14 to be beyond the scope of practice of the physical therapist.

15 (2) "Physical therapist" means a person who practices
16 physical therapy and who has met all requirements as provided
17 in this Act.

18 (3) "Department" means the Department of Professional
19 Regulation.

20 (4) "Director" means the Director of Professional
21 Regulation.

22 (5) "Board" means the Physical Therapy Licensing and
23 Disciplinary Board approved by the Director.

24 (6) "Referral" means a written or oral authorization for
25 physical therapy services for a patient by a physician,
26 dentist, advanced practice nurse, physician assistant, or

1 podiatric physician who maintains medical supervision of the
2 patient and makes a diagnosis or verifies that the patient's
3 condition is such that it may be treated by a physical
4 therapist.

5 (7) "Documented current and relevant diagnosis" for the
6 purpose of this Act means a diagnosis, substantiated by
7 signature or oral verification of a physician, dentist,
8 advanced practice nurse, physician assistant, or podiatric
9 physician, that a patient's condition is such that it may be
10 treated by physical therapy as defined in this Act, which
11 diagnosis shall remain in effect until changed by the
12 physician, dentist, advanced practice nurse, physician
13 assistant, or podiatric physician.

14 (8) "State" includes:

15 (a) the states of the United States of America;

16 (b) the District of Columbia; and

17 (c) the Commonwealth of Puerto Rico.

18 (9) "Physical therapist assistant" means a person licensed
19 to assist a physical therapist and who has met all requirements
20 as provided in this Act and who works under the supervision of
21 a licensed physical therapist to assist in implementing the
22 physical therapy treatment program as established by the
23 licensed physical therapist. The patient care activities
24 provided by the physical therapist assistant shall not include
25 the interpretation of referrals, evaluation procedures, or the
26 planning or major modification of patient programs.

1 (10) "Physical therapy aide" means a person who has
2 received on the job training, specific to the facility in which
3 he is employed, but who has not completed an approved physical
4 therapist assistant program.

5 (11) "Advanced practice nurse" means a person licensed as
6 an advanced practice nurse under the Nurse Practice Act ~~who has~~
7 ~~a collaborative agreement with a collaborating physician that~~
8 ~~authorizes referrals to physical therapists.~~

9 (12) "Physician assistant" means a person licensed under
10 the Physician Assistant Practice Act of 1987 ~~who has been~~
11 ~~delegated authority to make referrals to physical therapists.~~

12 (Source: P.A. 98-214, eff. 8-9-13.)

13 Section 53. The Podiatric Medical Practice Act of 1987 is
14 amended by changing Section 20.5 as follows:

15 (225 ILCS 100/20.5)

16 (Section scheduled to be repealed on January 1, 2018)

17 Sec. 20.5. Delegation of authority to advanced practice
18 nurses.

19 (a) A podiatric physician in active clinical practice may
20 collaborate with an advanced practice nurse in accordance with
21 the requirements of the Nurse Practice Act. Collaboration shall
22 be for the purpose of providing podiatric care ~~consultation~~ and
23 no employment relationship shall be required. A written
24 collaborative agreement shall conform to the requirements of

1 Section 65-35 of the Nurse Practice Act. ~~The written~~
2 ~~collaborative agreement shall be for services the~~
3 ~~collaborating podiatric physician generally provides to his or~~
4 ~~her patients in the normal course of clinical podiatric~~
5 ~~practice, except as set forth in item (3) of this subsection~~
6 ~~(a).~~ A written collaborative agreement and podiatric physician
7 collaboration and consultation shall be adequate with respect
8 to advanced practice nurses if all of the following apply:

9 ~~(1) The agreement is written to promote the exercise of~~
10 ~~professional judgment by the advanced practice nurse~~
11 ~~commensurate with his or her education and experience. The~~
12 ~~agreement need not describe the exact steps that an~~
13 ~~advanced practice nurse must take with respect to each~~
14 ~~specific condition, disease, or symptom, but must specify~~
15 ~~which procedures require a podiatric physician's presence~~
16 ~~as the procedures are being performed.~~

17 ~~(2) Practice guidelines and orders are developed and~~
18 ~~approved jointly by the advanced practice nurse and~~
19 ~~collaborating podiatric physician, as needed, based on the~~
20 ~~practice of the practitioners. Such guidelines and orders~~
21 ~~and the patient services provided thereunder are~~
22 ~~periodically reviewed by the collaborating podiatric~~
23 ~~physician.~~

24 (1) ~~(3) The advance practice nurse provides services~~
25 ~~that the collaborating podiatric physician generally~~
26 ~~provides to his or her patients in the normal course of~~

1 ~~clinical practice.~~ With respect to the provision of
2 anesthesia services by a certified registered nurse
3 anesthetist, the collaborating podiatric physician must
4 have training and experience in the delivery of anesthesia
5 consistent with Department rules.

6 ~~(4) The collaborating podiatric physician and the~~
7 ~~advanced practice nurse consult at least once a month to~~
8 ~~provide collaboration and consultation.~~

9 (2) ~~(5)~~ Methods of communication are available with the
10 collaborating podiatric physician in person or through
11 telecommunications or electronic communications for
12 consultation, collaboration, and referral as needed to
13 address patient care needs.

14 (3) ~~(6)~~ With respect to the provision of anesthesia
15 services by a certified registered nurse anesthetist, an
16 anesthesiologist, physician, or podiatric physician shall
17 participate through discussion of and agreement with the
18 anesthesia plan and shall remain physically present and be
19 available on the premises during the delivery of anesthesia
20 services for diagnosis, consultation, and treatment of
21 emergency medical conditions. The anesthesiologist or
22 operating podiatric physician must agree with the
23 anesthesia plan prior to the delivery of services.

24 ~~(7) The agreement contains provisions detailing notice~~
25 ~~for termination or change of status involving a written~~
26 ~~collaborative agreement, except when such notice is given~~

1 ~~for just cause.~~

2 (b) The collaborating podiatric physician shall have
3 access to the records of all patients attended to by an
4 advanced practice nurse.

5 (c) Nothing in this Section shall be construed to limit the
6 delegation of tasks or duties by a podiatric physician to a
7 licensed practical nurse, a registered professional nurse, or
8 other appropriately trained persons.

9 (d) A podiatric physician shall not be liable for the acts
10 or omissions of an advanced practice nurse solely on the basis
11 of having signed guidelines or a collaborative agreement, an
12 order, a standing order, a standing delegation order, or other
13 order or guideline authorizing an advanced practice nurse to
14 perform acts, unless the podiatric physician has reason to
15 believe the advanced practice nurse lacked the competency to
16 perform the act or acts or commits willful or wanton
17 misconduct.

18 (e) A podiatric physician, may, but is not required to
19 delegate prescriptive authority to an advanced practice nurse
20 as part of a written collaborative agreement and the delegation
21 of prescriptive authority shall conform to the requirements of
22 Section 65-40 of the Nurse Practice Act.

23 (Source: P.A. 97-358, eff. 8-12-11; 97-813, eff. 7-13-12;
24 98-214, eff. 8-9-13.)

25 Section 55. The Respiratory Care Practice Act is amended by

1 changing Section 10 as follows:

2 (225 ILCS 106/10)

3 (Section scheduled to be repealed on January 1, 2016)

4 Sec. 10. Definitions. In this Act:

5 "Advanced practice nurse" means an advanced practice nurse
6 licensed under the Nurse Practice Act.

7 "Board" means the Respiratory Care Board appointed by the
8 Director.

9 "Basic respiratory care activities" means and includes all
10 of the following activities:

11 (1) Cleaning, disinfecting, and sterilizing equipment
12 used in the practice of respiratory care as delegated by a
13 licensed health care professional or other authorized
14 licensed personnel.

15 (2) Assembling equipment used in the practice of
16 respiratory care as delegated by a licensed health care
17 professional or other authorized licensed personnel.

18 (3) Collecting and reviewing patient data through
19 non-invasive means, provided that the collection and
20 review does not include the individual's interpretation of
21 the clinical significance of the data. Collecting and
22 reviewing patient data includes the performance of pulse
23 oximetry and non-invasive monitoring procedures in order
24 to obtain vital signs and notification to licensed health
25 care professionals and other authorized licensed personnel

1 in a timely manner.

2 (4) Maintaining a nasal cannula or face mask for oxygen
3 therapy in the proper position on the patient's face.

4 (5) Assembling a nasal cannula or face mask for oxygen
5 therapy at patient bedside in preparation for use.

6 (6) Maintaining a patient's natural airway by
7 physically manipulating the jaw and neck, suctioning the
8 oral cavity, or suctioning the mouth or nose with a bulb
9 syringe.

10 (7) Performing assisted ventilation during emergency
11 resuscitation using a manual resuscitator.

12 (8) Using a manual resuscitator at the direction of a
13 licensed health care professional or other authorized
14 licensed personnel who is present and performing routine
15 airway suctioning. These activities do not include care of
16 a patient's artificial airway or the adjustment of
17 mechanical ventilator settings while a patient is
18 connected to the ventilator.

19 "Basic respiratory care activities" does not mean activities
20 that involve any of the following:

21 (1) Specialized knowledge that results from a course of
22 education or training in respiratory care.

23 (2) An unreasonable risk of a negative outcome for the
24 patient.

25 (3) The assessment or making of a decision concerning
26 patient care.

1 (4) The administration of aerosol medication or
2 oxygen.

3 (5) The insertion and maintenance of an artificial
4 airway.

5 (6) Mechanical ventilatory support.

6 (7) Patient assessment.

7 (8) Patient education.

8 "Department" means the Department of Professional
9 Regulation.

10 "Director" means the Director of Professional Regulation.

11 "Licensed" means that which is required to hold oneself out
12 as a respiratory care practitioner as defined in this Act.

13 "Licensed health care professional" means a physician
14 licensed to practice medicine in all its branches, a licensed
15 ~~an~~ advanced practice nurse ~~who has a written collaborative~~
16 ~~agreement with a collaborating physician that authorizes the~~
17 ~~advanced practice nurse to transmit orders to a respiratory~~
18 ~~care practitioner, or a licensed physician assistant who has~~
19 ~~been delegated the authority to transmit orders to a~~
20 ~~respiratory care practitioner by his or her supervising~~
21 ~~physician.~~

22 "Order" means a written, oral, or telecommunicated
23 authorization for respiratory care services for a patient by
24 (i) a licensed health care professional who maintains medical
25 supervision of the patient and makes a diagnosis or verifies
26 that the patient's condition is such that it may be treated by

1 a respiratory care practitioner or (ii) a certified registered
2 nurse anesthetist in a licensed hospital or ambulatory surgical
3 treatment center.

4 "Other authorized licensed personnel" means a licensed
5 respiratory care practitioner, a licensed registered nurse, or
6 a licensed practical nurse whose scope of practice authorizes
7 the professional to supervise an individual who is not
8 licensed, certified, or registered as a health professional.

9 "Proximate supervision" means a situation in which an
10 individual is responsible for directing the actions of another
11 individual in the facility and is physically close enough to be
12 readily available, if needed, by the supervised individual.

13 "Respiratory care" and "cardiorespiratory care" mean
14 preventative services, evaluation and assessment services,
15 therapeutic services, and rehabilitative services under the
16 order of a licensed health care professional or a certified
17 registered nurse anesthetist in a licensed hospital for an
18 individual with a disorder, disease, or abnormality of the
19 cardiopulmonary system. These terms include, but are not
20 limited to, measuring, observing, assessing, and monitoring
21 signs and symptoms, reactions, general behavior, and general
22 physical response of individuals to respiratory care services,
23 including the determination of whether those signs, symptoms,
24 reactions, behaviors, or general physical responses exhibit
25 abnormal characteristics; the administration of
26 pharmacological and therapeutic agents related to respiratory

1 care services; the collection of blood specimens and other
2 bodily fluids and tissues for, and the performance of,
3 cardiopulmonary diagnostic testing procedures, including, but
4 not limited to, blood gas analysis; development,
5 implementation, and modification of respiratory care treatment
6 plans based on assessed abnormalities of the cardiopulmonary
7 system, respiratory care guidelines, referrals, and orders of a
8 licensed health care professional; application, operation, and
9 management of mechanical ventilatory support and other means of
10 life support; and the initiation of emergency procedures under
11 the rules promulgated by the Department. A respiratory care
12 practitioner shall refer to a physician licensed to practice
13 medicine in all its branches any patient whose condition, at
14 the time of evaluation or treatment, is determined to be beyond
15 the scope of practice of the respiratory care practitioner.

16 "Respiratory care education program" means a course of
17 academic study leading to eligibility for registry or
18 certification in respiratory care. The training is to be
19 approved by an accrediting agency recognized by the Board and
20 shall include an evaluation of competence through a
21 standardized testing mechanism that is determined by the Board
22 to be both valid and reliable.

23 "Respiratory care practitioner" means a person who is
24 licensed by the Department of Professional Regulation and meets
25 all of the following criteria:

26 (1) The person is engaged in the practice of

1 cardiorespiratory care and has the knowledge and skill
2 necessary to administer respiratory care.

3 (2) The person is capable of serving as a resource to
4 the licensed health care professional in relation to the
5 technical aspects of cardiorespiratory care and the safe
6 and effective methods for administering cardiorespiratory
7 care modalities.

8 (3) The person is able to function in situations of
9 unsupervised patient contact requiring great individual
10 judgment.

11 (Source: P.A. 94-523, eff. 1-1-06; 95-639, eff. 10-5-07.)

12 Section 60. The Genetic Counselor Licensing Act is amended
13 by changing Sections 10, 20, and 95 as follows:

14 (225 ILCS 135/10)

15 (Section scheduled to be repealed on January 1, 2025)

16 Sec. 10. Definitions. As used in this Act:

17 "ABGC" means the American Board of Genetic Counseling.

18 "ABMG" means the American Board of Medical Genetics.

19 "Active candidate status" is awarded to applicants who have
20 received approval from the ABGC or ABMG to sit for their
21 respective certification examinations.

22 "Address of record" means the designated address recorded
23 by the Department in the applicant's or licensee's application
24 file or license file as maintained by the Department's

1 licensure maintenance unit. It is the duty of the applicant or
2 licensee to inform the Department of any change of address, and
3 those changes must be made either through the Department's
4 website or by contacting the Department.

5 "Department" means the Department of Financial and
6 Professional Regulation.

7 "Genetic anomaly" means a variation in an individual's DNA
8 that has been shown to confer a genetically influenced disease
9 or predisposition to a genetically influenced disease or makes
10 a person a carrier of such variation. A "carrier" of a genetic
11 anomaly means a person who may or may not have a predisposition
12 or risk of incurring a genetically influenced condition and who
13 is at risk of having offspring with a genetically influenced
14 condition.

15 "Genetic counseling" means the provision of services,
16 which may include the ordering of genetic tests, pursuant to a
17 referral, to individuals, couples, groups, families, and
18 organizations by one or more appropriately trained individuals
19 to address the physical and psychological issues associated
20 with the occurrence or risk of occurrence or recurrence of a
21 genetic disorder, birth defect, disease, or potentially
22 inherited or genetically influenced condition in an individual
23 or a family. "Genetic counseling" consists of the following:

24 (A) Estimating the likelihood of occurrence or
25 recurrence of a birth defect or of any potentially
26 inherited or genetically influenced condition. This

1 assessment may involve:

2 (i) obtaining and analyzing a complete health
3 history of the person and his or her family;

4 (ii) reviewing pertinent medical records;

5 (iii) evaluating the risks from exposure to
6 possible mutagens or teratogens;

7 (iv) recommending genetic testing or other
8 evaluations to diagnose a condition or determine the
9 carrier status of one or more family members;

10 (B) Helping the individual, family, health care
11 provider, or health care professional (i) appreciate the
12 medical, psychological and social implications of a
13 disorder, including its features, variability, usual
14 course and management options, (ii) learn how genetic
15 factors contribute to the disorder and affect the chance
16 for recurrence of the condition in other family members,
17 and (iii) understand available options for coping with,
18 preventing, or reducing the chance of occurrence or
19 recurrence of a condition.

20 (C) Facilitating an individual's or family's (i)
21 exploration of the perception of risk and burden associated
22 with the disorder and (ii) adjustment and adaptation to the
23 condition or their genetic risk by addressing needs for
24 psychological, social, and medical support.

25 "Genetic counselor" means a person licensed under this Act
26 to engage in the practice of genetic counseling.

1 "Genetic testing" and "genetic test" mean a test or
2 analysis of human genes, gene products, DNA, RNA, chromosomes,
3 proteins, or metabolites that detects genotypes, mutations,
4 chromosomal changes, abnormalities, or deficiencies, including
5 carrier status, that (i) are linked to physical or mental
6 disorders or impairments, (ii) indicate a susceptibility to
7 illness, disease, impairment, or other disorders, whether
8 physical or mental, or (iii) demonstrate genetic or chromosomal
9 damage due to environmental factors. "Genetic testing" and
10 "genetic tests" do not include routine physical measurements;
11 chemical, blood and urine analyses that are widely accepted and
12 in use in clinical practice; tests for use of drugs; tests for
13 the presence of the human immunodeficiency virus; analyses of
14 proteins or metabolites that do not detect genotypes,
15 mutations, chromosomal changes, abnormalities, or
16 deficiencies; or analyses of proteins or metabolites that are
17 directly related to a manifested disease, disorder, or
18 pathological condition that could reasonably be detected by a
19 health care professional with appropriate training and
20 expertise in the field of medicine involved.

21 "Person" means an individual, association, partnership, or
22 corporation.

23 "Qualified supervisor" means any person who is a licensed
24 genetic counselor, as defined by rule, or a physician licensed
25 to practice medicine in all its branches. A qualified
26 supervisor may be provided at the applicant's place of work, or

1 may be contracted by the applicant to provide supervision. The
2 qualified supervisor shall file written documentation with the
3 Department of employment, discharge, or supervisory control of
4 a genetic counselor at the time of employment, discharge, or
5 assumption of supervision of a genetic counselor.

6 "Referral" means a written or telecommunicated
7 authorization for genetic counseling services from a physician
8 licensed to practice medicine in all its branches, a licensed
9 ~~an advanced practice nurse who has a collaborative agreement~~
10 ~~with a collaborating physician that authorizes referrals to a~~
11 ~~genetic counselor,~~ or a licensed physician assistant ~~who has a~~
12 ~~supervision agreement with a supervising physician that~~
13 ~~authorizes referrals to a genetic counselor.~~

14 "Secretary" means the Secretary of Financial and
15 Professional Regulation.

16 "Supervision" means review of aspects of genetic
17 counseling and case management in a bimonthly meeting with the
18 person under supervision.

19 (Source: P.A. 98-813, eff. 1-1-15.)

20 (225 ILCS 135/20)

21 (Section scheduled to be repealed on January 1, 2025)

22 Sec. 20. Restrictions and limitations.

23 (a) Except as provided in Section 15, no person shall,
24 without a valid license as a genetic counselor issued by the
25 Department (i) in any manner hold himself or herself out to the

1 public as a genetic counselor under this Act; (ii) use in
2 connection with his or her name or place of business the title
3 "genetic counselor", "licensed genetic counselor", "gene
4 counselor", "genetic consultant", or "genetic associate" or
5 any words, letters, abbreviations, or insignia indicating or
6 implying a person has met the qualifications for or has the
7 license issued under this Act; or (iii) offer to render or
8 render to individuals, corporations, or the public genetic
9 counseling services if the words "genetic counselor" or
10 "licensed genetic counselor" are used to describe the person
11 offering to render or rendering them, or "genetic counseling"
12 is used to describe the services rendered or offered to be
13 rendered.

14 (b) No licensed genetic counselor may provide genetic
15 counseling to individuals, couples, groups, or families
16 without a referral from a physician licensed to practice
17 medicine in all its branches, a licensed ~~an~~ advanced practice
18 nurse ~~who has a collaborative agreement with a collaborating~~
19 ~~physician that authorizes referrals to a genetic counselor,~~ or
20 a licensed physician assistant ~~who has been delegated authority~~
21 ~~to make referrals to genetic counselors.~~ The physician,
22 advanced practice nurse, or physician assistant shall maintain
23 supervision of the patient and be provided timely written
24 reports on the services, including genetic testing results,
25 provided by the licensed genetic counselor. Genetic testing
26 shall be ordered by a physician licensed to practice medicine

1 in all its branches or a genetic counselor pursuant to a
2 referral that gives the specific authority to order genetic
3 tests. Genetic test results and reports shall be provided to
4 the referring physician, advanced practice nurse, or physician
5 assistant. General seminars or talks to groups or organizations
6 on genetic counseling that do not include individual, couple,
7 or family specific counseling may be conducted without a
8 referral. In clinical settings, genetic counselors who serve as
9 a liaison between family members of a patient and a genetic
10 research project, may, with the consent of the patient, provide
11 information to family members for the purpose of gathering
12 additional information, as it relates to the patient, without a
13 referral. In non-clinical settings where no patient is being
14 treated, genetic counselors who serve as a liaison between a
15 genetic research project and participants in that genetic
16 research project may provide information to the participants,
17 without a referral.

18 (c) No association or partnership shall practice genetic
19 counseling unless every member, partner, and employee of the
20 association or partnership who practices genetic counseling or
21 who renders genetic counseling services holds a valid license
22 issued under this Act. No license shall be issued to a
23 corporation, the stated purpose of which includes or which
24 practices or which holds itself out as available to practice
25 genetic counseling, unless it is organized under the
26 Professional Service Corporation Act.

1 (d) Nothing in this Act shall be construed as permitting
2 persons licensed as genetic counselors to engage in any manner
3 in the practice of medicine in all its branches as defined by
4 law in this State.

5 (e) Nothing in this Act shall be construed to authorize a
6 licensed genetic counselor to diagnose, test (unless
7 authorized in a referral), or treat any genetic or other
8 disease or condition.

9 (f) When, in the course of providing genetic counseling
10 services to any person, a genetic counselor licensed under this
11 Act finds any indication of a disease or condition that in his
12 or her professional judgment requires professional service
13 outside the scope of practice as defined in this Act, he or she
14 shall refer that person to a physician licensed to practice
15 medicine in all of its branches.

16 (Source: P.A. 98-813, eff. 1-1-15.)

17 (225 ILCS 135/95)

18 (Section scheduled to be repealed on January 1, 2025)

19 Sec. 95. Grounds for discipline.

20 (a) The Department may refuse to issue, renew, or may
21 revoke, suspend, place on probation, reprimand, or take other
22 disciplinary or non-disciplinary action as the Department
23 deems appropriate, including the issuance of fines not to
24 exceed \$10,000 for each violation, with regard to any license
25 for any one or more of the following:

1 (1) Material misstatement in furnishing information to
2 the Department or to any other State agency.

3 (2) Violations or negligent or intentional disregard
4 of this Act, or any of its rules.

5 (3) Conviction by plea of guilty or nolo contendere,
6 finding of guilt, jury verdict, or entry of judgment or
7 sentencing, including, but not limited to, convictions,
8 preceding sentences of supervision, conditional discharge,
9 or first offender probation, under the laws of any
10 jurisdiction of the United States: (i) that is a felony or
11 (ii) that is a misdemeanor, an essential element of which
12 is dishonesty, or that is directly related to the practice
13 of genetic counseling.

14 (4) Making any misrepresentation for the purpose of
15 obtaining a license, or violating any provision of this Act
16 or its rules.

17 (5) Negligence in the rendering of genetic counseling
18 services.

19 (6) Failure to provide genetic testing results and any
20 requested information to a referring physician licensed to
21 practice medicine in all its branches, advanced practice
22 nurse, or physician assistant.

23 (7) Aiding or assisting another person in violating any
24 provision of this Act or any rules.

25 (8) Failing to provide information within 60 days in
26 response to a written request made by the Department.

1 (9) Engaging in dishonorable, unethical, or
2 unprofessional conduct of a character likely to deceive,
3 defraud, or harm the public and violating the rules of
4 professional conduct adopted by the Department.

5 (10) Failing to maintain the confidentiality of any
6 information received from a client, unless otherwise
7 authorized or required by law.

8 (10.5) Failure to maintain client records of services
9 provided and provide copies to clients upon request.

10 (11) Exploiting a client for personal advantage,
11 profit, or interest.

12 (12) Habitual or excessive use or addiction to alcohol,
13 narcotics, stimulants, or any other chemical agent or drug
14 which results in inability to practice with reasonable
15 skill, judgment, or safety.

16 (13) Discipline by another governmental agency or unit
17 of government, by any jurisdiction of the United States, or
18 by a foreign nation, if at least one of the grounds for the
19 discipline is the same or substantially equivalent to those
20 set forth in this Section.

21 (14) Directly or indirectly giving to or receiving from
22 any person, firm, corporation, partnership, or association
23 any fee, commission, rebate, or other form of compensation
24 for any professional service not actually rendered.
25 Nothing in this paragraph (14) affects any bona fide
26 independent contractor or employment arrangements among

1 health care professionals, health facilities, health care
2 providers, or other entities, except as otherwise
3 prohibited by law. Any employment arrangements may include
4 provisions for compensation, health insurance, pension, or
5 other employment benefits for the provision of services
6 within the scope of the licensee's practice under this Act.
7 Nothing in this paragraph (14) shall be construed to
8 require an employment arrangement to receive professional
9 fees for services rendered.

10 (15) A finding by the Department that the licensee,
11 after having the license placed on probationary status has
12 violated the terms of probation.

13 (16) Failing to refer a client to other health care
14 professionals when the licensee is unable or unwilling to
15 adequately support or serve the client.

16 (17) Willfully filing false reports relating to a
17 licensee's practice, including but not limited to false
18 records filed with federal or State agencies or
19 departments.

20 (18) Willfully failing to report an instance of
21 suspected child abuse or neglect as required by the Abused
22 and Neglected Child Reporting Act.

23 (19) Being named as a perpetrator in an indicated
24 report by the Department of Children and Family Services
25 pursuant to the Abused and Neglected Child Reporting Act,
26 and upon proof by clear and convincing evidence that the

1 licensee has caused a child to be an abused child or
2 neglected child as defined in the Abused and Neglected
3 Child Reporting Act.

4 (20) Physical or mental disability, including
5 deterioration through the aging process or loss of
6 abilities and skills which results in the inability to
7 practice the profession with reasonable judgment, skill,
8 or safety.

9 (21) Solicitation of professional services by using
10 false or misleading advertising.

11 (22) Failure to file a return, or to pay the tax,
12 penalty of interest shown in a filed return, or to pay any
13 final assessment of tax, penalty or interest, as required
14 by any tax Act administered by the Illinois Department of
15 Revenue or any successor agency or the Internal Revenue
16 Service or any successor agency.

17 (23) Fraud or making any misrepresentation in applying
18 for or procuring a license under this Act or in connection
19 with applying for renewal of a license under this Act.

20 (24) Practicing or attempting to practice under a name
21 other than the full name as shown on the license or any
22 other legally authorized name.

23 (25) Gross overcharging for professional services,
24 including filing statements for collection of fees or
25 monies for which services are not rendered.

26 (26) Providing genetic counseling services to

1 individuals, couples, groups, or families without a
2 referral from either a physician licensed to practice
3 medicine in all its branches, a licensed ~~an~~ advanced
4 practice nurse ~~who has a collaborative agreement with a~~
5 ~~collaborating physician that authorizes the advanced~~
6 ~~practice nurse to make referrals to a genetic counselor, or~~
7 a licensed physician assistant ~~who has been delegated~~
8 ~~authority to make referrals to genetic counselors.~~

9 (27) Charging for professional services not rendered,
10 including filing false statements for the collection of
11 fees for which services are not rendered.

12 (28) Allowing one's license under this Act to be used
13 by an unlicensed person in violation of this Act.

14 (b) The Department shall deny, without hearing, any
15 application or renewal for a license under this Act to any
16 person who has defaulted on an educational loan guaranteed by
17 the Illinois State Assistance Commission; however, the
18 Department may issue a license or renewal if the person in
19 default has established a satisfactory repayment record as
20 determined by the Illinois Student Assistance Commission.

21 (c) The determination by a court that a licensee is subject
22 to involuntary admission or judicial admission as provided in
23 the Mental Health and Developmental Disabilities Code will
24 result in an automatic suspension of his or her license. The
25 suspension will end upon a finding by a court that the licensee
26 is no longer subject to involuntary admission or judicial

1 admission, the issuance of an order so finding and discharging
2 the patient, and the determination of the Secretary that the
3 licensee be allowed to resume professional practice.

4 (d) The Department may refuse to issue or renew or may
5 suspend without hearing the license of any person who fails to
6 file a return, to pay the tax penalty or interest shown in a
7 filed return, or to pay any final assessment of the tax,
8 penalty, or interest as required by any Act regarding the
9 payment of taxes administered by the Illinois Department of
10 Revenue until the requirements of the Act are satisfied in
11 accordance with subsection (g) of Section 2105-15 of the Civil
12 Administrative Code of Illinois.

13 (e) In cases where the Department of Healthcare and Family
14 Services has previously determined that a licensee or a
15 potential licensee is more than 30 days delinquent in the
16 payment of child support and has subsequently certified the
17 delinquency to the Department, the Department may refuse to
18 issue or renew or may revoke or suspend that person's license
19 or may take other disciplinary action against that person based
20 solely upon the certification of delinquency made by the
21 Department of Healthcare and Family Services in accordance with
22 item (5) of subsection (a) of Section 2105-15 of the Department
23 of Professional Regulation Law of the Civil Administrative Code
24 of Illinois.

25 (f) All fines or costs imposed under this Section shall be
26 paid within 60 days after the effective date of the order

1 imposing the fine or costs or in accordance with the terms set
2 forth in the order imposing the fine.

3 (Source: P.A. 97-813, eff. 7-13-12; 98-813, eff. 1-1-15.)

4 Section 63. The Illinois Public Aid Code is amended by
5 changing Section 5-8 as follows:

6 (305 ILCS 5/5-8) (from Ch. 23, par. 5-8)

7 Sec. 5-8. Practitioners. In supplying medical assistance,
8 the Illinois Department may provide for the legally authorized
9 services of (i) persons licensed under the Medical Practice Act
10 of 1987, as amended, except as hereafter in this Section
11 stated, whether under a general or limited license, (ii)
12 persons licensed under the Nurse Practice Act as advanced
13 practice nurses, regardless of whether or not the persons have
14 written collaborative agreements, (iii) persons licensed or
15 registered under other laws of this State to provide dental,
16 medical, pharmaceutical, optometric, podiatric, or nursing
17 services, or other remedial care recognized under State law,
18 and (iv) ~~(iii)~~ persons licensed under other laws of this State
19 as a clinical social worker. The Department may not provide for
20 legally authorized services of any physician who has been
21 convicted of having performed an abortion procedure in a wilful
22 and wanton manner on a woman who was not pregnant at the time
23 such abortion procedure was performed. The utilization of the
24 services of persons engaged in the treatment or care of the

1 sick, which persons are not required to be licensed or
2 registered under the laws of this State, is not prohibited by
3 this Section.

4 (Source: P.A. 95-518, eff. 8-28-07.)

5 Section 65. The Perinatal Mental Health Disorders
6 Prevention and Treatment Act is amended by changing Section 10
7 as follows:

8 (405 ILCS 95/10)

9 Sec. 10. Definitions. In this Act:

10 "Hospital" has the meaning given to that term in the
11 Hospital Licensing Act.

12 "Licensed health care professional" means a physician
13 licensed to practice medicine in all its branches, a licensed
14 ~~an~~ advanced practice nurse ~~who has a collaborative agreement~~
15 ~~with a collaborating physician that authorizes care,~~ or a
16 licensed physician ~~physician's~~ assistant ~~who has been~~
17 ~~delegated authority to provide care.~~

18 "Postnatal care" means an office visit to a licensed health
19 care professional occurring after birth, with reference to the
20 infant or mother.

21 "Prenatal care" means an office visit to a licensed health
22 care professional for pregnancy-related care occurring before
23 birth.

24 "Questionnaire" means an assessment tool administered by a

1 licensed health care professional to detect perinatal mental
2 health disorders, such as the Edinburgh Postnatal Depression
3 Scale, the Postpartum Depression Screening Scale, the Beck
4 Depression Inventory, the Patient Health Questionnaire, or
5 other validated assessment methods.

6 (Source: P.A. 95-469, eff. 1-1-08.)

7 Section 70. The Lead Poisoning Prevention Act is amended by
8 changing Section 6.2 as follows:

9 (410 ILCS 45/6.2) (from Ch. 111 1/2, par. 1306.2)

10 Sec. 6.2. Testing children and pregnant persons.

11 (a) Any physician licensed to practice medicine in all its
12 branches or health care provider who sees or treats children 6
13 years of age or younger shall test those children for lead
14 poisoning when those children reside in an area defined as high
15 risk by the Department. Children residing in areas defined as
16 low risk by the Department shall be evaluated for risk by the
17 Childhood Lead Risk Questionnaire developed by the Department
18 and tested if indicated. Children shall be evaluated in
19 accordance with rules adopted by the Department.

20 (b) Each licensed, registered, or approved health care
21 facility serving children 6 years of age or younger, including,
22 but not limited to, health departments, hospitals, clinics, and
23 health maintenance organizations approved, registered, or
24 licensed by the Department, shall take the appropriate steps to

1 ensure that children 6 years of age or younger be evaluated for
2 risk or tested for lead poisoning or both.

3 (c) Children 7 years and older and pregnant persons may
4 also be tested by physicians or health care providers, in
5 accordance with rules adopted by the Department. Physicians and
6 health care providers shall also evaluate children for lead
7 poisoning in conjunction with the school health examination, as
8 required under the School Code, when, in the medical judgment
9 ~~judgement~~ of the physician, advanced practice nurse ~~who has a~~
10 ~~written collaborative agreement with a collaborating physician~~
11 ~~that authorizes the advance practice nurse to perform health~~
12 ~~examinations,~~ or physician assistant ~~who has been delegated to~~
13 ~~perform health examinations by the supervising physician,~~ the
14 child is potentially at high risk of lead poisoning.

15 (d) (Blank).

16 (Source: P.A. 98-690, eff. 1-1-15; revised 12-10-14.)

17 Section 75. The Sexual Assault Survivors Emergency
18 Treatment Act is amended by changing Sections 2.2, 5, and 5.5
19 as follows:

20 (410 ILCS 70/2.2)

21 Sec. 2.2. Emergency contraception.

22 (a) The General Assembly finds:

23 (1) Crimes of sexual assault and sexual abuse cause
24 significant physical, emotional, and psychological trauma

1 to the victims. This trauma is compounded by a victim's
2 fear of becoming pregnant and bearing a child as a result
3 of the sexual assault.

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

7 (3) As approved for use by the Federal Food and Drug
8 Administration (FDA), emergency contraception can
9 significantly reduce the risk of pregnancy if taken within
10 72 hours after the sexual assault.

11 (4) By providing emergency contraception to rape
12 victims in a timely manner, the trauma of rape can be
13 significantly reduced.

14 (b) Within 120 days after the effective date of this
15 amendatory Act of the 92nd General Assembly, every hospital
16 providing services to sexual assault survivors in accordance
17 with a plan approved under Section 2 must develop a protocol
18 that ensures that each survivor of sexual assault will receive
19 medically and factually accurate and written and oral
20 information about emergency contraception; the indications and
21 counter-indications and risks associated with the use of
22 emergency contraception; and a description of how and when
23 victims may be provided emergency contraception upon the
24 written order of a physician licensed to practice medicine in
25 all its branches, a licensed ~~an~~ advanced practice nurse ~~who has~~
26 ~~a written collaborative agreement with a collaborating~~

1 ~~physician that authorizes prescription of emergency~~
2 ~~contraception, or a licensed physician assistant who has been~~
3 ~~delegated authority to prescribe emergency contraception.~~ The
4 Department shall approve the protocol if it finds that the
5 implementation of the protocol would provide sufficient
6 protection for survivors of sexual assault.

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

14 (Source: P.A. 95-432, eff. 1-1-08.)

15 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

16 Sec. 5. Minimum requirements for hospitals providing
17 hospital emergency services and forensic services to sexual
18 assault survivors.

19 (a) Every hospital providing hospital emergency services
20 and forensic services to sexual assault survivors under this
21 Act shall, as minimum requirements for such services, provide,
22 with the consent of the sexual assault survivor, and as ordered
23 by the attending physician, an advanced practice nurse ~~who has~~
24 ~~a written collaborative agreement with a collaborating~~
25 ~~physician that authorizes provision of emergency services, or a~~

1 physician assistant ~~who has been delegated authority to provide~~
2 ~~hospital emergency services and forensic services,~~ the
3 following:

4 (1) appropriate medical examinations and laboratory
5 tests required to ensure the health, safety, and welfare of
6 a sexual assault survivor or which may be used as evidence
7 in a criminal proceeding against a person accused of the
8 sexual assault, or both; and records of the results of such
9 examinations and tests shall be maintained by the hospital
10 and made available to law enforcement officials upon the
11 request of the sexual assault survivor;

12 (2) appropriate oral and written information
13 concerning the possibility of infection, sexually
14 transmitted disease and pregnancy resulting from sexual
15 assault;

16 (3) appropriate oral and written information
17 concerning accepted medical procedures, medication, and
18 possible contraindications of such medication available
19 for the prevention or treatment of infection or disease
20 resulting from sexual assault;

21 (4) an amount of medication for treatment at the
22 hospital and after discharge as is deemed appropriate by
23 the attending physician, an advanced practice nurse, or a
24 physician assistant and consistent with the hospital's
25 current approved protocol for sexual assault survivors;

26 (5) an evaluation of the sexual assault survivor's risk

1 of contracting human immunodeficiency virus (HIV) from the
2 sexual assault;

3 (6) written and oral instructions indicating the need
4 for follow-up examinations and laboratory tests after the
5 sexual assault to determine the presence or absence of
6 sexually transmitted disease;

7 (7) referral by hospital personnel for appropriate
8 counseling; and

9 (8) when HIV prophylaxis is deemed appropriate, an
10 initial dose or doses of HIV prophylaxis, along with
11 written and oral instructions indicating the importance of
12 timely follow-up healthcare.

13 (b) Any person who is a sexual assault survivor who seeks
14 emergency hospital services and forensic services or follow-up
15 healthcare under this Act shall be provided such services
16 without the consent of any parent, guardian, custodian,
17 surrogate, or agent.

18 (c) Nothing in this Section creates a physician-patient
19 relationship that extends beyond discharge from the hospital
20 emergency department.

21 (Source: P.A. 95-432, eff. 1-1-08; 96-318, eff. 1-1-10.)

22 (410 ILCS 70/5.5)

23 Sec. 5.5. Minimum reimbursement requirements for follow-up
24 healthcare.

25 (a) Every hospital, health care professional, laboratory,

1 or pharmacy that provides follow-up healthcare to a sexual
2 assault survivor, with the consent of the sexual assault
3 survivor and as ordered by the attending physician, an advanced
4 practice nurse ~~who has a written collaborative agreement with a~~
5 ~~collaborating physician,~~ or physician assistant ~~who has been~~
6 ~~delegated authority by a supervising physician~~ shall be
7 reimbursed for the follow-up healthcare services provided.
8 Follow-up healthcare services include, but are not limited to,
9 the following:

10 (1) a physical examination;

11 (2) laboratory tests to determine the presence or
12 absence of sexually transmitted disease; and

13 (3) appropriate medications, including HIV
14 prophylaxis.

15 (b) Reimbursable follow-up healthcare is limited to office
16 visits with a physician, advanced practice nurse, or physician
17 assistant within 90 days after an initial visit for hospital
18 emergency services.

19 (c) Nothing in this Section requires a hospital, health
20 care professional, laboratory, or pharmacy to provide
21 follow-up healthcare to a sexual assault survivor.

22 (Source: P.A. 95-432, eff. 1-1-08.)

23 Section 80. The Consent by Minors to Medical Procedures Act
24 is amended by changing Sections 1, 1.5, 2, and 3 as follows:

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

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

17 (Source: P.A. 93-962, eff. 8-20-04.)

18 (410 ILCS 210/1.5)

19 Sec. 1.5. Consent by minor seeking care for primary care
20 services.

21 (a) The consent to the performance of primary care services
22 by a physician licensed to practice medicine in all its
23 branches, a licensed ~~an~~ advanced practice nurse ~~who has a~~
24 ~~written collaborative agreement with a collaborating physician~~
25 ~~that authorizes provision of services for minors~~, or a licensed

1 physician assistant ~~who has been delegated authority to provide~~
2 ~~services for minors~~ executed by a minor seeking care is not
3 voidable because of such minority, and for such purpose, a
4 minor seeking care is deemed to have the same legal capacity to
5 act and has the same powers and obligations as has a person of
6 legal age under the following circumstances:

7 (1) the health care professional reasonably believes
8 that the minor seeking care understands the benefits and
9 risks of any proposed primary care or services; and

10 (2) the minor seeking care is identified in writing as
11 a minor seeking care by:

12 (A) an adult relative;

13 (B) a representative of a homeless service agency
14 that receives federal, State, county, or municipal
15 funding to provide those services or that is otherwise
16 sanctioned by a local continuum of care;

17 (C) an attorney licensed to practice law in this
18 State;

19 (D) a public school homeless liaison or school
20 social worker;

21 (E) a social service agency providing services to
22 at risk, homeless, or runaway youth; or

23 (F) a representative of a religious organization.

24 (b) A health care professional rendering primary care
25 services under this Section shall not incur civil or criminal
26 liability for failure to obtain valid consent or professional

1 discipline for failure to obtain valid consent if he or she
2 relied in good faith on the representations made by the minor
3 or the information provided under paragraph (2) of subsection
4 (a) of this Section. Under such circumstances, good faith shall
5 be presumed.

6 (c) The confidential nature of any communication between a
7 health care professional described in Section 1 of this Act and
8 a minor seeking care is not waived (1) by the presence, at the
9 time of communication, of any additional persons present at the
10 request of the minor seeking care, (2) by the health care
11 professional's disclosure of confidential information to the
12 additional person with the consent of the minor seeking care,
13 when reasonably necessary to accomplish the purpose for which
14 the additional person is consulted, or (3) by the health care
15 professional billing a health benefit insurance or plan under
16 which the minor seeking care is insured, is enrolled, or has
17 coverage for the services provided.

18 (d) Nothing in this Section shall be construed to limit or
19 expand a minor's existing powers and obligations under any
20 federal, State, or local law. Nothing in this Section shall be
21 construed to affect the Parental Notice of Abortion Act of
22 1995. Nothing in this Section affects the right or authority of
23 a parent or legal guardian to verbally, in writing, or
24 otherwise authorize health care services to be provided for a
25 minor in their absence.

26 (e) For the purposes of this Section:

1 "Minor seeking care" means a person at least 14 years
2 of age but less than 18 years of age who is living separate
3 and apart from his or her parents or legal guardian,
4 whether with or without the consent of a parent or legal
5 guardian who is unable or unwilling to return to the
6 residence of a parent, and managing his or her own personal
7 affairs. "Minor seeking care" does not include minors who
8 are under the protective custody, temporary custody, or
9 guardianship of the Department of Children and Family
10 Services.

11 "Primary care services" means health care services
12 that include screening, counseling, immunizations,
13 medication, and treatment of illness and conditions
14 customarily provided by licensed health care professionals
15 in an out-patient setting. "Primary care services" does not
16 include invasive care, beyond standard injections,
17 laceration care, or non-surgical fracture care.

18 (Source: P.A. 98-671, eff. 10-1-14.)

19 (410 ILCS 210/2) (from Ch. 111, par. 4502)

20 Sec. 2. Any parent, including a parent who is a minor, may
21 consent to the performance upon his or her child of a medical
22 or surgical procedure by a physician licensed to practice
23 medicine and surgery, a licensed ~~an~~ advanced practice nurse ~~who~~
24 ~~has a written collaborative agreement with a collaborating~~
25 ~~physician that authorizes provision of services for minors, or~~

1 a licensed physician assistant ~~who has been delegated authority~~
2 ~~to provide services for minors~~ or a dental procedure by a
3 licensed dentist. The consent of a parent who is a minor shall
4 not be voidable because of such minority, but, for such
5 purpose, a parent who is a minor shall be deemed to have the
6 same legal capacity to act and shall have the same powers and
7 obligations as has a person of legal age.

8 (Source: P.A. 93-962, eff. 8-20-04.)

9 (410 ILCS 210/3) (from Ch. 111, par. 4503)

10 Sec. 3. (a) Where a hospital, a physician licensed to
11 practice medicine or surgery, a licensed ~~an~~ advanced practice
12 nurse ~~who has a written collaborative agreement with a~~
13 ~~collaborating physician that authorizes provision of services~~
14 ~~for minors~~, or a licensed physician assistant ~~who has been~~
15 ~~delegated authority to provide services for minors~~ renders
16 emergency treatment or first aid or a licensed dentist renders
17 emergency dental treatment to a minor, consent of the minor's
18 parent or legal guardian need not be obtained if, in the sole
19 opinion of the physician, advanced practice nurse, physician
20 assistant, dentist, or hospital, the obtaining of consent is
21 not reasonably feasible under the circumstances without
22 adversely affecting the condition of such minor's health.

23 (b) Where a minor is the victim of a predatory criminal
24 sexual assault of a child, aggravated criminal sexual assault,
25 criminal sexual assault, aggravated criminal sexual abuse or

1 criminal sexual abuse, as provided in Sections 11-1.20 through
2 11-1.60 of the Criminal Code of 2012, the consent of the
3 minor's parent or legal guardian need not be obtained to
4 authorize a hospital, physician, advanced practice nurse,
5 physician assistant, or other medical personnel to furnish
6 medical care or counseling related to the diagnosis or
7 treatment of any disease or injury arising from such offense.
8 The minor may consent to such counseling, diagnosis or
9 treatment as if the minor had reached his or her age of
10 majority. Such consent shall not be voidable, nor subject to
11 later disaffirmance, because of minority.

12 (Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

13 Section 85. The Prenatal and Newborn Care Act is amended by
14 changing Section 2 as follows:

15 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

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

18 "Advanced practice nurse" or "APN" means an advanced
19 practice nurse licensed under the Nurse Practice Act ~~who has a~~
20 ~~written collaborative agreement with a collaborating physician~~
21 ~~that authorizes the provision of prenatal and newborn care.~~

22 "Department" means the Illinois Department of Human
23 Services.

24 "Early and Periodic Screening, Diagnosis and Treatment

1 (EPSDT)" means the provision of preventative health care under
2 42 C.F.R. 441.50 et seq., including medical and dental
3 services, needed to assess growth and development and detect
4 and treat health problems.

5 "Hospital" means a hospital as defined under the Hospital
6 Licensing Act.

7 "Local health authority" means the full-time official
8 health department or board of health, as recognized by the
9 Illinois Department of Public Health, having jurisdiction over
10 a particular area.

11 "Nurse" means a nurse licensed under the Nurse Practice
12 Act.

13 "Physician" means a physician licensed to practice
14 medicine in all of its branches.

15 "Physician assistant" means a physician assistant licensed
16 under the Physician Assistant Practice Act of 1987 ~~who has been~~
17 ~~delegated authority to provide prenatal and newborn care.~~

18 "Postnatal visit" means a visit occurring after birth, with
19 reference to the newborn.

20 "Prenatal visit" means a visit occurring before birth.

21 "Program" means the Prenatal and Newborn Care Program
22 established pursuant to this Act.

23 (Source: P.A. 95-639, eff. 10-5-07.)

24 Section 90. The AIDS Confidentiality Act is amended by
25 changing Section 3 as follows:

1 (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

2 Sec. 3. When used in this Act:

3 (a) "AIDS" means acquired immunodeficiency syndrome.

4 (b) "Authority" means the Illinois Health Information
5 Exchange Authority established pursuant to the Illinois Health
6 Information Exchange and Technology Act.

7 (c) "Business associate" has the meaning ascribed to it
8 under HIPAA, as specified in 45 CFR 160.103.

9 (d) "Covered entity" has the meaning ascribed to it under
10 HIPAA, as specified in 45 CFR 160.103.

11 (e) "De-identified information" means health information
12 that is not individually identifiable as described under HIPAA,
13 as specified in 45 CFR 164.514(b).

14 (f) "Department" means the Illinois Department of Public
15 Health or its designated agents.

16 (g) "Disclosure" has the meaning ascribed to it under
17 HIPAA, as specified in 45 CFR 160.103.

18 (h) "Health care operations" has the meaning ascribed to it
19 under HIPAA, as specified in 45 CFR 164.501.

20 (i) "Health care professional" means (i) a licensed
21 physician, (ii) a licensed physician assistant ~~to whom the~~
22 ~~physician assistant's supervising physician has delegated the~~
23 ~~provision of AIDS and HIV-related health services,~~ (iii) a
24 licensed ~~an~~ advanced practice ~~registered~~ nurse ~~who has a~~
25 ~~written collaborative agreement with a collaborating physician~~

1 ~~which authorizes the provision of AIDS and HIV-related health~~
2 ~~services,~~ (iv) a licensed dentist, (v) a licensed podiatric
3 physician, or (vi) an individual certified to provide HIV
4 testing and counseling by a state or local public health
5 department.

6 (j) "Health care provider" has the meaning ascribed to it
7 under HIPAA, as specified in 45 CFR 160.103.

8 (k) "Health facility" means a hospital, nursing home, blood
9 bank, blood center, sperm bank, or other health care
10 institution, including any "health facility" as that term is
11 defined in the Illinois Finance Authority Act.

12 (l) "Health information exchange" or "HIE" means a health
13 information exchange or health information organization that
14 oversees and governs the electronic exchange of health
15 information that (i) is established pursuant to the Illinois
16 Health Information Exchange and Technology Act, or any
17 subsequent amendments thereto, and any administrative rules
18 adopted thereunder; (ii) has established a data sharing
19 arrangement with the Authority; or (iii) as of August 16, 2013,
20 was designated by the Authority Board as a member of, or was
21 represented on, the Authority Board's Regional Health
22 Information Exchange Workgroup; provided that such designation
23 shall not require the establishment of a data sharing
24 arrangement or other participation with the Illinois Health
25 Information Exchange or the payment of any fee. In certain
26 circumstances, in accordance with HIPAA, an HIE will be a

1 business associate.

2 (m) "Health oversight agency" has the meaning ascribed to
3 it under HIPAA, as specified in 45 CFR 164.501.

4 (n) "HIPAA" means the Health Insurance Portability and
5 Accountability Act of 1996, Public Law 104-191, as amended by
6 the Health Information Technology for Economic and Clinical
7 Health Act of 2009, Public Law 111-05, and any subsequent
8 amendments thereto and any regulations promulgated thereunder.

9 (o) "HIV" means the human immunodeficiency virus.

10 (p) "HIV-related information" means the identity of a
11 person upon whom an HIV test is performed, the results of an
12 HIV test, as well as diagnosis, treatment, and prescription
13 information that reveals a patient is HIV-positive, including
14 such information contained in a limited data set. "HIV-related
15 information" does not include information that has been
16 de-identified in accordance with HIPAA.

17 (q) "Informed consent" means a written or verbal agreement
18 by the subject of a test or the subject's legally authorized
19 representative without undue inducement or any element of
20 force, fraud, deceit, duress, or other form of constraint or
21 coercion, which entails at least the following pre-test
22 information:

23 (1) a fair explanation of the test, including its
24 purpose, potential uses, limitations, and the meaning of
25 its results;

26 (2) a fair explanation of the procedures to be

1 followed, including the voluntary nature of the test, the
2 right to withdraw consent to the testing process at any
3 time, the right to anonymity to the extent provided by law
4 with respect to participation in the test and disclosure of
5 test results, and the right to confidential treatment of
6 information identifying the subject of the test and the
7 results of the test, to the extent provided by law; and

8 (3) where the person providing informed consent is a
9 participant in an HIE, a fair explanation that the results
10 of the patient's HIV test will be accessible through an HIE
11 and meaningful disclosure of the patient's opt-out right
12 under Section 9.6 of this Act.

13 Pre-test information may be provided in writing, verbally,
14 or by video, electronic, or other means. The subject must be
15 offered an opportunity to ask questions about the HIV test and
16 decline testing. Nothing in this Act shall prohibit a health
17 care provider or health care professional from combining a form
18 used to obtain informed consent for HIV testing with forms used
19 to obtain written consent for general medical care or any other
20 medical test or procedure provided that the forms make it clear
21 that the subject may consent to general medical care, tests, or
22 medical procedures without being required to consent to HIV
23 testing and clearly explain how the subject may opt out of HIV
24 testing.

25 (r) "Limited data set" has the meaning ascribed to it under
26 HIPAA, as described in 45 CFR 164.514(e) (2).

1 (s) "Minimum necessary" means the HIPAA standard for using,
2 disclosing, and requesting protected health information found
3 in 45 CFR 164.502(b) and 164.514(d).

4 (t) "Organized health care arrangement" has the meaning
5 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

6 (u) "Patient safety activities" has the meaning ascribed to
7 it under 42 CFR 3.20.

8 (v) "Payment" has the meaning ascribed to it under HIPAA,
9 as specified in 45 CFR 164.501.

10 (w) "Person" includes any natural person, partnership,
11 association, joint venture, trust, governmental entity, public
12 or private corporation, health facility, or other legal entity.

13 (x) "Protected health information" has the meaning
14 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

15 (y) "Research" has the meaning ascribed to it under HIPAA,
16 as specified in 45 CFR 164.501.

17 (z) "State agency" means an instrumentality of the State of
18 Illinois and any instrumentality of another state that,
19 pursuant to applicable law or a written undertaking with an
20 instrumentality of the State of Illinois, is bound to protect
21 the privacy of HIV-related information of Illinois persons.

22 (aa) "Test" or "HIV test" means a test to determine the
23 presence of the antibody or antigen to HIV, or of HIV
24 infection.

25 (bb) "Treatment" has the meaning ascribed to it under
26 HIPAA, as specified in 45 CFR 164.501.

1 (cc) "Use" has the meaning ascribed to it under HIPAA, as
2 specified in 45 CFR 160.103, where context dictates.

3 (Source: P.A. 98-214, eff. 8-9-13; 98-1046, eff. 1-1-15.)

4 Section 95. The Illinois Sexually Transmissible Disease
5 Control Act is amended by changing Sections 3 and 4 as follows:

6 (410 ILCS 325/3) (from Ch. 111 1/2, par. 7403)

7 Sec. 3. Definitions. As used in this Act, unless the
8 context clearly requires otherwise:

9 (1) "Department" means the Department of Public Health.

10 (2) "Local health authority" means the full-time official
11 health department or board of health, as recognized by the
12 Department, having jurisdiction over a particular area.

13 (3) "Sexually transmissible disease" means a bacterial,
14 viral, fungal or parasitic disease, determined by rule of the
15 Department to be sexually transmissible, to be a threat to the
16 public health and welfare, and to be a disease for which a
17 legitimate public interest will be served by providing for
18 regulation and treatment. In considering which diseases are to
19 be designated sexually transmissible diseases, the Department
20 shall consider such diseases as chancroid, gonorrhea,
21 granuloma inguinale, lymphogranuloma venereum, genital herpes
22 simplex, chlamydia, nongonococcal urethritis (NGU), pelvic
23 inflammatory disease (PID)/Acute Salpingitis, syphilis,
24 Acquired Immunodeficiency Syndrome (AIDS), and Human

1 Immunodeficiency Virus (HIV) for designation, and shall
2 consider the recommendations and classifications of the
3 Centers for Disease Control and other nationally recognized
4 medical authorities. Not all diseases that are sexually
5 transmissible need be designated for purposes of this Act.

6 (4) "Health care professional" means a physician licensed
7 to practice medicine in all its branches, a licensed physician
8 assistant ~~who has been delegated the provision of sexually~~
9 ~~transmissible disease therapy services or expedited partner~~
10 ~~therapy services by his or her supervising physician, or a~~
11 licensed ~~an~~ advanced practice nurse ~~who has a written~~
12 ~~collaborative agreement with a collaborating physician that~~
13 ~~authorizes the provision of sexually transmissible disease~~
14 ~~therapy services or expedited partner therapy services, or an~~
15 ~~advanced practice nurse who practices in a hospital or~~
16 ~~ambulatory surgical treatment center and possesses appropriate~~
17 ~~clinical privileges in accordance with the Nurse Practice Act.~~

18 (5) "Expedited partner therapy" means to prescribe,
19 dispense, furnish, or otherwise provide prescription
20 antibiotic drugs to the partner or partners of persons
21 clinically diagnosed as infected with a sexually transmissible
22 disease, without physical examination of the partner or
23 partners.

24 (Source: P.A. 96-613, eff. 1-1-10.)

25 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

1 Sec. 4. Reporting required.

2 (a) A physician licensed under the provisions of the
3 Medical Practice Act of 1987, an advanced practice nurse
4 licensed under the provisions of the Nurse Practice Act ~~who has~~
5 ~~a written collaborative agreement with a collaborating~~
6 ~~physician that authorizes the provision of services for a~~
7 ~~sexually transmissible disease,~~ or a physician assistant
8 licensed under the provisions of the Physician Assistant
9 Practice Act of 1987 ~~who has been delegated authority to~~
10 ~~provide services for a sexually transmissible disease~~ who makes
11 a diagnosis of or treats a person with a sexually transmissible
12 disease and each laboratory that performs a test for a sexually
13 transmissible disease which concludes with a positive result
14 shall report such facts as may be required by the Department by
15 rule, within such time period as the Department may require by
16 rule, but in no case to exceed 2 weeks.

17 (b) The Department shall adopt rules specifying the
18 information required in reporting a sexually transmissible
19 disease, the method of reporting and specifying a minimum time
20 period for reporting. In adopting such rules, the Department
21 shall consider the need for information, protections for the
22 privacy and confidentiality of the patient, and the practical
23 abilities of persons and laboratories to report in a reasonable
24 fashion.

25 (c) Any person who knowingly or maliciously disseminates
26 any false information or report concerning the existence of any

1 sexually transmissible disease under this Section is guilty of
2 a Class A misdemeanor.

3 (d) Any person who violates the provisions of this Section
4 or the rules adopted hereunder may be fined by the Department
5 up to \$500 for each violation. The Department shall report each
6 violation of this Section to the regulatory agency responsible
7 for licensing a health care professional or a laboratory to
8 which these provisions apply.

9 (Source: P.A. 95-639, eff. 10-5-07.)

10 Section 100. The Perinatal HIV Prevention Act is amended by
11 changing Section 5 as follows:

12 (410 ILCS 335/5)

13 Sec. 5. Definitions. In this Act:

14 "Department" means the Department of Public Health.

15 "Health care professional" means a physician licensed to
16 practice medicine in all its branches, a licensed physician
17 assistant ~~who has been delegated the provision of health~~
18 ~~services by his or her supervising physician, or a licensed an~~
19 advanced practice ~~registered~~ nurse ~~who has a written~~
20 ~~collaborative agreement with a collaborating physician that~~
21 ~~authorizes the provision of health services.~~

22 "Health care facility" or "facility" means any hospital or
23 other institution that is licensed or otherwise authorized to
24 deliver health care services.

1 "Health care services" means any prenatal medical care or
2 labor or delivery services to a pregnant woman and her newborn
3 infant, including hospitalization.

4 (Source: P.A. 93-566, eff. 8-20-03; 94-910, eff. 6-23-06.)

5 Section 105. The Genetic Information Privacy Act is amended
6 by changing Section 10 as follows:

7 (410 ILCS 513/10)

8 Sec. 10. Definitions. As used in this Act:

9 "Authority" means the Illinois Health Information Exchange
10 Authority established pursuant to the Illinois Health
11 Information Exchange and Technology Act.

12 "Business associate" has the meaning ascribed to it under
13 HIPAA, as specified in 45 CFR 160.103.

14 "Covered entity" has the meaning ascribed to it under
15 HIPAA, as specified in 45 CFR 160.103.

16 "De-identified information" means health information that
17 is not individually identifiable as described under HIPAA, as
18 specified in 45 CFR 164.514(b).

19 "Disclosure" has the meaning ascribed to it under HIPAA, as
20 specified in 45 CFR 160.103.

21 "Employer" means the State of Illinois, any unit of local
22 government, and any board, commission, department,
23 institution, or school district, any party to a public
24 contract, any joint apprenticeship or training committee

1 within the State, and every other person employing employees
2 within the State.

3 "Employment agency" means both public and private
4 employment agencies and any person, labor organization, or
5 labor union having a hiring hall or hiring office regularly
6 undertaking, with or without compensation, to procure
7 opportunities to work, or to procure, recruit, refer, or place
8 employees.

9 "Family member" means, with respect to an individual, (i)
10 the spouse of the individual; (ii) a dependent child of the
11 individual, including a child who is born to or placed for
12 adoption with the individual; (iii) any other person qualifying
13 as a covered dependent under a managed care plan; and (iv) all
14 other individuals related by blood or law to the individual or
15 the spouse or child described in subsections (i) through (iii)
16 of this definition.

17 "Genetic information" has the meaning ascribed to it under
18 HIPAA, as specified in 45 CFR 160.103.

19 "Genetic monitoring" means the periodic examination of
20 employees to evaluate acquired modifications to their genetic
21 material, such as chromosomal damage or evidence of increased
22 occurrence of mutations that may have developed in the course
23 of employment due to exposure to toxic substances in the
24 workplace in order to identify, evaluate, and respond to
25 effects of or control adverse environmental exposures in the
26 workplace.

1 "Genetic services" has the meaning ascribed to it under
2 HIPAA, as specified in 45 CFR 160.103.

3 "Genetic testing" and "genetic test" have the meaning
4 ascribed to "genetic test" under HIPAA, as specified in 45 CFR
5 160.103.

6 "Health care operations" has the meaning ascribed to it
7 under HIPAA, as specified in 45 CFR 164.501.

8 "Health care professional" means (i) a licensed physician,
9 (ii) a licensed physician assistant ~~to whom the physician~~
10 ~~assistant's supervising physician has delegated the provision~~
11 ~~of genetic testing or genetic counseling related services,~~
12 (iii) a licensed ~~an~~ advanced practice ~~registered~~ nurse ~~who has~~
13 ~~a written collaborative agreement with a collaborating~~
14 ~~physician which authorizes the provision of genetic testing or~~
15 ~~genetic counseling related health services,~~ (iv) a licensed
16 dentist, (v) a licensed podiatrist, (vi) a licensed genetic
17 counselor, or (vii) an individual certified to provide genetic
18 testing by a state or local public health department.

19 "Health care provider" has the meaning ascribed to it under
20 HIPAA, as specified in 45 CFR 160.103.

21 "Health facility" means a hospital, blood bank, blood
22 center, sperm bank, or other health care institution, including
23 any "health facility" as that term is defined in the Illinois
24 Finance Authority Act.

25 "Health information exchange" or "HIE" means a health
26 information exchange or health information organization that

1 exchanges health information electronically that (i) is
2 established pursuant to the Illinois Health Information
3 Exchange and Technology Act, or any subsequent amendments
4 thereto, and any administrative rules promulgated thereunder;
5 (ii) has established a data sharing arrangement with the
6 Authority; or (iii) as of August 16, 2013, was designated by
7 the Authority Board as a member of, or was represented on, the
8 Authority Board's Regional Health Information Exchange
9 Workgroup; provided that such designation shall not require the
10 establishment of a data sharing arrangement or other
11 participation with the Illinois Health Information Exchange or
12 the payment of any fee. In certain circumstances, in accordance
13 with HIPAA, an HIE will be a business associate.

14 "Health oversight agency" has the meaning ascribed to it
15 under HIPAA, as specified in 45 CFR 164.501.

16 "HIPAA" means the Health Insurance Portability and
17 Accountability Act of 1996, Public Law 104-191, as amended by
18 the Health Information Technology for Economic and Clinical
19 Health Act of 2009, Public Law 111-05, and any subsequent
20 amendments thereto and any regulations promulgated thereunder.

21 "Insurer" means (i) an entity that is subject to the
22 jurisdiction of the Director of Insurance and (ii) a managed
23 care plan.

24 "Labor organization" includes any organization, labor
25 union, craft union, or any voluntary unincorporated
26 association designed to further the cause of the rights of

1 union labor that is constituted for the purpose, in whole or in
2 part, of collective bargaining or of dealing with employers
3 concerning grievances, terms or conditions of employment, or
4 apprenticeships or applications for apprenticeships, or of
5 other mutual aid or protection in connection with employment,
6 including apprenticeships or applications for apprenticeships.

7 "Licensing agency" means a board, commission, committee,
8 council, department, or officers, except a judicial officer, in
9 this State or any political subdivision authorized to grant,
10 deny, renew, revoke, suspend, annul, withdraw, or amend a
11 license or certificate of registration.

12 "Limited data set" has the meaning ascribed to it under
13 HIPAA, as described in 45 CFR 164.514(e) (2).

14 "Managed care plan" means a plan that establishes,
15 operates, or maintains a network of health care providers that
16 have entered into agreements with the plan to provide health
17 care services to enrollees where the plan has the ultimate and
18 direct contractual obligation to the enrollee to arrange for
19 the provision of or pay for services through:

20 (1) organizational arrangements for ongoing quality
21 assurance, utilization review programs, or dispute
22 resolution; or

23 (2) financial incentives for persons enrolled in the
24 plan to use the participating providers and procedures
25 covered by the plan.

26 A managed care plan may be established or operated by any

1 entity including a licensed insurance company, hospital or
2 medical service plan, health maintenance organization, limited
3 health service organization, preferred provider organization,
4 third party administrator, or an employer or employee
5 organization.

6 "Minimum necessary" means HIPAA's standard for using,
7 disclosing, and requesting protected health information found
8 in 45 CFR 164.502(b) and 164.514(d).

9 "Nontherapeutic purpose" means a purpose that is not
10 intended to improve or preserve the life or health of the
11 individual whom the information concerns.

12 "Organized health care arrangement" has the meaning
13 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

14 "Patient safety activities" has the meaning ascribed to it
15 under 42 CFR 3.20.

16 "Payment" has the meaning ascribed to it under HIPAA, as
17 specified in 45 CFR 164.501.

18 "Person" includes any natural person, partnership,
19 association, joint venture, trust, governmental entity, public
20 or private corporation, health facility, or other legal entity.

21 "Protected health information" has the meaning ascribed to
22 it under HIPAA, as specified in 45 CFR 164.103.

23 "Research" has the meaning ascribed to it under HIPAA, as
24 specified in 45 CFR 164.501.

25 "State agency" means an instrumentality of the State of
26 Illinois and any instrumentality of another state which

1 pursuant to applicable law or a written undertaking with an
2 instrumentality of the State of Illinois is bound to protect
3 the privacy of genetic information of Illinois persons.

4 "Treatment" has the meaning ascribed to it under HIPAA, as
5 specified in 45 CFR 164.501.

6 "Use" has the meaning ascribed to it under HIPAA, as
7 specified in 45 CFR 160.103, where context dictates.

8 (Source: P.A. 98-1046, eff. 1-1-15.)

9 Section 110. The Home Health and Hospice Drug Dispensation
10 and Administration Act is amended by changing Section 10 as
11 follows:

12 (410 ILCS 642/10)

13 Sec. 10. Definitions. In this Act:

14 "Authorized nursing employee" means a registered nurse or
15 advanced practice nurse, as defined in the Nurse Practice Act,
16 who is employed by a home health agency or hospice licensed in
17 this State.

18 "Health care professional" means a physician licensed to
19 practice medicine in all its branches, a licensed ~~an~~ advanced
20 practice nurse ~~who has a written collaborative agreement with a~~
21 ~~collaborating physician that authorizes services under this~~
22 ~~Act,~~ or a licensed physician assistant ~~who has been delegated~~
23 ~~the authority to perform services under this Act by his or her~~
24 ~~supervising physician.~~

1 "Home health agency" has the meaning ascribed to it in
2 Section 2.04 of the Home Health, Home Services, and Home
3 Nursing Agency Licensing Act.

4 "Hospice" means a full hospice, as defined in Section 3 of
5 the Hospice Program Licensing Act.

6 "Physician" means a physician licensed under the Medical
7 Practice Act of 1987 to practice medicine in all its branches.

8 (Source: P.A. 94-638, eff. 8-22-05; 95-331, eff. 8-21-07;
9 95-639, eff. 10-5-07.)

10 Section 115. The Illinois Vehicle Code is amended by
11 changing Sections 1-159.1, 3-616, 6-103, 6-106.1, and 6-901 as
12 follows:

13 (625 ILCS 5/1-159.1) (from Ch. 95 1/2, par. 1-159.1)

14 Sec. 1-159.1. Person with disabilities. A natural person
15 who, as determined by a licensed physician, by a licensed
16 physician assistant ~~who has been delegated the authority to~~
17 ~~make this determination by his or her supervising physician, or~~
18 by a licensed ~~an~~ advanced practice nurse ~~who has a written~~
19 ~~collaborative agreement with a collaborating physician that~~
20 ~~authorizes the advanced practice nurse to make this~~
21 ~~determination:~~ (1) cannot walk without the use of, or
22 assistance from, a brace, cane, crutch, another person,
23 prosthetic device, wheelchair, or other assistive device; (2)
24 is restricted by lung disease to such an extent that his or her

1 forced (respiratory) expiratory volume for one second, when
2 measured by spirometry, is less than one liter, or the arterial
3 oxygen tension is less than 60 mm/hg on room air at rest; (3)
4 uses portable oxygen; (4) has a cardiac condition to the extent
5 that the person's functional limitations are classified in
6 severity as Class III or Class IV, according to standards set
7 by the American Heart Association; (5) is severely limited in
8 the person's ability to walk due to an arthritic, neurological,
9 oncological, or orthopedic condition; (6) cannot walk 200 feet
10 without stopping to rest because of one of the above 5
11 conditions; or (7) is missing a hand or arm or has permanently
12 lost the use of a hand or arm.

13 (Source: P.A. 98-405, eff. 1-1-14.)

14 (625 ILCS 5/3-616) (from Ch. 95 1/2, par. 3-616)

15 Sec. 3-616. Disability license plates.

16 (a) Upon receiving an application for a certificate of
17 registration for a motor vehicle of the first division or for a
18 motor vehicle of the second division weighing no more than
19 8,000 pounds, accompanied with payment of the registration fees
20 required under this Code from a person with disabilities or a
21 person who is deaf or hard of hearing, the Secretary of State,
22 if so requested, shall issue to such person registration plates
23 as provided for in Section 3-611, provided that the person with
24 disabilities or person who is deaf or hard of hearing must not
25 be disqualified from obtaining a driver's license under

1 subsection 8 of Section 6-103 of this Code, and further
2 provided that any person making such a request must submit a
3 statement, certified by a licensed physician, by a licensed
4 physician assistant ~~who has been delegated the authority to~~
5 ~~make this certification by his or her supervising physician, or~~
6 by a licensed ~~an~~ advanced practice nurse ~~who has a written~~
7 ~~collaborative agreement with a collaborating physician that~~
8 ~~authorizes the advanced practice nurse to make this~~
9 ~~certification~~, to the effect that such person is a person with
10 disabilities as defined by Section 1-159.1 of this Code, or
11 alternatively provide adequate documentation that such person
12 has a Class 1A, Class 2A or Type Four disability under the
13 provisions of Section 4A of the Illinois Identification Card
14 Act. For purposes of this Section, an Illinois Person with a
15 Disability Identification Card issued pursuant to the Illinois
16 Identification Card Act indicating that the person thereon
17 named has a disability shall be adequate documentation of such
18 a disability.

19 (b) The Secretary shall issue plates under this Section to
20 a parent or legal guardian of a person with disabilities if the
21 person with disabilities has a Class 1A or Class 2A disability
22 as defined in Section 4A of the Illinois Identification Card
23 Act or is a person with disabilities as defined by Section
24 1-159.1 of this Code, and does not possess a vehicle registered
25 in his or her name, provided that the person with disabilities
26 relies frequently on the parent or legal guardian for

1 transportation. Only one vehicle per family may be registered
2 under this subsection, unless the applicant can justify in
3 writing the need for one additional set of plates. Any person
4 requesting special plates under this subsection shall submit
5 such documentation or such physician's, physician assistant's,
6 or advanced practice nurse's statement as is required in
7 subsection (a) and a statement describing the circumstances
8 qualifying for issuance of special plates under this
9 subsection. An optometrist may certify a Class 2A Visual
10 Disability, as defined in Section 4A of the Illinois
11 Identification Card Act, for the purpose of qualifying a person
12 with disabilities for special plates under this subsection.

13 (c) The Secretary may issue a parking decal or device to a
14 person with disabilities as defined by Section 1-159.1 without
15 regard to qualification of such person with disabilities for a
16 driver's license or registration of a vehicle by such person
17 with disabilities or such person's immediate family, provided
18 such person with disabilities making such a request has been
19 issued an Illinois Person with a Disability Identification Card
20 indicating that the person named thereon has a Class 1A or
21 Class 2A disability, or alternatively, submits a statement
22 certified by a licensed physician, or by a licensed physician
23 assistant or a licensed ~~an~~ advanced practice nurse as provided
24 in subsection (a), to the effect that such person is a person
25 with disabilities as defined by Section 1-159.1. An optometrist
26 may certify a Class 2A Visual Disability as defined in Section

1 4A of the Illinois Identification Card Act for the purpose of
2 qualifying a person with disabilities for a parking decal or
3 device under this subsection.

4 (d) The Secretary shall prescribe by rules and regulations
5 procedures to certify or re-certify as necessary the
6 eligibility of persons whose disabilities are other than
7 permanent for special plates or parking decals or devices
8 issued under subsections (a), (b) and (c). Except as provided
9 under subsection (f) of this Section, no such special plates,
10 decals or devices shall be issued by the Secretary of State to
11 or on behalf of any person with disabilities unless such person
12 is certified as meeting the definition of a person with
13 disabilities pursuant to Section 1-159.1 or meeting the
14 requirement of a Type Four disability as provided under Section
15 4A of the Illinois Identification Card Act for the period of
16 time that the physician, or the physician assistant or advanced
17 practice nurse as provided in subsection (a), determines the
18 applicant will have the disability, but not to exceed 6 months
19 from the date of certification or recertification.

20 (e) Any person requesting special plates under this Section
21 may also apply to have the special plates personalized, as
22 provided under Section 3-405.1.

23 (f) The Secretary of State, upon application, shall issue
24 disability registration plates or a parking decal to
25 corporations, school districts, State or municipal agencies,
26 limited liability companies, nursing homes, convalescent

1 homes, or special education cooperatives which will transport
2 persons with disabilities. The Secretary shall prescribe by
3 rule a means to certify or re-certify the eligibility of
4 organizations to receive disability plates or decals and to
5 designate which of the 2 person with disabilities emblems shall
6 be placed on qualifying vehicles.

7 (g) The Secretary of State, or his designee, may enter into
8 agreements with other jurisdictions, including foreign
9 jurisdictions, on behalf of this State relating to the
10 extension of parking privileges by such jurisdictions to
11 permanently disabled residents of this State who display a
12 special license plate or parking device that contains the
13 International symbol of access on his or her motor vehicle, and
14 to recognize such plates or devices issued by such other
15 jurisdictions. This State shall grant the same parking
16 privileges which are granted to disabled residents of this
17 State to any non-resident whose motor vehicle is licensed in
18 another state, district, territory or foreign country if such
19 vehicle displays the international symbol of access or a
20 distinguishing insignia on license plates or parking device
21 issued in accordance with the laws of the non-resident's state,
22 district, territory or foreign country.

23 (Source: P.A. 97-1064, eff. 1-1-13.)

24 (625 ILCS 5/6-103) (from Ch. 95 1/2, par. 6-103)

25 Sec. 6-103. What persons shall not be licensed as drivers

1 or granted permits. The Secretary of State shall not issue,
2 renew, or allow the retention of any driver's license nor issue
3 any permit under this Code:

4 1. To any person, as a driver, who is under the age of
5 18 years except as provided in Section 6-107, and except
6 that an instruction permit may be issued under Section
7 6-107.1 to a child who is not less than 15 years of age if
8 the child is enrolled in an approved driver education
9 course as defined in Section 1-103 of this Code and
10 requires an instruction permit to participate therein,
11 except that an instruction permit may be issued under the
12 provisions of Section 6-107.1 to a child who is 17 years
13 and 3 months of age without the child having enrolled in an
14 approved driver education course and except that an
15 instruction permit may be issued to a child who is at least
16 15 years and 3 months of age, is enrolled in school, meets
17 the educational requirements of the Driver Education Act,
18 and has passed examinations the Secretary of State in his
19 or her discretion may prescribe;

20 1.5. To any person at least 18 years of age but less
21 than 21 years of age unless the person has, in addition to
22 any other requirements of this Code, successfully
23 completed an adult driver education course as provided in
24 Section 6-107.5 of this Code;

25 2. To any person who is under the age of 18 as an
26 operator of a motorcycle other than a motor driven cycle

1 unless the person has, in addition to meeting the
2 provisions of Section 6-107 of this Code, successfully
3 completed a motorcycle training course approved by the
4 Illinois Department of Transportation and successfully
5 completes the required Secretary of State's motorcycle
6 driver's examination;

7 3. To any person, as a driver, whose driver's license
8 or permit has been suspended, during the suspension, nor to
9 any person whose driver's license or permit has been
10 revoked, except as provided in Sections 6-205, 6-206, and
11 6-208;

12 4. To any person, as a driver, who is a user of alcohol
13 or any other drug to a degree that renders the person
14 incapable of safely driving a motor vehicle;

15 5. To any person, as a driver, who has previously been
16 adjudged to be afflicted with or suffering from any mental
17 or physical disability or disease and who has not at the
18 time of application been restored to competency by the
19 methods provided by law;

20 6. To any person, as a driver, who is required by the
21 Secretary of State to submit an alcohol and drug evaluation
22 or take an examination provided for in this Code unless the
23 person has successfully passed the examination and
24 submitted any required evaluation;

25 7. To any person who is required under the provisions
26 of the laws of this State to deposit security or proof of

1 financial responsibility and who has not deposited the
2 security or proof;

3 8. To any person when the Secretary of State has good
4 cause to believe that the person by reason of physical or
5 mental disability would not be able to safely operate a
6 motor vehicle upon the highways, unless the person shall
7 furnish to the Secretary of State a verified written
8 statement, acceptable to the Secretary of State, from a
9 competent medical specialist, a licensed physician
10 assistant ~~who has been delegated the performance of medical~~
11 ~~examinations by his or her supervising physician, or a~~
12 licensed advanced practice nurse ~~who has a written~~
13 ~~collaborative agreement with a collaborating physician~~
14 ~~which authorizes him or her to perform medical~~
15 ~~examinations,~~ to the effect that the operation of a motor
16 vehicle by the person would not be inimical to the public
17 safety;

18 9. To any person, as a driver, who is 69 years of age
19 or older, unless the person has successfully complied with
20 the provisions of Section 6-109;

21 10. To any person convicted, within 12 months of
22 application for a license, of any of the sexual offenses
23 enumerated in paragraph 2 of subsection (b) of Section
24 6-205;

25 11. To any person who is under the age of 21 years with
26 a classification prohibited in paragraph (b) of Section

1 6-104 and to any person who is under the age of 18 years
2 with a classification prohibited in paragraph (c) of
3 Section 6-104;

4 12. To any person who has been either convicted of or
5 adjudicated under the Juvenile Court Act of 1987 based upon
6 a violation of the Cannabis Control Act, the Illinois
7 Controlled Substances Act, or the Methamphetamine Control
8 and Community Protection Act while that person was in
9 actual physical control of a motor vehicle. For purposes of
10 this Section, any person placed on probation under Section
11 10 of the Cannabis Control Act, Section 410 of the Illinois
12 Controlled Substances Act, or Section 70 of the
13 Methamphetamine Control and Community Protection Act shall
14 not be considered convicted. Any person found guilty of
15 this offense, while in actual physical control of a motor
16 vehicle, shall have an entry made in the court record by
17 the judge that this offense did occur while the person was
18 in actual physical control of a motor vehicle and order the
19 clerk of the court to report the violation to the Secretary
20 of State as such. The Secretary of State shall not issue a
21 new license or permit for a period of one year;

22 13. To any person who is under the age of 18 years and
23 who has committed the offense of operating a motor vehicle
24 without a valid license or permit in violation of Section
25 6-101 or a similar out of state offense;

26 14. To any person who is 90 days or more delinquent in

1 court ordered child support payments or has been
2 adjudicated in arrears in an amount equal to 90 days'
3 obligation or more and who has been found in contempt of
4 court for failure to pay the support, subject to the
5 requirements and procedures of Article VII of Chapter 7 of
6 the Illinois Vehicle Code;

7 14.5. To any person certified by the Illinois
8 Department of Healthcare and Family Services as being 90
9 days or more delinquent in payment of support under an
10 order of support entered by a court or administrative body
11 of this or any other State, subject to the requirements and
12 procedures of Article VII of Chapter 7 of this Code
13 regarding those certifications;

14 15. To any person released from a term of imprisonment
15 for violating Section 9-3 of the Criminal Code of 1961 or
16 the Criminal Code of 2012, or a similar provision of a law
17 of another state relating to reckless homicide or for
18 violating subparagraph (F) of paragraph (1) of subsection
19 (d) of Section 11-501 of this Code relating to aggravated
20 driving under the influence of alcohol, other drug or
21 drugs, intoxicating compound or compounds, or any
22 combination thereof, if the violation was the proximate
23 cause of a death, within 24 months of release from a term
24 of imprisonment;

25 16. To any person who, with intent to influence any act
26 related to the issuance of any driver's license or permit,

1 by an employee of the Secretary of State's Office, or the
2 owner or employee of any commercial driver training school
3 licensed by the Secretary of State, or any other individual
4 authorized by the laws of this State to give driving
5 instructions or administer all or part of a driver's
6 license examination, promises or tenders to that person any
7 property or personal advantage which that person is not
8 authorized by law to accept. Any persons promising or
9 tendering such property or personal advantage shall be
10 disqualified from holding any class of driver's license or
11 permit for 120 consecutive days. The Secretary of State
12 shall establish by rule the procedures for implementing
13 this period of disqualification and the procedures by which
14 persons so disqualified may obtain administrative review
15 of the decision to disqualify;

16 17. To any person for whom the Secretary of State
17 cannot verify the accuracy of any information or
18 documentation submitted in application for a driver's
19 license; or

20 18. To any person who has been adjudicated under the
21 Juvenile Court Act of 1987 based upon an offense that is
22 determined by the court to have been committed in
23 furtherance of the criminal activities of an organized
24 gang, as provided in Section 5-710 of that Act, and that
25 involved the operation or use of a motor vehicle or the use
26 of a driver's license or permit. The person shall be denied

1 a license or permit for the period determined by the court.

2 The Secretary of State shall retain all conviction
3 information, if the information is required to be held
4 confidential under the Juvenile Court Act of 1987.

5 (Source: P.A. 97-185, eff. 7-22-11; 97-1150, eff. 1-25-13;
6 98-167, eff. 7-1-14; 98-756, eff. 7-16-14.)

7 (625 ILCS 5/6-106.1)

8 Sec. 6-106.1. School bus driver permit.

9 (a) The Secretary of State shall issue a school bus driver
10 permit to those applicants who have met all the requirements of
11 the application and screening process under this Section to
12 insure the welfare and safety of children who are transported
13 on school buses throughout the State of Illinois. Applicants
14 shall obtain the proper application required by the Secretary
15 of State from their prospective or current employer and submit
16 the completed application to the prospective or current
17 employer along with the necessary fingerprint submission as
18 required by the Department of State Police to conduct
19 fingerprint based criminal background checks on current and
20 future information available in the state system and current
21 information available through the Federal Bureau of
22 Investigation's system. Applicants who have completed the
23 fingerprinting requirements shall not be subjected to the
24 fingerprinting process when applying for subsequent permits or
25 submitting proof of successful completion of the annual

1 refresher course. Individuals who on the effective date of this
2 Act possess a valid school bus driver permit that has been
3 previously issued by the appropriate Regional School
4 Superintendent are not subject to the fingerprinting
5 provisions of this Section as long as the permit remains valid
6 and does not lapse. The applicant shall be required to pay all
7 related application and fingerprinting fees as established by
8 rule including, but not limited to, the amounts established by
9 the Department of State Police and the Federal Bureau of
10 Investigation to process fingerprint based criminal background
11 investigations. All fees paid for fingerprint processing
12 services under this Section shall be deposited into the State
13 Police Services Fund for the cost incurred in processing the
14 fingerprint based criminal background investigations. All
15 other fees paid under this Section shall be deposited into the
16 Road Fund for the purpose of defraying the costs of the
17 Secretary of State in administering this Section. All
18 applicants must:

- 19 1. be 21 years of age or older;
- 20 2. possess a valid and properly classified driver's
21 license issued by the Secretary of State;
- 22 3. possess a valid driver's license, which has not been
23 revoked, suspended, or canceled for 3 years immediately
24 prior to the date of application, or have not had his or
25 her commercial motor vehicle driving privileges
26 disqualified within the 3 years immediately prior to the

1 date of application;

2 4. successfully pass a written test, administered by
3 the Secretary of State, on school bus operation, school bus
4 safety, and special traffic laws relating to school buses
5 and submit to a review of the applicant's driving habits by
6 the Secretary of State at the time the written test is
7 given;

8 5. demonstrate ability to exercise reasonable care in
9 the operation of school buses in accordance with rules
10 promulgated by the Secretary of State;

11 6. demonstrate physical fitness to operate school
12 buses by submitting the results of a medical examination,
13 including tests for drug use for each applicant not subject
14 to such testing pursuant to federal law, conducted by a
15 licensed physician, a licensed ~~an~~ advanced practice nurse
16 ~~who has a written collaborative agreement with a~~
17 ~~collaborating physician which authorizes him or her to~~
18 ~~perform medical examinations,~~ or a licensed physician
19 assistant ~~who has been delegated the performance of medical~~
20 ~~examinations by his or her supervising physician~~ within 90
21 days of the date of application according to standards
22 promulgated by the Secretary of State;

23 7. affirm under penalties of perjury that he or she has
24 not made a false statement or knowingly concealed a
25 material fact in any application for permit;

26 8. have completed an initial classroom course,

1 including first aid procedures, in school bus driver safety
2 as promulgated by the Secretary of State; and after
3 satisfactory completion of said initial course an annual
4 refresher course; such courses and the agency or
5 organization conducting such courses shall be approved by
6 the Secretary of State; failure to complete the annual
7 refresher course, shall result in cancellation of the
8 permit until such course is completed;

9 9. not have been under an order of court supervision
10 for or convicted of 2 or more serious traffic offenses, as
11 defined by rule, within one year prior to the date of
12 application that may endanger the life or safety of any of
13 the driver's passengers within the duration of the permit
14 period;

15 10. not have been under an order of court supervision
16 for or convicted of reckless driving, aggravated reckless
17 driving, driving while under the influence of alcohol,
18 other drug or drugs, intoxicating compound or compounds or
19 any combination thereof, or reckless homicide resulting
20 from the operation of a motor vehicle within 3 years of the
21 date of application;

22 11. not have been convicted of committing or attempting
23 to commit any one or more of the following offenses: (i)
24 those offenses defined in Sections 8-1.2, 9-1, 9-1.2, 9-2,
25 9-2.1, 9-3, 9-3.2, 9-3.3, 10-1, 10-2, 10-3.1, 10-4, 10-5,
26 10-5.1, 10-6, 10-7, 10-9, 11-1.20, 11-1.30, 11-1.40,

1 11-1.50, 11-1.60, 11-6, 11-6.5, 11-6.6, 11-9, 11-9.1,
2 11-9.3, 11-9.4, 11-14, 11-14.1, 11-14.3, 11-14.4, 11-15,
3 11-15.1, 11-16, 11-17, 11-17.1, 11-18, 11-18.1, 11-19,
4 11-19.1, 11-19.2, 11-20, 11-20.1, 11-20.1B, 11-20.3,
5 11-21, 11-22, 11-23, 11-24, 11-25, 11-26, 11-30, 12-2.6,
6 12-3.1, 12-4, 12-4.1, 12-4.2, 12-4.2-5, 12-4.3, 12-4.4,
7 12-4.5, 12-4.6, 12-4.7, 12-4.9, 12-5.01, 12-6, 12-6.2,
8 12-7.1, 12-7.3, 12-7.4, 12-7.5, 12-11, 12-13, 12-14,
9 12-14.1, 12-15, 12-16, 12-16.2, 12-21.5, 12-21.6, 12-33,
10 12C-5, 12C-10, 12C-20, 12C-30, 12C-45, 16-16, 16-16.1,
11 18-1, 18-2, 18-3, 18-4, 18-5, 19-6, 20-1, 20-1.1, 20-1.2,
12 20-1.3, 20-2, 24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.6,
13 24-1.7, 24-2.1, 24-3.3, 24-3.5, 24-3.8, 24-3.9, 31A-1,
14 31A-1.1, 33A-2, and 33D-1, and in subsection (b) of Section
15 8-1, and in subdivisions (a)(1), (a)(2), (b)(1), (e)(1),
16 (e)(2), (e)(3), (e)(4), and (f)(1) of Section 12-3.05, and
17 in subsection (a) and subsection (b), clause (1), of
18 Section 12-4, and in subsection (A), clauses (a) and (b),
19 of Section 24-3, and those offenses contained in Article
20 29D of the Criminal Code of 1961 or the Criminal Code of
21 2012; (ii) those offenses defined in the Cannabis Control
22 Act except those offenses defined in subsections (a) and
23 (b) of Section 4, and subsection (a) of Section 5 of the
24 Cannabis Control Act; (iii) those offenses defined in the
25 Illinois Controlled Substances Act; (iv) those offenses
26 defined in the Methamphetamine Control and Community

1 Protection Act; (v) any offense committed or attempted in
2 any other state or against the laws of the United States,
3 which if committed or attempted in this State would be
4 punishable as one or more of the foregoing offenses; (vi)
5 the offenses defined in Section 4.1 and 5.1 of the Wrongs
6 to Children Act or Section 11-9.1A of the Criminal Code of
7 1961 or the Criminal Code of 2012; (vii) those offenses
8 defined in Section 6-16 of the Liquor Control Act of 1934;
9 and (viii) those offenses defined in the Methamphetamine
10 Precursor Control Act;

11 12. not have been repeatedly involved as a driver in
12 motor vehicle collisions or been repeatedly convicted of
13 offenses against laws and ordinances regulating the
14 movement of traffic, to a degree which indicates lack of
15 ability to exercise ordinary and reasonable care in the
16 safe operation of a motor vehicle or disrespect for the
17 traffic laws and the safety of other persons upon the
18 highway;

19 13. not have, through the unlawful operation of a motor
20 vehicle, caused an accident resulting in the death of any
21 person;

22 14. not have, within the last 5 years, been adjudged to
23 be afflicted with or suffering from any mental disability
24 or disease; and

25 15. consent, in writing, to the release of results of
26 reasonable suspicion drug and alcohol testing under

1 Section 6-106.1c of this Code by the employer of the
2 applicant to the Secretary of State.

3 (b) A school bus driver permit shall be valid for a period
4 specified by the Secretary of State as set forth by rule. It
5 shall be renewable upon compliance with subsection (a) of this
6 Section.

7 (c) A school bus driver permit shall contain the holder's
8 driver's license number, legal name, residence address, zip
9 code, and date of birth, a brief description of the holder and
10 a space for signature. The Secretary of State may require a
11 suitable photograph of the holder.

12 (d) The employer shall be responsible for conducting a
13 pre-employment interview with prospective school bus driver
14 candidates, distributing school bus driver applications and
15 medical forms to be completed by the applicant, and submitting
16 the applicant's fingerprint cards to the Department of State
17 Police that are required for the criminal background
18 investigations. The employer shall certify in writing to the
19 Secretary of State that all pre-employment conditions have been
20 successfully completed including the successful completion of
21 an Illinois specific criminal background investigation through
22 the Department of State Police and the submission of necessary
23 fingerprints to the Federal Bureau of Investigation for
24 criminal history information available through the Federal
25 Bureau of Investigation system. The applicant shall present the
26 certification to the Secretary of State at the time of

1 submitting the school bus driver permit application.

2 (e) Permits shall initially be provisional upon receiving
3 certification from the employer that all pre-employment
4 conditions have been successfully completed, and upon
5 successful completion of all training and examination
6 requirements for the classification of the vehicle to be
7 operated, the Secretary of State shall provisionally issue a
8 School Bus Driver Permit. The permit shall remain in a
9 provisional status pending the completion of the Federal Bureau
10 of Investigation's criminal background investigation based
11 upon fingerprinting specimens submitted to the Federal Bureau
12 of Investigation by the Department of State Police. The Federal
13 Bureau of Investigation shall report the findings directly to
14 the Secretary of State. The Secretary of State shall remove the
15 bus driver permit from provisional status upon the applicant's
16 successful completion of the Federal Bureau of Investigation's
17 criminal background investigation.

18 (f) A school bus driver permit holder shall notify the
19 employer and the Secretary of State if he or she is issued an
20 order of court supervision for or convicted in another state of
21 an offense that would make him or her ineligible for a permit
22 under subsection (a) of this Section. The written notification
23 shall be made within 5 days of the entry of the order of court
24 supervision or conviction. Failure of the permit holder to
25 provide the notification is punishable as a petty offense for a
26 first violation and a Class B misdemeanor for a second or

1 subsequent violation.

2 (g) Cancellation; suspension; notice and procedure.

3 (1) The Secretary of State shall cancel a school bus
4 driver permit of an applicant whose criminal background
5 investigation discloses that he or she is not in compliance
6 with the provisions of subsection (a) of this Section.

7 (2) The Secretary of State shall cancel a school bus
8 driver permit when he or she receives notice that the
9 permit holder fails to comply with any provision of this
10 Section or any rule promulgated for the administration of
11 this Section.

12 (3) The Secretary of State shall cancel a school bus
13 driver permit if the permit holder's restricted commercial
14 or commercial driving privileges are withdrawn or
15 otherwise invalidated.

16 (4) The Secretary of State may not issue a school bus
17 driver permit for a period of 3 years to an applicant who
18 fails to obtain a negative result on a drug test as
19 required in item 6 of subsection (a) of this Section or
20 under federal law.

21 (5) The Secretary of State shall forthwith suspend a
22 school bus driver permit for a period of 3 years upon
23 receiving notice that the holder has failed to obtain a
24 negative result on a drug test as required in item 6 of
25 subsection (a) of this Section or under federal law.

26 (6) The Secretary of State shall suspend a school bus

1 driver permit for a period of 3 years upon receiving notice
2 from the employer that the holder failed to perform the
3 inspection procedure set forth in subsection (a) or (b) of
4 Section 12-816 of this Code.

5 (7) The Secretary of State shall suspend a school bus
6 driver permit for a period of 3 years upon receiving notice
7 from the employer that the holder refused to submit to an
8 alcohol or drug test as required by Section 6-106.1c or has
9 submitted to a test required by that Section which
10 disclosed an alcohol concentration of more than 0.00 or
11 disclosed a positive result on a National Institute on Drug
12 Abuse five-drug panel, utilizing federal standards set
13 forth in 49 CFR 40.87.

14 The Secretary of State shall notify the State
15 Superintendent of Education and the permit holder's
16 prospective or current employer that the applicant has (1) has
17 failed a criminal background investigation or (2) is no longer
18 eligible for a school bus driver permit; and of the related
19 cancellation of the applicant's provisional school bus driver
20 permit. The cancellation shall remain in effect pending the
21 outcome of a hearing pursuant to Section 2-118 of this Code.
22 The scope of the hearing shall be limited to the issuance
23 criteria contained in subsection (a) of this Section. A
24 petition requesting a hearing shall be submitted to the
25 Secretary of State and shall contain the reason the individual
26 feels he or she is entitled to a school bus driver permit. The

1 permit holder's employer shall notify in writing to the
2 Secretary of State that the employer has certified the removal
3 of the offending school bus driver from service prior to the
4 start of that school bus driver's next workshift. An employing
5 school board that fails to remove the offending school bus
6 driver from service is subject to the penalties defined in
7 Section 3-14.23 of the School Code. A school bus contractor who
8 violates a provision of this Section is subject to the
9 penalties defined in Section 6-106.11.

10 All valid school bus driver permits issued under this
11 Section prior to January 1, 1995, shall remain effective until
12 their expiration date unless otherwise invalidated.

13 (h) When a school bus driver permit holder who is a service
14 member is called to active duty, the employer of the permit
15 holder shall notify the Secretary of State, within 30 days of
16 notification from the permit holder, that the permit holder has
17 been called to active duty. Upon notification pursuant to this
18 subsection, (i) the Secretary of State shall characterize the
19 permit as inactive until a permit holder renews the permit as
20 provided in subsection (i) of this Section, and (ii) if a
21 permit holder fails to comply with the requirements of this
22 Section while called to active duty, the Secretary of State
23 shall not characterize the permit as invalid.

24 (i) A school bus driver permit holder who is a service
25 member returning from active duty must, within 90 days, renew a
26 permit characterized as inactive pursuant to subsection (h) of

1 this Section by complying with the renewal requirements of
2 subsection (b) of this Section.

3 (j) For purposes of subsections (h) and (i) of this
4 Section:

5 "Active duty" means active duty pursuant to an executive
6 order of the President of the United States, an act of the
7 Congress of the United States, or an order of the Governor.

8 "Service member" means a member of the Armed Services or
9 reserve forces of the United States or a member of the Illinois
10 National Guard.

11 (Source: P.A. 96-89, eff. 7-27-09; 96-818, eff. 11-17-09;
12 96-962, eff. 7-2-10; 96-1000, eff. 7-2-10; 96-1182, eff.
13 7-22-10; 96-1551, Article 1, Section 950, eff. 7-1-11; 96-1551,
14 Article 2, Section 1025, eff. 7-1-11; 97-224, eff. 7-28-11;
15 97-229, eff. 7-28-11; 97-333, eff. 8-12-11; 97-466, eff.
16 1-1-12; 97-1108, eff. 1-1-13; 97-1109, eff. 1-1-13; 97-1150,
17 eff. 1-25-13.)

18 (625 ILCS 5/6-901) (from Ch. 95 1/2, par. 6-901)

19 Sec. 6-901. Definitions. For the purposes of this Article:

20 "Board" means the Driver's License Medical Advisory Board.

21 "Medical examiner" or "medical practitioner" means:

22 (i) any person licensed to practice medicine in all its
23 branches in the State of Illinois or any other state;

24 (ii) a licensed physician assistant ~~who has been~~
25 ~~delegated the performance of medical examinations by his or~~

1 ~~her supervising physician; or~~

2 (iii) a licensed advanced practice nurse ~~who has a~~
3 ~~written collaborative agreement with a collaborating~~
4 ~~physician which authorizes him or her to perform medical~~
5 ~~examinations.~~

6 (Source: P.A. 96-962, eff. 7-2-10; 97-185, eff. 7-22-11.)

7 Section 120. The Illinois Controlled Substances Act is
8 amended by changing Sections 102 and 303.05 as follows:

9 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

10 Sec. 102. Definitions. As used in this Act, unless the
11 context otherwise requires:

12 (a) "Addict" means any person who habitually uses any drug,
13 chemical, substance or dangerous drug other than alcohol so as
14 to endanger the public morals, health, safety or welfare or who
15 is so far addicted to the use of a dangerous drug or controlled
16 substance other than alcohol as to have lost the power of self
17 control with reference to his or her addiction.

18 (b) "Administer" means the direct application of a
19 controlled substance, whether by injection, inhalation,
20 ingestion, or any other means, to the body of a patient,
21 research subject, or animal (as defined by the Humane
22 Euthanasia in Animal Shelters Act) by:

23 (1) a practitioner (or, in his or her presence, by his
24 or her authorized agent),

1 (2) the patient or research subject pursuant to an
2 order, or

3 (3) a euthanasia technician as defined by the Humane
4 Euthanasia in Animal Shelters Act.

5 (c) "Agent" means an authorized person who acts on behalf
6 of or at the direction of a manufacturer, distributor,
7 dispenser, prescriber, or practitioner. It does not include a
8 common or contract carrier, public warehouseman or employee of
9 the carrier or warehouseman.

10 (c-1) "Anabolic Steroids" means any drug or hormonal
11 substance, chemically and pharmacologically related to
12 testosterone (other than estrogens, progestins,
13 corticosteroids, and dehydroepiandrosterone), and includes:

- 14 (i) 3[beta] ,17-dihydroxy-5a-androstane,
15 (ii) 3[alpha] ,17[beta] -dihydroxy-5a-androstane,
16 (iii) 5[alpha] -androstane-3,17-dione,
17 (iv) 1-androstenediol (3[beta] ,
18 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
19 (v) 1-androstenediol (3[alpha] ,
20 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
21 (vi) 4-androstenediol
22 (3[beta] ,17[beta] -dihydroxy-androst-4-ene),
23 (vii) 5-androstenediol
24 (3[beta] ,17[beta] -dihydroxy-androst-5-ene),
25 (viii) 1-androstenedione
26 ([5alpha] -androst-1-en-3,17-dione),

- 1 (ix) 4-androstenedione
2 (androst-4-en-3,17-dione),
3 (x) 5-androstenedione
4 (androst-5-en-3,17-dione),
5 (xi) bolasterone (7[alpha] ,17a-dimethyl-17[beta] -
6 hydroxyandrost-4-en-3-one),
7 (xii) boldenone (17[beta] -hydroxyandrost-
8 1,4,-diene-3-one),
9 (xiii) boldione (androsta-1,4-
10 diene-3,17-dione),
11 (xiv) calusterone (7[beta] ,17[alpha] -dimethyl-17
12 [beta] -hydroxyandrost-4-en-3-one),
13 (xv) clostebol (4-chloro-17[beta] -
14 hydroxyandrost-4-en-3-one),
15 (xvi) dehydrochloromethyltestosterone (4-chloro-
16 17[beta] -hydroxy-17[alpha] -methyl-
17 androst-1,4-dien-3-one),
18 (xvii) desoxymethyltestosterone
19 (17[alpha] -methyl-5[alpha]
20 -androst-2-en-17[beta] -ol) (a.k.a., madol),
21 (xviii) [delta] 1-dihydrotestosterone (a.k.a.
22 '1-testosterone') (17[beta] -hydroxy-
23 5[alpha] -androst-1-en-3-one),
24 (xix) 4-dihydrotestosterone (17[beta] -hydroxy-
25 androstan-3-one),
26 (xx) drostanolone (17[beta] -hydroxy-2[alpha] -methyl-

1 5[alpha] -androst-3-one),
2 (xxi) ethylestrenol (17[alpha] -ethyl-17[beta] -
3 hydroxyestr-4-ene),
4 (xxii) fluoxymesterone (9-fluoro-17[alpha] -methyl-
5 1[beta] ,17[beta] -dihydroxyandrost-4-en-3-one),
6 (xxiii) formebolone (2-formyl-17[alpha] -methyl-11[alpha] ,
7 17[beta] -dihydroxyandrost-1,4-dien-3-one),
8 (xxiv) furazabol (17[alpha] -methyl-17[beta] -
9 hydroxyandrostan[2,3-c] -furan),
10 (xxv) 13[beta] -ethyl-17[beta] -hydroxygon-4-en-3-one)
11 (xxvi) 4-hydroxytestosterone (4,17[beta] -dihydroxy-
12 androst-4-en-3-one),
13 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta] -
14 dihydroxy-estr-4-en-3-one),
15 (xxviii) mestanolone (17[alpha] -methyl-17[beta] -
16 hydroxy-5-androst-3-one),
17 (xxix) mesterolone (1-methyl-17[beta] -hydroxy-
18 [5a] -androst-3-one),
19 (xxx) methandienone (17[alpha] -methyl-17[beta] -
20 hydroxyandrost-1,4-dien-3-one),
21 (xxxi) methandriol (17[alpha] -methyl-3[beta] ,17[beta] -
22 dihydroxyandrost-5-ene),
23 (xxxii) methenolone (1-methyl-17[beta] -hydroxy-
24 5[alpha] -androst-1-en-3-one),
25 (xxxiii) 17[alpha] -methyl-3[beta] , 17[beta] -
26 dihydroxy-5a-androstane),

- 1 (xxxiv) 17[alpha] -methyl-3[alpha] ,17[beta] -dihydroxy
2 -5a-androstane),
- 3 (xxxv) 17[alpha] -methyl-3[beta] ,17[beta] -
4 dihydroxyandrost-4-ene),
- 5 (xxxvi) 17[alpha] -methyl-4-hydroxynandrolone (17[alpha] -
6 methyl-4-hydroxy-17[beta] -hydroxyestr-4-en-3-one),
- 7 (xxxvii) methyldienolone (17[alpha] -methyl-17[beta] -
8 hydroxyestra-4,9(10)-dien-3-one),
- 9 (xxxviii) methyltrienolone (17[alpha] -methyl-17[beta] -
10 hydroxyestra-4,9-11-trien-3-one),
- 11 (xxxix) methyltestosterone (17[alpha] -methyl-17[beta] -
12 hydroxyandrost-4-en-3-one),
- 13 (xl) mibolerone (7[alpha] ,17a-dimethyl-17[beta] -
14 hydroxyestr-4-en-3-one),
- 15 (xli) 17[alpha] -methyl-[delta] 1-dihydrotestosterone
16 (17b[beta] -hydroxy-17[alpha] -methyl-5[alpha] -
17 androst-1-en-3-one) (a.k.a. '17-[alpha] -methyl-
18 1-testosterone'),
- 19 (xlii) nandrolone (17[beta] -hydroxyestr-4-en-3-one),
- 20 (xliii) 19-nor-4-androstenediol (3[beta] , 17[beta] -
21 dihydroxyestr-4-ene),
- 22 (xliv) 19-nor-4-androstenediol (3[alpha] , 17[beta] -
23 dihydroxyestr-4-ene),
- 24 (xlv) 19-nor-5-androstenediol (3[beta] , 17[beta] -
25 dihydroxyestr-5-ene),
- 26 (xlvi) 19-nor-5-androstenediol (3[alpha] , 17[beta] -

- 1 dihydroxyestr-5-ene),
2 (xlvi) 19-nor-4,9(10)-androstadienedione
3 (estra-4,9(10)-diene-3,17-dione),
4 (xlviii) 19-nor-4-androstenedione (estr-4-
5 en-3,17-dione),
6 (xlix) 19-nor-5-androstenedione (estr-5-
7 en-3,17-dione),
8 (l) norbolethone (13[beta] , 17a-diethyl-17[beta] -
9 hydroxygon-4-en-3-one),
10 (li) norclostebol (4-chloro-17[beta] -
11 hydroxyestr-4-en-3-one),
12 (lii) norethandrolone (17[alpha] -ethyl-17[beta] -
13 hydroxyestr-4-en-3-one),
14 (liii) normethandrolone (17[alpha] -methyl-17[beta] -
15 hydroxyestr-4-en-3-one),
16 (liv) oxandrolone (17[alpha] -methyl-17[beta] -hydroxy-
17 2-oxa-5[alpha] -androst-3-one),
18 (lv) oxymesterone (17[alpha] -methyl-4,17[beta] -
19 dihydroxyandrost-4-en-3-one),
20 (lvi) oxymetholone (17[alpha] -methyl-2-hydroxymethylene-
21 17[beta] -hydroxy-(5[alpha] -androst-3-one),
22 (lvii) stanozolol (17[alpha] -methyl-17[beta] -hydroxy-
23 (5[alpha] -androst-2-en-3-one)-pyrazole),
24 (lviii) stenbolone (17[beta] -hydroxy-2-methyl-
25 (5[alpha] -androst-1-en-3-one),
26 (lix) testolactone (13-hydroxy-3-oxo-13,17-

1 secoandrosta-1,4-dien-17-oic
2 acid lactone),
3 (lx) testosterone (17[beta] -hydroxyandrost-
4 4-en-3-one),
5 (lxi) tetrahydrogestrinone (13[beta] , 17[alpha] -
6 diethyl-17[beta] -hydroxygon-
7 4,9,11-trien-3-one),
8 (lxii) trenbolone (17[beta] -hydroxyestr-4,9,
9 11-trien-3-one).

10 Any person who is otherwise lawfully in possession of an
11 anabolic steroid, or who otherwise lawfully manufactures,
12 distributes, dispenses, delivers, or possesses with intent to
13 deliver an anabolic steroid, which anabolic steroid is
14 expressly intended for and lawfully allowed to be administered
15 through implants to livestock or other nonhuman species, and
16 which is approved by the Secretary of Health and Human Services
17 for such administration, and which the person intends to
18 administer or have administered through such implants, shall
19 not be considered to be in unauthorized possession or to
20 unlawfully manufacture, distribute, dispense, deliver, or
21 possess with intent to deliver such anabolic steroid for
22 purposes of this Act.

23 (d) "Administration" means the Drug Enforcement
24 Administration, United States Department of Justice, or its
25 successor agency.

26 (d-5) "Clinical Director, Prescription Monitoring Program"

1 means a Department of Human Services administrative employee
2 licensed to either prescribe or dispense controlled substances
3 who shall run the clinical aspects of the Department of Human
4 Services Prescription Monitoring Program and its Prescription
5 Information Library.

6 (d-10) "Compounding" means the preparation and mixing of
7 components, excluding flavorings, (1) as the result of a
8 prescriber's prescription drug order or initiative based on the
9 prescriber-patient-pharmacist relationship in the course of
10 professional practice or (2) for the purpose of, or incident
11 to, research, teaching, or chemical analysis and not for sale
12 or dispensing. "Compounding" includes the preparation of drugs
13 or devices in anticipation of receiving prescription drug
14 orders based on routine, regularly observed dispensing
15 patterns. Commercially available products may be compounded
16 for dispensing to individual patients only if both of the
17 following conditions are met: (i) the commercial product is not
18 reasonably available from normal distribution channels in a
19 timely manner to meet the patient's needs and (ii) the
20 prescribing practitioner has requested that the drug be
21 compounded.

22 (e) "Control" means to add a drug or other substance, or
23 immediate precursor, to a Schedule whether by transfer from
24 another Schedule or otherwise.

25 (f) "Controlled Substance" means (i) a drug, substance, or
26 immediate precursor in the Schedules of Article II of this Act

1 or (ii) a drug or other substance, or immediate precursor,
2 designated as a controlled substance by the Department through
3 administrative rule. The term does not include distilled
4 spirits, wine, malt beverages, or tobacco, as those terms are
5 defined or used in the Liquor Control Act of 1934 and the
6 Tobacco Products Tax Act of 1995.

7 (f-5) "Controlled substance analog" means a substance:

8 (1) the chemical structure of which is substantially
9 similar to the chemical structure of a controlled substance
10 in Schedule I or II;

11 (2) which has a stimulant, depressant, or
12 hallucinogenic effect on the central nervous system that is
13 substantially similar to or greater than the stimulant,
14 depressant, or hallucinogenic effect on the central
15 nervous system of a controlled substance in Schedule I or
16 II; or

17 (3) with respect to a particular person, which such
18 person represents or intends to have a stimulant,
19 depressant, or hallucinogenic effect on the central
20 nervous system that is substantially similar to or greater
21 than the stimulant, depressant, or hallucinogenic effect
22 on the central nervous system of a controlled substance in
23 Schedule I or II.

24 (g) "Counterfeit substance" means a controlled substance,
25 which, or the container or labeling of which, without
26 authorization bears the trademark, trade name, or other

1 identifying mark, imprint, number or device, or any likeness
2 thereof, of a manufacturer, distributor, or dispenser other
3 than the person who in fact manufactured, distributed, or
4 dispensed the substance.

5 (h) "Deliver" or "delivery" means the actual, constructive
6 or attempted transfer of possession of a controlled substance,
7 with or without consideration, whether or not there is an
8 agency relationship.

9 (i) "Department" means the Illinois Department of Human
10 Services (as successor to the Department of Alcoholism and
11 Substance Abuse) or its successor agency.

12 (j) (Blank).

13 (k) "Department of Corrections" means the Department of
14 Corrections of the State of Illinois or its successor agency.

15 (l) "Department of Financial and Professional Regulation"
16 means the Department of Financial and Professional Regulation
17 of the State of Illinois or its successor agency.

18 (m) "Depressant" means any drug that (i) causes an overall
19 depression of central nervous system functions, (ii) causes
20 impaired consciousness and awareness, and (iii) can be
21 habit-forming or lead to a substance abuse problem, including
22 but not limited to alcohol, cannabis and its active principles
23 and their analogs, benzodiazepines and their analogs,
24 barbiturates and their analogs, opioids (natural and
25 synthetic) and their analogs, and chloral hydrate and similar
26 sedative hypnotics.

1 (n) (Blank).

2 (o) "Director" means the Director of the Illinois State
3 Police or his or her designated agents.

4 (p) "Dispense" means to deliver a controlled substance to
5 an ultimate user or research subject by or pursuant to the
6 lawful order of a prescriber, including the prescribing,
7 administering, packaging, labeling, or compounding necessary
8 to prepare the substance for that delivery.

9 (q) "Dispenser" means a practitioner who dispenses.

10 (r) "Distribute" means to deliver, other than by
11 administering or dispensing, a controlled substance.

12 (s) "Distributor" means a person who distributes.

13 (t) "Drug" means (1) substances recognized as drugs in the
14 official United States Pharmacopoeia, Official Homeopathic
15 Pharmacopoeia of the United States, or official National
16 Formulary, or any supplement to any of them; (2) substances
17 intended for use in diagnosis, cure, mitigation, treatment, or
18 prevention of disease in man or animals; (3) substances (other
19 than food) intended to affect the structure of any function of
20 the body of man or animals and (4) substances intended for use
21 as a component of any article specified in clause (1), (2), or
22 (3) of this subsection. It does not include devices or their
23 components, parts, or accessories.

24 (t-5) "Euthanasia agency" means an entity certified by the
25 Department of Financial and Professional Regulation for the
26 purpose of animal euthanasia that holds an animal control

1 facility license or animal shelter license under the Animal
2 Welfare Act. A euthanasia agency is authorized to purchase,
3 store, possess, and utilize Schedule II nonnarcotic and
4 Schedule III nonnarcotic drugs for the sole purpose of animal
5 euthanasia.

6 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
7 substances (nonnarcotic controlled substances) that are used
8 by a euthanasia agency for the purpose of animal euthanasia.

9 (u) "Good faith" means the prescribing or dispensing of a
10 controlled substance by a practitioner in the regular course of
11 professional treatment to or for any person who is under his or
12 her treatment for a pathology or condition other than that
13 individual's physical or psychological dependence upon or
14 addiction to a controlled substance, except as provided herein:
15 and application of the term to a pharmacist shall mean the
16 dispensing of a controlled substance pursuant to the
17 prescriber's order which in the professional judgment of the
18 pharmacist is lawful. The pharmacist shall be guided by
19 accepted professional standards including, but not limited to
20 the following, in making the judgment:

21 (1) lack of consistency of prescriber-patient
22 relationship,

23 (2) frequency of prescriptions for same drug by one
24 prescriber for large numbers of patients,

25 (3) quantities beyond those normally prescribed,

26 (4) unusual dosages (recognizing that there may be

1 clinical circumstances where more or less than the usual
2 dose may be used legitimately),

3 (5) unusual geographic distances between patient,
4 pharmacist and prescriber,

5 (6) consistent prescribing of habit-forming drugs.

6 (u-0.5) "Hallucinogen" means a drug that causes markedly
7 altered sensory perception leading to hallucinations of any
8 type.

9 (u-1) "Home infusion services" means services provided by a
10 pharmacy in compounding solutions for direct administration to
11 a patient in a private residence, long-term care facility, or
12 hospice setting by means of parenteral, intravenous,
13 intramuscular, subcutaneous, or intraspinal infusion.

14 (u-5) "Illinois State Police" means the State Police of the
15 State of Illinois, or its successor agency.

16 (v) "Immediate precursor" means a substance:

17 (1) which the Department has found to be and by rule
18 designated as being a principal compound used, or produced
19 primarily for use, in the manufacture of a controlled
20 substance;

21 (2) which is an immediate chemical intermediary used or
22 likely to be used in the manufacture of such controlled
23 substance; and

24 (3) the control of which is necessary to prevent,
25 curtail or limit the manufacture of such controlled
26 substance.

1 (w) "Instructional activities" means the acts of teaching,
2 educating or instructing by practitioners using controlled
3 substances within educational facilities approved by the State
4 Board of Education or its successor agency.

5 (x) "Local authorities" means a duly organized State,
6 County or Municipal peace unit or police force.

7 (y) "Look-alike substance" means a substance, other than a
8 controlled substance which (1) by overall dosage unit
9 appearance, including shape, color, size, markings or lack
10 thereof, taste, consistency, or any other identifying physical
11 characteristic of the substance, would lead a reasonable person
12 to believe that the substance is a controlled substance, or (2)
13 is expressly or impliedly represented to be a controlled
14 substance or is distributed under circumstances which would
15 lead a reasonable person to believe that the substance is a
16 controlled substance. For the purpose of determining whether
17 the representations made or the circumstances of the
18 distribution would lead a reasonable person to believe the
19 substance to be a controlled substance under this clause (2) of
20 subsection (y), the court or other authority may consider the
21 following factors in addition to any other factor that may be
22 relevant:

23 (a) statements made by the owner or person in control
24 of the substance concerning its nature, use or effect;

25 (b) statements made to the buyer or recipient that the
26 substance may be resold for profit;

1 (c) whether the substance is packaged in a manner
2 normally used for the illegal distribution of controlled
3 substances;

4 (d) whether the distribution or attempted distribution
5 included an exchange of or demand for money or other
6 property as consideration, and whether the amount of the
7 consideration was substantially greater than the
8 reasonable retail market value of the substance.

9 Clause (1) of this subsection (y) shall not apply to a
10 noncontrolled substance in its finished dosage form that was
11 initially introduced into commerce prior to the initial
12 introduction into commerce of a controlled substance in its
13 finished dosage form which it may substantially resemble.

14 Nothing in this subsection (y) prohibits the dispensing or
15 distributing of noncontrolled substances by persons authorized
16 to dispense and distribute controlled substances under this
17 Act, provided that such action would be deemed to be carried
18 out in good faith under subsection (u) if the substances
19 involved were controlled substances.

20 Nothing in this subsection (y) or in this Act prohibits the
21 manufacture, preparation, propagation, compounding,
22 processing, packaging, advertising or distribution of a drug or
23 drugs by any person registered pursuant to Section 510 of the
24 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

25 (y-1) "Mail-order pharmacy" means a pharmacy that is
26 located in a state of the United States that delivers,

1 dispenses or distributes, through the United States Postal
2 Service or other common carrier, to Illinois residents, any
3 substance which requires a prescription.

4 (z) "Manufacture" means the production, preparation,
5 propagation, compounding, conversion or processing of a
6 controlled substance other than methamphetamine, either
7 directly or indirectly, by extraction from substances of
8 natural origin, or independently by means of chemical
9 synthesis, or by a combination of extraction and chemical
10 synthesis, and includes any packaging or repackaging of the
11 substance or labeling of its container, except that this term
12 does not include:

13 (1) by an ultimate user, the preparation or compounding
14 of a controlled substance for his or her own use; or

15 (2) by a practitioner, or his or her authorized agent
16 under his or her supervision, the preparation,
17 compounding, packaging, or labeling of a controlled
18 substance:

19 (a) as an incident to his or her administering or
20 dispensing of a controlled substance in the course of
21 his or her professional practice; or

22 (b) as an incident to lawful research, teaching or
23 chemical analysis and not for sale.

24 (z-1) (Blank).

25 (z-5) "Medication shopping" means the conduct prohibited
26 under subsection (a) of Section 314.5 of this Act.

1 (z-10) "Mid-level practitioner" means (i) a physician
2 assistant who has been delegated authority to prescribe through
3 a written delegation of authority by a physician licensed to
4 practice medicine in all of its branches, in accordance with
5 Section 7.5 of the Physician Assistant Practice Act of 1987,
6 (ii) an advanced practice nurse who has been delegated
7 authority to prescribe through a written delegation of
8 authority by a physician licensed to practice medicine in all
9 of its branches or by a podiatric physician, in accordance with
10 Section 65-40 of the Nurse Practice Act, (iii) an advanced
11 practice nurse certified as a nurse practitioner, nurse
12 midwife, or clinical nurse specialist who has been granted
13 authority to prescribe by a hospital affiliate in accordance
14 with Section 65-45 of the Nurse Practice Act, (iv) an animal
15 euthanasia agency, or (v) ~~(iv)~~ a prescribing psychologist.

16 (aa) "Narcotic drug" means any of the following, whether
17 produced directly or indirectly by extraction from substances
18 of vegetable origin, or independently by means of chemical
19 synthesis, or by a combination of extraction and chemical
20 synthesis:

21 (1) opium, opiates, derivatives of opium and opiates,
22 including their isomers, esters, ethers, salts, and salts
23 of isomers, esters, and ethers, whenever the existence of
24 such isomers, esters, ethers, and salts is possible within
25 the specific chemical designation; however the term
26 "narcotic drug" does not include the isoquinoline

1 alkaloids of opium;

2 (2) (blank);

3 (3) opium poppy and poppy straw;

4 (4) coca leaves, except coca leaves and extracts of
5 coca leaves from which substantially all of the cocaine and
6 ecgonine, and their isomers, derivatives and salts, have
7 been removed;

8 (5) cocaine, its salts, optical and geometric isomers,
9 and salts of isomers;

10 (6) ecgonine, its derivatives, their salts, isomers,
11 and salts of isomers;

12 (7) any compound, mixture, or preparation which
13 contains any quantity of any of the substances referred to
14 in subparagraphs (1) through (6).

15 (bb) "Nurse" means a registered nurse licensed under the
16 Nurse Practice Act.

17 (cc) (Blank).

18 (dd) "Opiate" means any substance having an addiction
19 forming or addiction sustaining liability similar to morphine
20 or being capable of conversion into a drug having addiction
21 forming or addiction sustaining liability.

22 (ee) "Opium poppy" means the plant of the species *Papaver*
23 *somniferum* L., except its seeds.

24 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
25 solution or other liquid form of medication intended for
26 administration by mouth, but the term does not include a form

1 of medication intended for buccal, sublingual, or transmucosal
2 administration.

3 (ff) "Parole and Pardon Board" means the Parole and Pardon
4 Board of the State of Illinois or its successor agency.

5 (gg) "Person" means any individual, corporation,
6 mail-order pharmacy, government or governmental subdivision or
7 agency, business trust, estate, trust, partnership or
8 association, or any other entity.

9 (hh) "Pharmacist" means any person who holds a license or
10 certificate of registration as a registered pharmacist, a local
11 registered pharmacist or a registered assistant pharmacist
12 under the Pharmacy Practice Act.

13 (ii) "Pharmacy" means any store, ship or other place in
14 which pharmacy is authorized to be practiced under the Pharmacy
15 Practice Act.

16 (ii-5) "Pharmacy shopping" means the conduct prohibited
17 under subsection (b) of Section 314.5 of this Act.

18 (ii-10) "Physician" (except when the context otherwise
19 requires) means a person licensed to practice medicine in all
20 of its branches.

21 (jj) "Poppy straw" means all parts, except the seeds, of
22 the opium poppy, after mowing.

23 (kk) "Practitioner" means a physician licensed to practice
24 medicine in all its branches, dentist, optometrist, podiatric
25 physician, veterinarian, scientific investigator, pharmacist,
26 physician assistant, advanced practice nurse, licensed

1 practical nurse, registered nurse, hospital, laboratory, or
2 pharmacy, or other person licensed, registered, or otherwise
3 lawfully permitted by the United States or this State to
4 distribute, dispense, conduct research with respect to,
5 administer or use in teaching or chemical analysis, a
6 controlled substance in the course of professional practice or
7 research.

8 (ll) "Pre-printed prescription" means a written
9 prescription upon which the designated drug has been indicated
10 prior to the time of issuance; the term does not mean a written
11 prescription that is individually generated by machine or
12 computer in the prescriber's office.

13 (mm) "Prescriber" means a physician licensed to practice
14 medicine in all its branches, dentist, optometrist,
15 prescribing psychologist licensed under Section 4.2 of the
16 Clinical Psychologist Licensing Act with prescriptive
17 authority delegated under Section 4.3 of the Clinical
18 Psychologist Licensing Act, podiatric physician, or
19 veterinarian who issues a prescription, a physician assistant
20 who issues a prescription for a controlled substance in
21 accordance with Section 303.05, a written delegation, and a
22 written supervision agreement required under Section 7.5 of the
23 Physician Assistant Practice Act of 1987, ~~or~~ an advanced
24 practice nurse with prescriptive authority delegated under
25 Section 65-40 of the Nurse Practice Act and in accordance with
26 Section 303.05, a written delegation, and a written

1 collaborative agreement under Section 65-35 of the Nurse
2 Practice Act, or an advanced practice nurse certified as a
3 nurse practitioner, nurse midwife, or clinical nurse
4 specialist who has been granted authority to prescribe by a
5 hospital affiliate in accordance with Section 65-45 of the
6 Nurse Practice Act and in accordance with Section 303.05.

7 (nn) "Prescription" means a written, facsimile, or oral
8 order, or an electronic order that complies with applicable
9 federal requirements, of a physician licensed to practice
10 medicine in all its branches, dentist, podiatric physician or
11 veterinarian for any controlled substance, of an optometrist
12 for a Schedule II, III, IV, or V controlled substance in
13 accordance with Section 15.1 of the Illinois Optometric
14 Practice Act of 1987, of a prescribing psychologist licensed
15 under Section 4.2 of the Clinical Psychologist Licensing Act
16 with prescriptive authority delegated under Section 4.3 of the
17 Clinical Psychologist Licensing Act, of a physician assistant
18 for a controlled substance in accordance with Section 303.05, a
19 written delegation, and a written supervision agreement
20 required under Section 7.5 of the Physician Assistant Practice
21 Act of 1987, ~~or~~ of an advanced practice nurse with prescriptive
22 authority delegated under Section 65-40 of the Nurse Practice
23 Act who issues a prescription for a controlled substance in
24 accordance with Section 303.05, a written delegation, and a
25 written collaborative agreement under Section 65-35 of the
26 Nurse Practice Act, or of an advanced practice nurse certified

1 as a nurse practitioner, nurse midwife, or clinical nurse
2 specialist who has been granted authority to prescribe by a
3 hospital affiliate in accordance with Section 65-45 of the
4 Nurse Practice Act and in accordance with Section 303.05 when
5 required by law.

6 (nn-5) "Prescription Information Library" (PIL) means an
7 electronic library that contains reported controlled substance
8 data.

9 (nn-10) "Prescription Monitoring Program" (PMP) means the
10 entity that collects, tracks, and stores reported data on
11 controlled substances and select drugs pursuant to Section 316.

12 (oo) "Production" or "produce" means manufacture,
13 planting, cultivating, growing, or harvesting of a controlled
14 substance other than methamphetamine.

15 (pp) "Registrant" means every person who is required to
16 register under Section 302 of this Act.

17 (qq) "Registry number" means the number assigned to each
18 person authorized to handle controlled substances under the
19 laws of the United States and of this State.

20 (qq-5) "Secretary" means, as the context requires, either
21 the Secretary of the Department or the Secretary of the
22 Department of Financial and Professional Regulation, and the
23 Secretary's designated agents.

24 (rr) "State" includes the State of Illinois and any state,
25 district, commonwealth, territory, insular possession thereof,
26 and any area subject to the legal authority of the United

1 States of America.

2 (rr-5) "Stimulant" means any drug that (i) causes an
3 overall excitation of central nervous system functions, (ii)
4 causes impaired consciousness and awareness, and (iii) can be
5 habit-forming or lead to a substance abuse problem, including
6 but not limited to amphetamines and their analogs,
7 methylphenidate and its analogs, cocaine, and phencyclidine
8 and its analogs.

9 (ss) "Ultimate user" means a person who lawfully possesses
10 a controlled substance for his or her own use or for the use of
11 a member of his or her household or for administering to an
12 animal owned by him or her or by a member of his or her
13 household.

14 (Source: P.A. 97-334, eff. 1-1-12; 98-214, eff. 8-9-13; 98-668,
15 eff. 6-25-14; 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14;
16 revised 10-1-14.)

17 (720 ILCS 570/303.05)

18 Sec. 303.05. Mid-level practitioner registration.

19 (a) The Department of Financial and Professional
20 Regulation shall register licensed physician assistants,
21 licensed advanced practice nurses, and prescribing
22 psychologists licensed under Section 4.2 of the Clinical
23 Psychologist Licensing Act to prescribe and dispense
24 controlled substances under Section 303 and euthanasia
25 agencies to purchase, store, or administer animal euthanasia

1 drugs under the following circumstances:

2 (1) with respect to physician assistants,

3 (A) the physician assistant has been delegated
4 written authority to prescribe any Schedule III
5 through V controlled substances by a physician
6 licensed to practice medicine in all its branches in
7 accordance with Section 7.5 of the Physician Assistant
8 Practice Act of 1987; and the physician assistant has
9 completed the appropriate application forms and has
10 paid the required fees as set by rule; or

11 (B) the physician assistant has been delegated
12 authority by a supervising physician licensed to
13 practice medicine in all its branches to prescribe or
14 dispense Schedule II controlled substances through a
15 written delegation of authority and under the
16 following conditions:

17 (i) Specific Schedule II controlled substances
18 by oral dosage or topical or transdermal
19 application may be delegated, provided that the
20 delegated Schedule II controlled substances are
21 routinely prescribed by the supervising physician.
22 This delegation must identify the specific
23 Schedule II controlled substances by either brand
24 name or generic name. Schedule II controlled
25 substances to be delivered by injection or other
26 route of administration may not be delegated;

1 (ii) any delegation must be of controlled
2 substances prescribed by the supervising
3 physician;

4 (iii) all prescriptions must be limited to no
5 more than a 30-day supply, with any continuation
6 authorized only after prior approval of the
7 supervising physician;

8 (iv) the physician assistant must discuss the
9 condition of any patients for whom a controlled
10 substance is prescribed monthly with the
11 delegating physician;

12 (v) the physician assistant must have
13 completed the appropriate application forms and
14 paid the required fees as set by rule;

15 (vi) the physician assistant must provide
16 evidence of satisfactory completion of 45 contact
17 hours in pharmacology from any physician assistant
18 program accredited by the Accreditation Review
19 Commission on Education for the Physician
20 Assistant (ARC-PA), or its predecessor agency, for
21 any new license issued with Schedule II authority
22 after the effective date of this amendatory Act of
23 the 97th General Assembly; and

24 (vii) the physician assistant must annually
25 complete at least 5 hours of continuing education
26 in pharmacology;

1 (2) with respect to advanced practice nurses,

2 (A) the advanced practice nurse has been delegated
3 authority to prescribe any Schedule III through V
4 controlled substances by a collaborating physician
5 licensed to practice medicine in all its branches or a
6 collaborating podiatric physician in accordance with
7 Section 65-40 of the Nurse Practice Act. The advanced
8 practice nurse has completed the appropriate
9 application forms and has paid the required fees as set
10 by rule; or

11 (B) the advanced practice nurse has been delegated
12 authority by a collaborating physician licensed to
13 practice medicine in all its branches or collaborating
14 podiatric physician to prescribe or dispense Schedule
15 II controlled substances through a written delegation
16 of authority and under the following conditions:

17 (i) specific Schedule II controlled substances
18 by oral dosage or topical or transdermal
19 application may be delegated, provided that the
20 delegated Schedule II controlled substances are
21 routinely prescribed by the collaborating
22 physician or podiatric physician. This delegation
23 must identify the specific Schedule II controlled
24 substances by either brand name or generic name.
25 Schedule II controlled substances to be delivered
26 by injection or other route of administration may

1 not be delegated;

2 (ii) any delegation must be of controlled
3 substances prescribed by the collaborating
4 physician or podiatric physician;

5 (iii) all prescriptions must be limited to no
6 more than a 30-day supply, with any continuation
7 authorized only after prior approval of the
8 collaborating physician or podiatric physician;

9 (iv) the advanced practice nurse must discuss
10 the condition of any patients for whom a controlled
11 substance is prescribed monthly with the
12 delegating physician or podiatric physician or in
13 the course of review as required by Section 65-40
14 of the Nurse Practice Act;

15 (v) the advanced practice nurse must have
16 completed the appropriate application forms and
17 paid the required fees as set by rule;

18 (vi) the advanced practice nurse must provide
19 evidence of satisfactory completion of at least 45
20 graduate contact hours in pharmacology for any new
21 license issued with Schedule II authority after
22 the effective date of this amendatory Act of the
23 97th General Assembly; and

24 (vii) the advanced practice nurse must
25 annually complete 5 hours of continuing education
26 in pharmacology;

1 (2.5) with respect to advanced practice nurses
2 certified as nurse practitioners, nurse midwives, or
3 clinical nurse specialists practicing in a hospital
4 affiliate,

5 (A) the advanced practice nurse certified as a
6 nurse practitioner, nurse midwife, or clinical nurse
7 specialist has been granted authority to prescribe any
8 Schedule II through V controlled substances by the
9 hospital affiliate upon the recommendation of the
10 appropriate physician committee of the hospital
11 affiliate in accordance with Section 65-45 of the Nurse
12 Practice Act, has completed the appropriate
13 application forms, and has paid the required fees as
14 set by rule; and

15 (B) an advanced practice nurse certified as a nurse
16 practitioner, nurse midwife, or clinical nurse
17 specialist has been granted authority to prescribe any
18 Schedule II controlled substances by the hospital
19 affiliate upon the recommendation of the appropriate
20 physician committee of the hospital affiliate, then
21 the following conditions must be met:

22 (i) specific Schedule II controlled substances
23 by oral dosage or topical or transdermal
24 application may be designated, provided that the
25 designated Schedule II controlled substances are
26 routinely prescribed by advanced practice nurses

1 in their area of certification; this grant of
2 authority must identify the specific Schedule II
3 controlled substances by either brand name or
4 generic name; authority to prescribe or dispense
5 Schedule II controlled substances to be delivered
6 by injection or other route of administration may
7 not be granted;

8 (ii) any grant of authority must be controlled
9 substances limited to the practice of the advanced
10 practice nurse;

11 (iii) any prescription must be limited to no
12 more than a 30-day supply;

13 (iv) the advanced practice nurse must discuss
14 the condition of any patients for whom a controlled
15 substance is prescribed monthly with the
16 appropriate physician committee of the hospital
17 affiliate or its physician designee; and

18 (v) the advanced practice nurse must meet the
19 education requirements of this Section;

20 (3) with respect to animal euthanasia agencies, the
21 euthanasia agency has obtained a license from the
22 Department of Financial and Professional Regulation and
23 obtained a registration number from the Department; or

24 (4) with respect to prescribing psychologists, the
25 prescribing psychologist has been delegated authority to
26 prescribe any nonnarcotic Schedule III through V

1 controlled substances by a collaborating physician
2 licensed to practice medicine in all its branches in
3 accordance with Section 4.3 of the Clinical Psychologist
4 Licensing Act, and the prescribing psychologist has
5 completed the appropriate application forms and has paid
6 the required fees as set by rule.

7 (b) The mid-level practitioner shall only be licensed to
8 prescribe those schedules of controlled substances for which a
9 licensed physician or licensed podiatric physician has
10 delegated prescriptive authority, except that an animal
11 euthanasia agency does not have any prescriptive authority. A
12 physician assistant and an advanced practice nurse are
13 prohibited from prescribing medications and controlled
14 substances not set forth in the required written delegation of
15 authority.

16 (c) Upon completion of all registration requirements,
17 physician assistants, advanced practice nurses, and animal
18 euthanasia agencies may be issued a mid-level practitioner
19 controlled substances license for Illinois.

20 (d) A collaborating physician or podiatric physician may,
21 but is not required to, delegate prescriptive authority to an
22 advanced practice nurse as part of a written collaborative
23 agreement, and the delegation of prescriptive authority shall
24 conform to the requirements of Section 65-40 of the Nurse
25 Practice Act.

26 (e) A supervising physician may, but is not required to,

1 delegate prescriptive authority to a physician assistant as
2 part of a written supervision agreement, and the delegation of
3 prescriptive authority shall conform to the requirements of
4 Section 7.5 of the Physician Assistant Practice Act of 1987.

5 (f) Nothing in this Section shall be construed to prohibit
6 generic substitution.

7 (Source: P.A. 97-334, eff. 1-1-12; 97-358, eff. 8-12-11;
8 97-813, eff. 7-13-12; 98-214, eff. 8-9-13; 98-668, eff.
9 6-25-14.)

10 Section 999. Effective date. This Act takes effect upon
11 becoming law.