



## 99TH GENERAL ASSEMBLY

### State of Illinois

2015 and 2016

SB2900

Introduced 2/18/2016, by Sen. Iris Y. Martinez

#### SYNOPSIS AS INTRODUCED:

See Index

Amends various Acts to add physician assistants to provisions applicable to physicians, including adding physician assistant members to various committees and boards. Amends the Illinois Identification Card Act. Specifies that the physician assistant who may make a determination of disability for the purposes of an Illinois Persons with a Disability Identification Card is a physician assistant who has been delegated the authority to make this determination by his or her supervising physician. Amends the Alcoholism and Other Drug Abuse and Dependency Act. Adds the President of the Illinois Academy of Physician Assistants or his or her designee to the Illinois Advisory Council on Alcoholism and Other Drug Dependency. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Adds representative of a professional organization representing physician assistants to various task forces and councils. Requires that the Department of Public Health consult with the Illinois Academy of Physician Assistants in developing the summary of health care for women and that the summary be distributed to physician assistants. Requires that the Department of Public Health consult with a statewide professional organization representing physician assistants in developing the POLST form. Makes other changes.

LRB099 20672 SMS 45286 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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 Public Employee Disability Act is amended by  
5 changing Section 1 as follows:

6 (5 ILCS 345/1) (from Ch. 70, par. 91)

7 Sec. 1. Disability benefit.

8 (a) For the purposes of this Section, "eligible employee"  
9 means any part-time or full-time State correctional officer or  
10 any other full or part-time employee of the Department of  
11 Corrections, any full or part-time employee of the Prisoner  
12 Review Board, any full or part-time employee of the Department  
13 of Human Services working within a penal institution or a State  
14 mental health or developmental disabilities facility operated  
15 by the Department of Human Services, and any full-time law  
16 enforcement officer or full-time firefighter who is employed by  
17 the State of Illinois, any unit of local government (including  
18 any home rule unit), any State supported college or university,  
19 or any other public entity granted the power to employ persons  
20 for such purposes by law.

21 (b) Whenever an eligible employee suffers any injury in the  
22 line of duty which causes him to be unable to perform his  
23 duties, he shall continue to be paid by the employing public

1 entity on the same basis as he was paid before the injury, with  
2 no deduction from his sick leave credits, compensatory time for  
3 overtime accumulations or vacation, or service credits in a  
4 public employee pension fund during the time he is unable to  
5 perform his duties due to the result of the injury, but not  
6 longer than one year in relation to the same injury. However,  
7 no injury to an employee of the Department of Corrections or  
8 the Prisoner Review Board working within a penal institution or  
9 an employee of the Department of Human Services working within  
10 a departmental mental health or developmental disabilities  
11 facility shall qualify the employee for benefits under this  
12 Section unless the injury is the direct or indirect result of  
13 violence by inmates of the penal institution or residents of  
14 the mental health or developmental disabilities facility.

15 (c) At any time during the period for which continuing  
16 compensation is required by this Act, the employing public  
17 entity may order at the expense of that entity physical or  
18 medical examinations of the injured person to determine the  
19 degree of disability.

20 (d) During this period of disability, the injured person  
21 shall not be employed in any other manner, with or without  
22 monetary compensation. Any person who is employed in violation  
23 of this paragraph forfeits the continuing compensation  
24 provided by this Act from the time such employment begins. Any  
25 salary compensation due the injured person from workers'  
26 compensation or any salary due him from any type of insurance

1 which may be carried by the employing public entity shall  
2 revert to that entity during the time for which continuing  
3 compensation is paid to him under this Act. Any person with a  
4 disability receiving compensation under the provisions of this  
5 Act shall not be entitled to any benefits for which he would  
6 qualify because of his disability under the provisions of the  
7 Illinois Pension Code.

8 (e) Any employee of the State of Illinois, as defined in  
9 Section 14-103.05 of the Illinois Pension Code, who becomes  
10 permanently unable to perform the duties of such employment due  
11 to an injury received in the active performance of his duties  
12 as a State employee as a result of a willful act of violence by  
13 another employee of the State of Illinois, as so defined,  
14 committed during such other employee's course of employment and  
15 after January 1, 1988, shall be eligible for benefits pursuant  
16 to the provisions of this Section. For purposes of this  
17 Section, permanent disability is defined as a diagnosis or  
18 prognosis of an inability to return to current job duties by a  
19 physician licensed to practice medicine in all of its branches  
20 or a physician assistant.

21 (f) The compensation and other benefits provided to  
22 part-time employees covered by this Section shall be calculated  
23 based on the percentage of time the part-time employee was  
24 scheduled to work pursuant to his or her status as a part-time  
25 employee.

26 (g) Pursuant to paragraphs (h) and (i) of Section 6 of

1 Article VII of the Illinois Constitution, this Act specifically  
2 denies and limits the exercise by home rule units of any power  
3 which is inconsistent herewith, and all existing laws and  
4 ordinances which are inconsistent herewith are hereby  
5 superseded. This Act does not preempt the concurrent exercise  
6 by home rule units of powers consistent herewith.

7 This Act does not apply to any home rule unit with a  
8 population of over 1,000,000.

9 (h) In those cases where the injury to a State employee for  
10 which a benefit is payable under this Act was caused under  
11 circumstances creating a legal liability for damages on the  
12 part of some person other than the State employer, all of the  
13 rights and privileges, including the right to notice of suit  
14 brought against such other person and the right to commence or  
15 join in such suit, as given the employer, together with the  
16 conditions or obligations imposed under paragraph (b) of  
17 Section 5 of the Workers' Compensation Act, are also given and  
18 granted to the State, to the end that, with respect to State  
19 employees only, the State may be paid or reimbursed for the  
20 amount of benefit paid or to be paid by the State to the  
21 injured employee or his or her personal representative out of  
22 any judgment, settlement, or payment for such injury obtained  
23 by such injured employee or his or her personal representative  
24 from such other person by virtue of the injury.

25 (Source: P.A. 99-143, eff. 7-27-15.)

1 Section 10. The State Employees Group Insurance Act of 1971  
2 is amended by changing Section 6.11A as follows:

3 (5 ILCS 375/6.11A)

4 Sec. 6.11A. Physical therapy and occupational therapy.

5 (a) The program of health benefits provided under this Act  
6 shall provide coverage for medically necessary physical  
7 therapy and occupational therapy when that therapy is ordered  
8 for the treatment of autoimmune diseases or referred for the  
9 same purpose by (i) a physician licensed under the Medical  
10 Practice Act of 1987, (ii) a physician ~~physician's~~ assistant  
11 licensed under the Physician ~~Physician's~~ Assistant Practice  
12 Act of 1987, or (iii) an advanced practice nurse licensed under  
13 the Nurse Practice Act.

14 (b) For the purpose of this Section, "medically necessary"  
15 means any care, treatment, intervention, service, or item that  
16 will or is reasonably expected to:

17 (i) prevent the onset of an illness, condition, injury,  
18 disease, or disability;

19 (ii) reduce or ameliorate the physical, mental, or  
20 developmental effects of an illness, condition, injury,  
21 disease, or disability; or

22 (iii) assist the achievement or maintenance of maximum  
23 functional activity in performing daily activities.

24 (c) The coverage required under this Section shall be  
25 subject to the same deductible, coinsurance, waiting period,

1 cost sharing limitation, treatment limitation, calendar year  
2 maximum, or other limitations as provided for other physical or  
3 rehabilitative or occupational therapy benefits covered by the  
4 policy.

5 (d) Upon request of the reimbursing insurer, the provider  
6 of the physical therapy or occupational therapy shall furnish  
7 medical records, clinical notes, or other necessary data that  
8 substantiate that initial or continued treatment is medically  
9 necessary. When treatment is anticipated to require continued  
10 services to achieve demonstrable progress, the insurer may  
11 request a treatment plan consisting of the diagnosis, proposed  
12 treatment by type, proposed frequency of treatment,  
13 anticipated duration of treatment, anticipated outcomes stated  
14 as goals, and proposed frequency of updating the treatment  
15 plan.

16 (e) When making a determination of medical necessity for  
17 treatment, an insurer must make the determination in a manner  
18 consistent with the manner in which that determination is made  
19 with respect to other diseases or illnesses covered under the  
20 policy, including an appeals process. During the appeals  
21 process, any challenge to medical necessity may be viewed as  
22 reasonable only if the review includes a licensed health care  
23 professional with the same category of license as the  
24 professional who ordered or referred the service in question  
25 and with expertise in the most current and effective treatment.  
26 (Source: P.A. 96-1227, eff. 1-1-11; 97-604, eff. 8-26-11.)

1 Section 15. The Election Code is amended by changing  
2 Sections 19-12.1 and 19-13 as follows:

3 (10 ILCS 5/19-12.1) (from Ch. 46, par. 19-12.1)

4 Sec. 19-12.1. Any qualified elector who has secured an  
5 Illinois Person with a Disability Identification Card in  
6 accordance with the Illinois Identification Card Act,  
7 indicating that the person named thereon has a Class 1A or  
8 Class 2 disability or any qualified voter who has a permanent  
9 physical incapacity of such a nature as to make it improbable  
10 that he will be able to be present at the polls at any future  
11 election, or any voter who is a resident of (i) a federally  
12 operated veterans' home, hospital, or facility located in  
13 Illinois or (ii) a facility licensed or certified pursuant to  
14 the Nursing Home Care Act, the Specialized Mental Health  
15 Rehabilitation Act of 2013, the ID/DD Community Care Act, or  
16 the MC/DD Act and has a condition or disability of such a  
17 nature as to make it improbable that he will be able to be  
18 present at the polls at any future election, may secure a  
19 voter's identification card for persons with disabilities or a  
20 nursing home resident's identification card, which will enable  
21 him to vote under this Article as a physically incapacitated or  
22 nursing home voter. For the purposes of this Section,  
23 "federally operated veterans' home, hospital, or facility"  
24 means the long-term care facilities at the Jesse Brown VA

1 Medical Center, Illiana Health Care System, Edward Hines, Jr.  
2 VA Hospital, Marion VA Medical Center, and Captain James A.  
3 Lovell Federal Health Care Center.

4 Application for a voter's identification card for persons  
5 with disabilities or a nursing home resident's identification  
6 card shall be made either: (a) in writing, with voter's sworn  
7 affidavit, to the county clerk or board of election  
8 commissioners, as the case may be, and shall be accompanied by  
9 the affidavit of the attending physician or a physician  
10 assistant specifically describing the nature of the physical  
11 incapacity or the fact that the voter is a nursing home  
12 resident and is physically unable to be present at the polls on  
13 election days; or (b) by presenting, in writing or otherwise,  
14 to the county clerk or board of election commissioners, as the  
15 case may be, proof that the applicant has secured an Illinois  
16 Person with a Disability Identification Card indicating that  
17 the person named thereon has a Class 1A or Class 2 disability.  
18 Upon the receipt of either the sworn-to application and the  
19 physician's or a physician assistant's affidavit or proof that  
20 the applicant has secured an Illinois Person with a Disability  
21 Identification Card indicating that the person named thereon  
22 has a Class 1A or Class 2 disability, the county clerk or board  
23 of election commissioners shall issue a voter's identification  
24 card for persons with disabilities or a nursing home resident's  
25 identification card. Such identification cards shall be issued  
26 for a period of 5 years, upon the expiration of which time the

1 voter may secure a new card by making application in the same  
2 manner as is prescribed for the issuance of an original card,  
3 accompanied by a new affidavit of the attending physician or a  
4 physician assistant. The date of expiration of such five-year  
5 period shall be made known to any interested person by the  
6 election authority upon the request of such person.  
7 Applications for the renewal of the identification cards shall  
8 be mailed to the voters holding such cards not less than 3  
9 months prior to the date of expiration of the cards.

10 Each voter's identification card for persons with  
11 disabilities or nursing home resident's identification card  
12 shall bear an identification number, which shall be clearly  
13 noted on the voter's original and duplicate registration record  
14 cards. In the event the holder becomes physically capable of  
15 resuming normal voting, he must surrender his voter's  
16 identification card for persons with disabilities or nursing  
17 home resident's identification card to the county clerk or  
18 board of election commissioners before the next election.

19 The holder of a voter's identification card for persons  
20 with disabilities or a nursing home resident's identification  
21 card may make application by mail for an official ballot within  
22 the time prescribed by Section 19-2. Such application shall  
23 contain the same information as is included in the form of  
24 application for ballot by a physically incapacitated elector  
25 prescribed in Section 19-3 except that it shall also include  
26 the applicant's voter's identification card for persons with

1 disabilities card number and except that it need not be sworn  
2 to. If an examination of the records discloses that the  
3 applicant is lawfully entitled to vote, he shall be mailed a  
4 ballot as provided in Section 19-4. The ballot envelope shall  
5 be the same as that prescribed in Section 19-5 for voters with  
6 physical disabilities, and the manner of voting and returning  
7 the ballot shall be the same as that provided in this Article  
8 for other vote by mail ballots, except that a statement to be  
9 subscribed to by the voter but which need not be sworn to shall  
10 be placed on the ballot envelope in lieu of the affidavit  
11 prescribed by Section 19-5.

12 Any person who knowingly subscribes to a false statement in  
13 connection with voting under this Section shall be guilty of a  
14 Class A misdemeanor.

15 For the purposes of this Section, "nursing home resident"  
16 includes a resident of (i) a federally operated veterans' home,  
17 hospital, or facility located in Illinois or (ii) a facility  
18 licensed under the ID/DD Community Care Act, the MC/DD Act, or  
19 the Specialized Mental Health Rehabilitation Act of 2013. For  
20 the purposes of this Section, "federally operated veterans'  
21 home, hospital, or facility" means the long-term care  
22 facilities at the Jesse Brown VA Medical Center, Illiana Health  
23 Care System, Edward Hines, Jr. VA Hospital, Marion VA Medical  
24 Center, and Captain James A. Lovell Federal Health Care Center.  
25 (Source: P.A. 98-104, eff. 7-22-13; 98-1171, eff. 6-1-15;  
26 99-143, eff. 7-27-15; 99-180, eff. 7-29-15; revised 10-14-15.)

1 (10 ILCS 5/19-13) (from Ch. 46, par. 19-13)

2 Sec. 19-13. Any qualified voter who has been admitted to a  
3 hospital, nursing home, or rehabilitation center due to an  
4 illness or physical injury not more than 14 days before an  
5 election shall be entitled to personal delivery of a vote by  
6 mail ballot in the hospital, nursing home, or rehabilitation  
7 center subject to the following conditions:

8 (1) The voter completes the Application for Physically  
9 Incapacitated Elector as provided in Section 19-3, stating as  
10 reasons therein that he is a patient in ..... (name  
11 of hospital/home/center), ..... located at,  
12 ..... (address of hospital/home/center),  
13 ..... (county, city/village), was admitted for  
14 ..... (nature of illness or physical injury), on  
15 ..... (date of admission), and does not expect to be  
16 released from the hospital/home/center on or before the day of  
17 election or, if released, is expected to be homebound on the  
18 day of the election and unable to travel to the polling place.

19 (2) The voter's physician completes a Certificate of  
20 Attending Physician in a form substantially as follows:

21 CERTIFICATE OF ATTENDING PHYSICIAN

22 I state that I am a physician, duly licensed to practice in  
23 the State of .....; that ..... is a patient in  
24 ..... (name of hospital/home/center), located at  
25 ..... (address of hospital/home/center),

1 ..... (county, city/village); that such individual  
 2 was admitted for ..... (nature of illness or physical  
 3 injury), on ..... (date of admission); and that I have  
 4 examined such individual in the State in which I am licensed to  
 5 practice medicine and do not expect such individual to be  
 6 released from the hospital/home/center on or before the day of  
 7 election or, if released, to be able to travel to the polling  
 8 place on election day.

9 Under penalties as provided by law pursuant to Section  
 10 29-10 of The Election Code, the undersigned certifies that the  
 11 statements set forth in this certification are true and  
 12 correct.

13 (Signature) .....

14 (Date licensed) .....

15 (3) Any person who is registered to vote in the same  
 16 precinct as the admitted voter or any legal relative of the  
 17 admitted voter may present such voter's vote by mail ballot  
 18 application, completed as prescribed in paragraph 1,  
 19 accompanied by the physician's or a physician assistant's  
 20 certificate, completed as prescribed in paragraph 2, to the  
 21 election authority. Such precinct voter or relative shall  
 22 execute and sign an affidavit furnished by the election  
 23 authority attesting that he is a registered voter in the same  
 24 precinct as the admitted voter or that he is a legal relative  
 25 of the admitted voter and stating the nature of the  
 26 relationship. Such precinct voter or relative shall further

1 attest that he has been authorized by the admitted voter to  
2 obtain his or her vote by mail ballot from the election  
3 authority and deliver such ballot to him in the hospital, home,  
4 or center.

5 Upon receipt of the admitted voter's application,  
6 physician's or a physician assistant's certificate, and the  
7 affidavit of the precinct voter or the relative, the election  
8 authority shall examine the registration records to determine  
9 if the applicant is qualified to vote and, if found to be  
10 qualified, shall provide the precinct voter or the relative the  
11 vote by mail ballot for delivery to the applicant.

12 Upon receipt of the vote by mail ballot, the admitted voter  
13 shall mark the ballot in secret and subscribe to the  
14 certifications on the vote by mail ballot return envelope.  
15 After depositing the ballot in the return envelope and securely  
16 sealing the envelope, such voter shall give the envelope to the  
17 precinct voter or the relative who shall deliver it to the  
18 election authority in sufficient time for the ballot to be  
19 delivered by the election authority to the election authority's  
20 central ballot counting location before 7 p.m. on election day.

21 Upon receipt of the admitted voter's vote by mail ballot,  
22 the ballot shall be counted in the manner prescribed in this  
23 Article.

24 (Source: P.A. 98-1171, eff. 6-1-15.)

25 Section 20. The Illinois Identification Card Act is amended

1 by changing Section 4 as follows:

2 (15 ILCS 335/4) (from Ch. 124, par. 24)

3 Sec. 4. Identification Card.

4 (a) The Secretary of State shall issue a standard Illinois  
5 Identification Card to any natural person who is a resident of  
6 the State of Illinois who applies for such card, or renewal  
7 thereof, or who applies for a standard Illinois Identification  
8 Card upon release as a committed person on parole, mandatory  
9 supervised release, aftercare release, final discharge, or  
10 pardon from the Department of Corrections or Department of  
11 Juvenile Justice by submitting an identification card issued by  
12 the Department of Corrections or Department of Juvenile Justice  
13 under Section 3-14-1 or Section 3-2.5-70 of the Unified Code of  
14 Corrections, together with the prescribed fees. No  
15 identification card shall be issued to any person who holds a  
16 valid foreign state identification card, license, or permit  
17 unless the person first surrenders to the Secretary of State  
18 the valid foreign state identification card, license, or  
19 permit. The card shall be prepared and supplied by the  
20 Secretary of State and shall include a photograph and signature  
21 or mark of the applicant. However, the Secretary of State may  
22 provide by rule for the issuance of Illinois Identification  
23 Cards without photographs if the applicant has a bona fide  
24 religious objection to being photographed or to the display of  
25 his or her photograph. The Illinois Identification Card may be

1 used for identification purposes in any lawful situation only  
2 by the person to whom it was issued. As used in this Act,  
3 "photograph" means any color photograph or digitally produced  
4 and captured image of an applicant for an identification card.  
5 As used in this Act, "signature" means the name of a person as  
6 written by that person and captured in a manner acceptable to  
7 the Secretary of State.

8 (a-5) If an applicant for an identification card has a  
9 current driver's license or instruction permit issued by the  
10 Secretary of State, the Secretary may require the applicant to  
11 utilize the same residence address and name on the  
12 identification card, driver's license, and instruction permit  
13 records maintained by the Secretary. The Secretary may  
14 promulgate rules to implement this provision.

15 (a-10) If the applicant is a judicial officer as defined in  
16 Section 1-10 of the Judicial Privacy Act or a peace officer,  
17 the applicant may elect to have his or her office or work  
18 address listed on the card instead of the applicant's residence  
19 or mailing address. The Secretary may promulgate rules to  
20 implement this provision. For the purposes of this subsection  
21 (a-10), "peace officer" means any person who by virtue of his  
22 or her office or public employment is vested by law with a duty  
23 to maintain public order or to make arrests for a violation of  
24 any penal statute of this State, whether that duty extends to  
25 all violations or is limited to specific violations.

26 (a-15) The Secretary of State may provide for an expedited

1 process for the issuance of an Illinois Identification Card.  
2 The Secretary shall charge an additional fee for the expedited  
3 issuance of an Illinois Identification Card, to be set by rule,  
4 not to exceed \$75. All fees collected by the Secretary for  
5 expedited Illinois Identification Card service shall be  
6 deposited into the Secretary of State Special Services Fund.  
7 The Secretary may adopt rules regarding the eligibility,  
8 process, and fee for an expedited Illinois Identification Card.  
9 If the Secretary of State determines that the volume of  
10 expedited identification card requests received on a given day  
11 exceeds the ability of the Secretary to process those requests  
12 in an expedited manner, the Secretary may decline to provide  
13 expedited services, and the additional fee for the expedited  
14 service shall be refunded to the applicant.

15 (b) The Secretary of State shall issue a special Illinois  
16 Identification Card, which shall be known as an Illinois Person  
17 with a Disability Identification Card, to any natural person  
18 who is a resident of the State of Illinois, who is a person  
19 with a disability as defined in Section 4A of this Act, who  
20 applies for such card, or renewal thereof. No Illinois Person  
21 with a Disability Identification Card shall be issued to any  
22 person who holds a valid foreign state identification card,  
23 license, or permit unless the person first surrenders to the  
24 Secretary of State the valid foreign state identification card,  
25 license, or permit. The Secretary of State shall charge no fee  
26 to issue such card. The card shall be prepared and supplied by

1 the Secretary of State, and shall include a photograph and  
2 signature or mark of the applicant, a designation indicating  
3 that the card is an Illinois Person with a Disability  
4 Identification Card, and shall include a comprehensible  
5 designation of the type and classification of the applicant's  
6 disability as set out in Section 4A of this Act. However, the  
7 Secretary of State may provide by rule for the issuance of  
8 Illinois Person with a Disability Identification Cards without  
9 photographs if the applicant has a bona fide religious  
10 objection to being photographed or to the display of his or her  
11 photograph. If the applicant so requests, the card shall  
12 include a description of the applicant's disability and any  
13 information about the applicant's disability or medical  
14 history which the Secretary determines would be helpful to the  
15 applicant in securing emergency medical care. If a mark is used  
16 in lieu of a signature, such mark shall be affixed to the card  
17 in the presence of two witnesses who attest to the authenticity  
18 of the mark. The Illinois Person with a Disability  
19 Identification Card may be used for identification purposes in  
20 any lawful situation by the person to whom it was issued.

21 The Illinois Person with a Disability Identification Card  
22 may be used as adequate documentation of disability in lieu of  
23 a physician's determination of disability, a determination of  
24 disability from a physician assistant who has been delegated  
25 the authority to make this determination by his or her  
26 supervising physician, a determination of disability from an

1 advanced practice nurse, or any other documentation of  
2 disability whenever any State law requires that a person with a  
3 disability provide such documentation of disability, however  
4 an Illinois Person with a Disability Identification Card shall  
5 not qualify the cardholder to participate in any program or to  
6 receive any benefit which is not available to all persons with  
7 like disabilities. Notwithstanding any other provisions of  
8 law, an Illinois Person with a Disability Identification Card,  
9 or evidence that the Secretary of State has issued an Illinois  
10 Person with a Disability Identification Card, shall not be used  
11 by any person other than the person named on such card to prove  
12 that the person named on such card is a person with a  
13 disability or for any other purpose unless the card is used for  
14 the benefit of the person named on such card, and the person  
15 named on such card consents to such use at the time the card is  
16 so used.

17 An optometrist's determination of a visual disability  
18 under Section 4A of this Act is acceptable as documentation for  
19 the purpose of issuing an Illinois Person with a Disability  
20 Identification Card.

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

25 (c) The Secretary of State shall provide that each original  
26 or renewal Illinois Identification Card or Illinois Person with

1 a Disability Identification Card issued to a person under the  
2 age of 21 shall be of a distinct nature from those Illinois  
3 Identification Cards or Illinois Person with a Disability  
4 Identification Cards issued to individuals 21 years of age or  
5 older. The color designated for Illinois Identification Cards  
6 or Illinois Person with a Disability Identification Cards for  
7 persons under the age of 21 shall be at the discretion of the  
8 Secretary of State.

9 (c-1) Each original or renewal Illinois Identification  
10 Card or Illinois Person with a Disability Identification Card  
11 issued to a person under the age of 21 shall display the date  
12 upon which the person becomes 18 years of age and the date upon  
13 which the person becomes 21 years of age.

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

1 characteristics of the identification card holder which is  
2 unrelated to the purpose of the identification card.

3 (c-5) Beginning on or before July 1, 2015, the Secretary of  
4 State shall designate a space on each original or renewal  
5 identification card where, at the request of the applicant, the  
6 word "veteran" shall be placed. The veteran designation shall  
7 be available to a person identified as a veteran under  
8 subsection (b) of Section 5 of this Act who was discharged or  
9 separated under honorable conditions.

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

20 (e) The Secretary of State, in his or her discretion, may  
21 designate on each Illinois Identification Card or Illinois  
22 Person with a Disability Identification Card a space where the  
23 card holder may place a sticker or decal, issued by the  
24 Secretary of State, of uniform size as the Secretary may  
25 specify, that shall indicate in appropriate language that the  
26 card holder has renewed his or her Illinois Identification Card

1 or Illinois Person with a Disability Identification Card.  
2 (Source: P.A. 98-323, eff. 1-1-14; 98-463, eff. 8-16-13;  
3 98-558, eff. 1-1-14; 98-756, eff. 7-16-14; 99-143, eff.  
4 7-27-15; 99-173, eff. 7-29-15; 99-305, eff. 1-1-16; revised  
5 10-14-15.)

6 Section 25. The Civil Administrative Code of Illinois is  
7 amended by changing Section 5-235 as follows:

8 (20 ILCS 5/5-235) (was 20 ILCS 5/7.03)

9 Sec. 5-235. In the Department of Public Health.

10 (a) The Director of Public Health shall be either a  
11 physician licensed to practice medicine in all of its branches  
12 in Illinois, a physician assistant, or a person who has  
13 administrative experience in public health work at the local,  
14 state, or national level in accordance with subsection (b).

15 If the Director is not a physician licensed to practice  
16 medicine in all its branches or a physician assistant, then a  
17 Medical Director shall be appointed who shall be a physician  
18 licensed to practice medicine in all its branches or a  
19 physician assistant. The Medical Director shall report  
20 directly to the Director. If the Director is not a physician or  
21 a physician assistant, the Medical Director shall have primary  
22 responsibility for overseeing the following regulatory and  
23 policy areas:

24 (1) Department responsibilities concerning hospital

1 and health care facility regulation, emergency services,  
2 ambulatory surgical treatment centers, health care  
3 professional regulation and credentialing, advising the  
4 Board of Health, patient safety initiatives, and the  
5 State's response to disease prevention and outbreak  
6 management and control.

7 (2) Any other duties assigned by the Director or  
8 required by law.

9 (b) A Director of Public Health who is not a physician  
10 licensed to practice medicine in all its branches or a  
11 physician assistant shall at a minimum have the following  
12 education and experience:

13 (1) 5 years of full-time administrative experience in  
14 public health and a master's degree in public health from  
15 (i) a college or university accredited by the North Central  
16 Association or (ii) any other nationally recognized  
17 regional accrediting agency; or

18 (2) 5 years of full-time administrative experience in  
19 public health and a graduate degree in a related field from  
20 (i) a college or university accredited by the North Central  
21 Association or (ii) any other nationally recognized  
22 regional accrediting agency. For the purposes of this item  
23 (2), "a graduate degree in a related field" includes, but  
24 is not limited to, a master's degree in public  
25 administration, nursing, environmental health, community  
26 health, or health education.

1 (c) The Assistant Director of Public Health shall be a  
2 person who has administrative experience in public health work.  
3 (Source: P.A. 97-798, eff. 7-13-12.)

4 Section 30. The Alcoholism and Other Drug Abuse and  
5 Dependency Act is amended by changing Sections 5-23, 10-55,  
6 20-15, 30-5, and 35-5 as follows:

7 (20 ILCS 301/5-23)

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

9 (a) Reports of drug overdose.

10 (1) The Director of the Division of Alcoholism and  
11 Substance Abuse shall publish annually a report on drug  
12 overdose trends statewide that reviews State death rates  
13 from available data to ascertain changes in the causes or  
14 rates of fatal and nonfatal drug overdose. The report shall  
15 also provide information on interventions that would be  
16 effective in reducing the rate of fatal or nonfatal drug  
17 overdose and shall include an analysis of drug overdose  
18 information reported to the Department of Public Health  
19 pursuant to subsection (e) of Section 3-3013 of the  
20 Counties Code, Section 6.14g of the Hospital Licensing Act,  
21 and subsection (j) of Section 22-30 of the School Code.

22 (2) The report may include:

23 (A) Trends in drug overdose death rates.

24 (B) Trends in emergency room utilization related

1 to drug overdose and the cost impact of emergency room  
2 utilization.

3 (C) Trends in utilization of pre-hospital and  
4 emergency services and the cost impact of emergency  
5 services utilization.

6 (D) Suggested improvements in data collection.

7 (E) A description of other interventions effective  
8 in reducing the rate of fatal or nonfatal drug  
9 overdose.

10 (F) A description of efforts undertaken to educate  
11 the public about unused medication and about how to  
12 properly dispose of unused medication, including the  
13 number of registered collection receptacles in this  
14 State, mail-back programs, and drug take-back events.

15 (b) Programs; drug overdose prevention.

16 (1) The Director may establish a program to provide for  
17 the production and publication, in electronic and other  
18 formats, of drug overdose prevention, recognition, and  
19 response literature. The Director may develop and  
20 disseminate curricula for use by professionals,  
21 organizations, individuals, or committees interested in  
22 the prevention of fatal and nonfatal drug overdose,  
23 including, but not limited to, drug users, jail and prison  
24 personnel, jail and prison inmates, drug treatment  
25 professionals, emergency medical personnel, hospital  
26 staff, families and associates of drug users, peace

1 officers, firefighters, public safety officers, needle  
2 exchange program staff, and other persons. In addition to  
3 information regarding drug overdose prevention,  
4 recognition, and response, literature produced by the  
5 Department shall stress that drug use remains illegal and  
6 highly dangerous and that complete abstinence from illegal  
7 drug use is the healthiest choice. The literature shall  
8 provide information and resources for substance abuse  
9 treatment.

10 The Director may establish or authorize programs for  
11 prescribing, dispensing, or distributing opioid  
12 antagonists for the treatment of drug overdose. Such  
13 programs may include the prescribing of opioid antagonists  
14 for the treatment of drug overdose to a person who is not  
15 at risk of opioid overdose but who, in the judgment of the  
16 health care professional, may be in a position to assist  
17 another individual during an opioid-related drug overdose  
18 and who has received basic instruction on how to administer  
19 an opioid antagonist.

20 (2) The Director may provide advice to State and local  
21 officials on the growing drug overdose crisis, including  
22 the prevalence of drug overdose incidents, programs  
23 promoting the disposal of unused prescription drugs,  
24 trends in drug overdose incidents, and solutions to the  
25 drug overdose crisis.

26 (c) Grants.

1           (1) The Director may award grants, in accordance with  
2 this subsection, to create or support local drug overdose  
3 prevention, recognition, and response projects. Local  
4 health departments, correctional institutions, hospitals,  
5 universities, community-based organizations, and  
6 faith-based organizations may apply to the Department for a  
7 grant under this subsection at the time and in the manner  
8 the Director prescribes.

9           (2) In awarding grants, the Director shall consider the  
10 necessity for overdose prevention projects in various  
11 settings and shall encourage all grant applicants to  
12 develop interventions that will be effective and viable in  
13 their local areas.

14           (3) The Director shall give preference for grants to  
15 proposals that, in addition to providing life-saving  
16 interventions and responses, provide information to drug  
17 users on how to access drug treatment or other strategies  
18 for abstaining from illegal drugs. The Director shall give  
19 preference to proposals that include one or more of the  
20 following elements:

21           (A) Policies and projects to encourage persons,  
22 including drug users, to call 911 when they witness a  
23 potentially fatal drug overdose.

24           (B) Drug overdose prevention, recognition, and  
25 response education projects in drug treatment centers,  
26 outreach programs, and other organizations that work

1 with, or have access to, drug users and their families  
2 and communities.

3 (C) Drug overdose recognition and response  
4 training, including rescue breathing, in drug  
5 treatment centers and for other organizations that  
6 work with, or have access to, drug users and their  
7 families and communities.

8 (D) The production and distribution of targeted or  
9 mass media materials on drug overdose prevention and  
10 response, the potential dangers of keeping unused  
11 prescription drugs in the home, and methods to properly  
12 dispose of unused prescription drugs.

13 (E) Prescription and distribution of opioid  
14 antagonists.

15 (F) The institution of education and training  
16 projects on drug overdose response and treatment for  
17 emergency services and law enforcement personnel.

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

20 (4) In addition to moneys appropriated by the General  
21 Assembly, the Director may seek grants from private  
22 foundations, the federal government, and other sources to  
23 fund the grants under this Section and to fund an  
24 evaluation of the programs supported by the grants.

25 (d) Health care professional prescription of opioid  
26 antagonists.

1           (1) A health care professional who, acting in good  
2 faith, directly or by standing order, prescribes or  
3 dispenses an opioid antagonist to: (a) a patient who, in  
4 the judgment of the health care professional, is capable of  
5 administering the drug in an emergency, or (b) a person who  
6 is not at risk of opioid overdose but who, in the judgment  
7 of the health care professional, may be in a position to  
8 assist another individual during an opioid-related drug  
9 overdose and who has received basic instruction on how to  
10 administer an opioid antagonist shall not, as a result of  
11 his or her acts or omissions, be subject to: (i) any  
12 disciplinary or other adverse action under the Medical  
13 Practice Act of 1987, the Physician Assistant Practice Act  
14 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,  
15 or any other professional licensing statute or (ii) any  
16 criminal liability, except for willful and wanton  
17 misconduct.

18           (2) A person who is not otherwise licensed to  
19 administer an opioid antagonist may in an emergency  
20 administer without fee an opioid antagonist if the person  
21 has received the patient information specified in  
22 paragraph (4) of this subsection and believes in good faith  
23 that another person is experiencing a drug overdose. The  
24 person shall not, as a result of his or her acts or  
25 omissions, be (i) liable for any violation of the Medical  
26 Practice Act of 1987, the Physician Assistant Practice Act

1 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,  
2 or any other professional licensing statute, or (ii)  
3 subject to any criminal prosecution or civil liability,  
4 except for willful and wanton misconduct.

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

1 substance abuse programs, and other organizations training  
2 materials in video, electronic, or other formats to  
3 facilitate the provision of such patient information.

4 (4) For the purposes of this subsection:

5 "Opioid antagonist" means a drug that binds to opioid  
6 receptors and blocks or inhibits the effect of opioids  
7 acting on those receptors, including, but not limited to,  
8 naloxone hydrochloride or any other similarly acting drug  
9 approved by the U.S. Food and Drug Administration.

10 "Health care professional" means a physician licensed  
11 to practice medicine in all its branches, a licensed  
12 physician assistant ~~prescriptive authority~~, a licensed  
13 advanced practice nurse ~~prescriptive authority~~, ~~or~~ an  
14 advanced practice nurse or physician assistant who  
15 practices in a hospital, hospital affiliate, or ambulatory  
16 surgical treatment center and possesses appropriate  
17 clinical privileges in accordance with the Nurse Practice  
18 Act, or a pharmacist licensed to practice pharmacy under  
19 the Pharmacy Practice Act.

20 "Patient" includes a person who is not at risk of  
21 opioid overdose but who, in the judgment of the physician  
22 or physician assistant, may be in a position to assist  
23 another individual during an overdose and who has received  
24 patient information as required in paragraph (2) of this  
25 subsection on the indications for and administration of an  
26 opioid antagonist.

1           "Patient information" includes information provided to  
2           the patient on drug overdose prevention and recognition;  
3           how to perform rescue breathing and resuscitation; opioid  
4           antagonist dosage and administration; the importance of  
5           calling 911; care for the overdose victim after  
6           administration of the overdose antagonist; and other  
7           issues as necessary.

8           (e) Drug overdose response policy.

9           (1) Every State and local government agency that  
10          employs a law enforcement officer or fireman as those terms  
11          are defined in the Line of Duty Compensation Act must  
12          possess opioid antagonists and must establish a policy to  
13          control the acquisition, storage, transportation, and  
14          administration of such opioid antagonists and to provide  
15          training in the administration of opioid antagonists. A  
16          State or local government agency that employs a fireman as  
17          defined in the Line of Duty Compensation Act but does not  
18          respond to emergency medical calls or provide medical  
19          services shall be exempt from this subsection.

20          (2) Every publicly or privately owned ambulance,  
21          special emergency medical services vehicle, non-transport  
22          vehicle, or ambulance assist vehicle, as described in the  
23          Emergency Medical Services (EMS) Systems Act, which  
24          responds to requests for emergency services or transports  
25          patients between hospitals in emergency situations must  
26          possess opioid antagonists.

1           (3) Entities that are required under paragraphs (1) and  
2           (2) to possess opioid antagonists may also apply to the  
3           Department for a grant to fund the acquisition of opioid  
4           antagonists and training programs on the administration of  
5           opioid antagonists.

6           (Source: P.A. 99-173, eff. 7-29-15; 99-480, eff. 9-9-15;  
7           revised 10-19-15.)

8           (20 ILCS 301/10-55)

9           Sec. 10-55. Medical Advisory Committee. The Secretary  
10          shall appoint a Medical Advisory Committee to the Department,  
11          consisting of up to 15 physicians licensed to practice medicine  
12          in all of its branches or physician assistants in Illinois who  
13          shall serve in an advisory capacity to the Secretary. The  
14          membership of the Medical Advisory Committee shall reasonably  
15          reflect representation from the geographic areas and the range  
16          of alcoholism and other drug abuse and dependency service  
17          providers in the State. In making appointments, the Secretary  
18          shall give consideration to recommendations made by the  
19          Illinois State Medical Society and other appropriate  
20          professional organizations. All appointments shall be made  
21          with regard to the interest and expertise of the individual  
22          with regard to alcoholism and other drug abuse and dependency  
23          services. At a minimum, those appointed to the Committee shall  
24          include representatives of Board-certified psychiatrists,  
25          community-based and hospital-based alcoholism or other drug

1 dependency treatment programs, and Illinois medical schools.

2 Members shall serve 3-year terms and until their successors  
3 are appointed and qualified, except that of the initial  
4 appointments, one-third of the members shall be appointed for  
5 one year, one-third shall be appointed for 2 years, and  
6 one-third shall be appointed for 3 years and until their  
7 successors are appointed and qualified. Appointments to fill  
8 vacancies shall be made in the same manner as the original  
9 appointments, for the unexpired portion of the vacated term.  
10 Initial terms shall begin on January 1, 1994. Members shall  
11 elect a chairperson annually from among their membership.

12 (Source: P.A. 88-80; 89-507, eff. 7-1-97.)

13 (20 ILCS 301/20-15)

14 Sec. 20-15. Steroid education program. The Department may  
15 develop and implement a statewide steroid education program to  
16 alert the public, and particularly Illinois physicians and  
17 physician assistants, other health care professionals,  
18 educators, student athletes, health club personnel, persons  
19 engaged in the coaching and supervision of high school and  
20 college athletics, and other groups determined by the  
21 Department to be likely to come into contact with anabolic  
22 steroid abusers to the dangers and adverse effects of abusing  
23 anabolic steroids, and to train these individuals to recognize  
24 the symptoms and side effects of anabolic steroid abuse. Such  
25 education and training may also include information regarding

1 the education and appropriate referral of persons identified as  
2 probable or actual anabolic steroid abusers. The advice of the  
3 Illinois Advisory Council established by Section 10-5 of this  
4 Act shall be sought in the development of any program  
5 established under this Section.

6 (Source: P.A. 88-80.)

7 (20 ILCS 301/30-5)

8 Sec. 30-5. Patients' rights established.

9 (a) For purposes of this Section, "patient" means any  
10 person who is receiving or has received intervention, treatment  
11 or aftercare services under this Act.

12 (b) No patient who is receiving or who has received  
13 intervention, treatment or aftercare services under this Act  
14 shall be deprived of any rights, benefits, or privileges  
15 guaranteed by law, the Constitution of the United States of  
16 America, or the Constitution of the State of Illinois solely  
17 because of his status as a patient of a program.

18 (c) Persons who abuse or are dependent on alcohol or other  
19 drugs who are also suffering from medical conditions shall not  
20 be discriminated against in admission or treatment by any  
21 hospital which receives support in any form from any program  
22 supported in whole or in part by funds appropriated to any  
23 State department or agency.

24 (d) Every patient shall have impartial access to services  
25 without regard to race, religion, sex, ethnicity, age or

1 disability.

2 (e) Patients shall be permitted the free exercise of  
3 religion.

4 (f) Every patient's personal dignity shall be recognized in  
5 the provision of services, and a patient's personal privacy  
6 shall be assured and protected within the constraints of his  
7 individual treatment plan.

8 (g) Treatment services shall be provided in the least  
9 restrictive environment possible.

10 (h) Each patient shall be provided an individual treatment  
11 plan, which shall be periodically reviewed and updated as  
12 necessary.

13 (i) Every patient shall be permitted to participate in the  
14 planning of his total care and medical treatment to the extent  
15 that his condition permits.

16 (j) A person shall not be denied treatment solely because  
17 he has withdrawn from treatment against medical advice on a  
18 prior occasion or because he has relapsed after earlier  
19 treatment or, when in medical crisis, because of inability to  
20 pay.

21 (k) The patient in treatment shall be permitted visits by  
22 family and significant others, unless such visits are  
23 clinically contraindicated.

24 (l) A patient in treatment shall be allowed to conduct  
25 private telephone conversations with family and friends unless  
26 clinically contraindicated.

1 (m) A patient shall be permitted to send and receive mail  
2 without hindrance, unless clinically contraindicated.

3 (n) A patient shall be permitted to manage his own  
4 financial affairs unless he or his guardian, or if the patient  
5 is a minor, his parent, authorizes another competent person to  
6 do so.

7 (o) A patient shall be permitted to request the opinion of  
8 a consultant at his own expense, or to request an in-house  
9 review of a treatment plan, as provided in the specific  
10 procedures of the provider. A treatment provider is not liable  
11 for the negligence of any consultant.

12 (p) Unless otherwise prohibited by State or federal law,  
13 every patient shall be permitted to obtain from his own  
14 physician or physician assistant, the treatment provider, or  
15 the treatment provider's consulting physician or physician  
16 assistant complete and current information concerning the  
17 nature of care, procedures and treatment which he will receive.

18 (q) A patient shall be permitted to refuse to participate  
19 in any experimental research or medical procedure without  
20 compromising his access to other, non-experimental services.  
21 Before a patient is placed in an experimental research or  
22 medical procedure, the provider must first obtain his informed  
23 written consent or otherwise comply with the federal  
24 requirements regarding the protection of human subjects  
25 contained in 45 C.F.R. Part 46.

26 (r) All medical treatment and procedures shall be

1 administered as ordered by a physician or physician assistant.  
2 In order to assure compliance by the treatment program with all  
3 physician or physician assistant orders, all new physician or  
4 physician assistant orders shall be reviewed by the treatment  
5 program's staff within a reasonable period of time after such  
6 orders have been issued. "Medical treatment and procedures"  
7 means those services that can be ordered only by a physician  
8 licensed to practice medicine in all of its branches in  
9 Illinois or physician assistant.

10 (s) Every patient shall be permitted to refuse medical  
11 treatment and to know the consequences of such action. Such  
12 refusal by a patient shall free the treatment program from the  
13 obligation to provide the treatment.

14 (t) Unless otherwise prohibited by State or federal law,  
15 every patient, patient's guardian, or parent, if the patient is  
16 a minor, shall be permitted to inspect and copy all clinical  
17 and other records kept by the treatment program or by his  
18 physician or physician assistant concerning his care and  
19 maintenance. The treatment program or physician may charge a  
20 reasonable fee for the duplication of a record.

21 (u) No owner, licensee, administrator, employee or agent of  
22 a treatment program shall abuse or neglect a patient. It is the  
23 duty of any program employee or agent who becomes aware of such  
24 abuse or neglect to report it to the Department immediately.

25 (v) The administrator of a program may refuse access to the  
26 program to any person if the actions of that person while in

1 the program are or could be injurious to the health and safety  
2 of a patient or the program, or if the person seeks access to  
3 the program for commercial purposes.

4 (w) A patient may be discharged from a program after he  
5 gives the administrator written notice of his desire to be  
6 discharged or upon completion of his prescribed course of  
7 treatment. No patient shall be discharged or transferred  
8 without the preparation of a post-treatment aftercare plan by  
9 the program.

10 (x) Patients and their families or legal guardians shall  
11 have the right to present complaints concerning the quality of  
12 care provided to the patient, without threat of discharge or  
13 reprisal in any form or manner whatsoever. The treatment  
14 provider shall have in place a mechanism for receiving and  
15 responding to such complaints, and shall inform the patient and  
16 his family or legal guardian of this mechanism and how to use  
17 it. The provider shall analyze any complaint received and, when  
18 indicated, take appropriate corrective action. Every patient  
19 and his family member or legal guardian who makes a complaint  
20 shall receive a timely response from the provider which  
21 substantively addresses the complaint. The provider shall  
22 inform the patient and his family or legal guardian about other  
23 sources of assistance if the provider has not resolved the  
24 complaint to the satisfaction of the patient or his family or  
25 legal guardian.

26 (y) A resident may refuse to perform labor at a program

1 unless such labor is a part of his individual treatment program  
2 as documented in his clinical record.

3 (z) A person who is in need of treatment may apply for  
4 voluntary admission to a treatment program in the manner and  
5 with the rights provided for under regulations promulgated by  
6 the Department. If a person is refused admission to a licensed  
7 treatment program, the staff of the program, subject to rules  
8 promulgated by the Department, shall refer the person to  
9 another treatment or other appropriate program.

10 (aa) No patient shall be denied services based solely on  
11 HIV status. Further, records and information governed by the  
12 AIDS Confidentiality Act and the AIDS Confidentiality and  
13 Testing Code (77 Ill. Adm. Code 697) shall be maintained in  
14 accordance therewith.

15 (bb) Records of the identity, diagnosis, prognosis or  
16 treatment of any patient maintained in connection with the  
17 performance of any program or activity relating to alcohol or  
18 other drug abuse or dependency education, early intervention,  
19 intervention, training, treatment or rehabilitation which is  
20 regulated, authorized, or directly or indirectly assisted by  
21 any Department or agency of this State or under any provision  
22 of this Act shall be confidential and may be disclosed only in  
23 accordance with the provisions of federal law and regulations  
24 concerning the confidentiality of alcohol and drug abuse  
25 patient records as contained in 42 U.S.C. Sections 290dd-3 and  
26 290ee-3 and 42 C.F.R. Part 2.

1           (1) The following are exempt from the confidentiality  
2           protections set forth in 42 C.F.R. Section 2.12(c):

3                   (A) Veteran's Administration records.

4                   (B) Information obtained by the Armed Forces.

5                   (C) Information given to qualified service  
6           organizations.

7                   (D) Communications within a program or between a  
8           program and an entity having direct administrative  
9           control over that program.

10                  (E) Information given to law enforcement personnel  
11           investigating a patient's commission of a crime on the  
12           program premises or against program personnel.

13                  (F) Reports under State law of incidents of  
14           suspected child abuse and neglect; however,  
15           confidentiality restrictions continue to apply to the  
16           records and any follow-up information for disclosure  
17           and use in civil or criminal proceedings arising from  
18           the report of suspected abuse or neglect.

19           (2) If the information is not exempt, a disclosure can  
20           be made only under the following circumstances:

21                   (A) With patient consent as set forth in 42 C.F.R.  
22           Sections 2.1(b)(1) and 2.31, and as consistent with  
23           pertinent State law.

24                   (B) For medical emergencies as set forth in 42  
25           C.F.R. Sections 2.1(b)(2) and 2.51.

26                   (C) For research activities as set forth in 42

1 C.F.R. Sections 2.1(b) (2) and 2.52.

2 (D) For audit evaluation activities as set forth in  
3 42 C.F.R. Section 2.53.

4 (E) With a court order as set forth in 42 C.F.R.  
5 Sections 2.61 through 2.67.

6 (3) The restrictions on disclosure and use of patient  
7 information apply whether the holder of the information  
8 already has it, has other means of obtaining it, is a law  
9 enforcement or other official, has obtained a subpoena, or  
10 asserts any other justification for a disclosure or use  
11 which is not permitted by 42 C.F.R. Part 2. Any court  
12 orders authorizing disclosure of patient records under  
13 this Act must comply with the procedures and criteria set  
14 forth in 42 C.F.R. Sections 2.64 and 2.65. Except as  
15 authorized by a court order granted under this Section, no  
16 record referred to in this Section may be used to initiate  
17 or substantiate any charges against a patient or to conduct  
18 any investigation of a patient.

19 (4) The prohibitions of this subsection shall apply to  
20 records concerning any person who has been a patient,  
21 regardless of whether or when he ceases to be a patient.

22 (5) Any person who discloses the content of any record  
23 referred to in this Section except as authorized shall,  
24 upon conviction, be guilty of a Class A misdemeanor.

25 (6) The Department shall prescribe regulations to  
26 carry out the purposes of this subsection. These

1 regulations may contain such definitions, and may provide  
2 for such safeguards and procedures, including procedures  
3 and criteria for the issuance and scope of court orders, as  
4 in the judgment of the Department are necessary or proper  
5 to effectuate the purposes of this Section, to prevent  
6 circumvention or evasion thereof, or to facilitate  
7 compliance therewith.

8 (cc) Each patient shall be given a written explanation of  
9 all the rights enumerated in this Section. If a patient is  
10 unable to read such written explanation, it shall be read to  
11 the patient in a language that the patient understands. A copy  
12 of all the rights enumerated in this Section shall be posted in  
13 a conspicuous place within the program where it may readily be  
14 seen and read by program patients and visitors.

15 (dd) The program shall ensure that its staff is familiar  
16 with and observes the rights and responsibilities enumerated in  
17 this Section.

18 (Source: P.A. 99-143, eff. 7-27-15.)

19 (20 ILCS 301/35-5)

20 Sec. 35-5. Services for pregnant women and mothers.

21 (a) In order to promote a comprehensive, statewide and  
22 multidisciplinary approach to serving addicted pregnant women  
23 and mothers, including those who are minors, and their children  
24 who are affected by alcoholism and other drug abuse or  
25 dependency, the Department shall have responsibility for an

1 ongoing exchange of referral information, as set forth in  
2 subsections (b) and (c) of this Section, among the following:

3 (1) those who provide medical and social services to  
4 pregnant women, mothers and their children, whether or not  
5 there exists evidence of alcoholism or other drug abuse or  
6 dependency. These include providers in the Healthy  
7 Moms/Healthy Kids program, the Drug Free Families With a  
8 Future program, the Parents Too Soon program, and any other  
9 State-funded medical or social service programs which  
10 provide services to pregnant women.

11 (2) providers of treatment services to women affected  
12 by alcoholism or other drug abuse or dependency.

13 (b) The Department may, in conjunction with the Departments  
14 of Children and Family Services, Public Health and Public Aid,  
15 develop and maintain an updated and comprehensive list of  
16 medical and social service providers by geographic region. The  
17 Department may periodically send this comprehensive list of  
18 medical and social service providers to all providers of  
19 treatment for alcoholism and other drug abuse and dependency,  
20 identified under subsection (f) of this Section, so that  
21 appropriate referrals can be made. The Department shall obtain  
22 the specific consent of each provider of services before  
23 publishing, distributing, verbally making information  
24 available for purposes of referral, or otherwise publicizing  
25 the availability of services from a provider. The Department  
26 may make information concerning availability of services

1 available to recipients, but may not require recipients to  
2 specific sources of care.

3 (c) The Department may, on an ongoing basis, keep all  
4 medical and social service providers identified under  
5 subsection (b) of this Section informed about any relevant  
6 changes in any laws relating to alcoholism and other drug abuse  
7 and dependency, about services that are available from any  
8 State agencies for addicted pregnant women and addicted mothers  
9 and their children, and about any other developments that the  
10 Department finds to be informative.

11 (d) All providers of treatment for alcoholism and other  
12 drug abuse and dependency may receive information from the  
13 Department on the availability of services under the Drug Free  
14 Families with a Future or any comparable program providing case  
15 management services for alcoholic or addicted women, including  
16 information on appropriate referrals for other services that  
17 may be needed in addition to treatment.

18 (e) The Department may implement the policies and programs  
19 set forth in this Section with the advice of the Committee on  
20 Women's Alcohol and Substance Abuse Treatment created under  
21 Section 10-20 of this Act.

22 (f) The Department shall develop and maintain an updated  
23 and comprehensive directory of service providers that provide  
24 treatment services to pregnant women, mothers, and their  
25 children in this State. The Department shall disseminate an  
26 updated directory as often as is necessary to the list of

1 medical and social service providers compiled under subsection  
2 (b) of this Section. The Department shall obtain the specific  
3 consent of each provider of services before publishing,  
4 distributing, verbally making information available for  
5 purposes of referral or otherwise using or publicizing the  
6 availability of services from a provider. The Department may  
7 make information concerning availability of services available  
8 to recipients, but may not require recipients to use specific  
9 sources of care.

10 (g) As a condition of any State grant or contract, the  
11 Department shall require that any treatment program for  
12 addicted women provide services, either by its own staff or by  
13 agreement with other agencies or individuals, which include but  
14 need not be limited to the following:

15 (1) coordination with the Healthy Moms/Healthy Kids  
16 program, the Drug Free Families with a Future program, or  
17 any comparable program providing case management services  
18 to assure ongoing monitoring and coordination of services  
19 after the addicted woman has returned home.

20 (2) coordination with medical services for individual  
21 medical care of addicted pregnant women, including  
22 prenatal care under the care supervision of a physician or  
23 a physician assistant.

24 (3) coordination with child care services under any  
25 State plan developed pursuant to subsection (e) of Section  
26 10-25 of this Act.

1           (h) As a condition of any State grant or contract, the  
2 Department shall require that any nonresidential program  
3 receiving any funding for treatment services accept women who  
4 are pregnant, provided that such services are clinically  
5 appropriate. Failure to comply with this subsection shall  
6 result in termination of the grant or contract and loss of  
7 State funding.

8           (i) (1) From funds appropriated expressly for the purposes  
9 of this Section, the Department shall create or contract with  
10 licensed, certified agencies to develop a program for the care  
11 and treatment of addicted pregnant women, addicted mothers and  
12 their children. The program shall be in Cook County in an area  
13 of high density population having a disproportionate number of  
14 addicted women and a high infant mortality rate.

15           (2) From funds appropriated expressly for the purposes of  
16 this Section, the Department shall create or contract with  
17 licensed, certified agencies to develop a program for the care  
18 and treatment of low income pregnant women. The program shall  
19 be located anywhere in the State outside of Cook County in an  
20 area of high density population having a disproportionate  
21 number of low income pregnant women.

22           (3) In implementing the programs established under this  
23 subsection, the Department shall contract with existing  
24 residencies or recovery homes in areas having a  
25 disproportionate number of women who abuse alcohol or other  
26 drugs and need residential treatment and counseling. Priority

1 shall be given to addicted and abusing women who:

2 (A) are pregnant,

3 (B) have minor children,

4 (C) are both pregnant and have minor children, or

5 (D) are referred by medical personnel because they  
6 either have given birth to a baby addicted to a controlled  
7 substance, or will give birth to a baby addicted to a  
8 controlled substance.

9 (4) The services provided by the programs shall include but  
10 not be limited to:

11 (A) individual medical care, including prenatal care,  
12 under the supervision of a physician.

13 (B) temporary, residential shelter for pregnant women,  
14 mothers and children when necessary.

15 (C) a range of educational or counseling services.

16 (D) comprehensive and coordinated social services,  
17 including substance abuse therapy groups for the treatment  
18 of alcoholism and other drug abuse and dependency; family  
19 therapy groups; programs to develop positive  
20 self-awareness; parent-child therapy; and residential  
21 support groups.

22 (5) No services that require a license shall be provided  
23 until and unless the recovery home or other residence obtains  
24 and maintains the requisite license.

25 (Source: P.A. 88-80.)

1           Section 35. The Department of Central Management Services  
2 Law of the Civil Administrative Code of Illinois is amended by  
3 changing Section 405-105 as follows:

4           (20 ILCS 405/405-105) (was 20 ILCS 405/64.1)

5           Sec. 405-105. Fidelity, surety, property, and casualty  
6 insurance. The Department shall establish and implement a  
7 program to coordinate the handling of all fidelity, surety,  
8 property, and casualty insurance exposures of the State and the  
9 departments, divisions, agencies, branches, and universities  
10 of the State. In performing this responsibility, the Department  
11 shall have the power and duty to do the following:

12           (1) Develop and maintain loss and exposure data on all  
13 State property.

14           (2) Study the feasibility of establishing a  
15 self-insurance plan for State property and prepare  
16 estimates of the costs of reinsurance for risks beyond the  
17 realistic limits of the self-insurance.

18           (3) Prepare a plan for centralizing the purchase of  
19 property and casualty insurance on State property under a  
20 master policy or policies and purchase the insurance  
21 contracted for as provided in the Illinois Purchasing Act.

22           (4) Evaluate existing provisions for fidelity bonds  
23 required of State employees and recommend changes that are  
24 appropriate commensurate with risk experience and the  
25 determinations respecting self-insurance or reinsurance so

1 as to permit reduction of costs without loss of coverage.

2 (5) Investigate procedures for inclusion of school  
3 districts, public community college districts, and other  
4 units of local government in programs for the centralized  
5 purchase of insurance.

6 (6) Implement recommendations of the State Property  
7 Insurance Study Commission that the Department finds  
8 necessary or desirable in the performance of its powers and  
9 duties under this Section to achieve efficient and  
10 comprehensive risk management.

11 (7) Prepare and, in the discretion of the Director,  
12 implement a plan providing for the purchase of public  
13 liability insurance or for self-insurance for public  
14 liability or for a combination of purchased insurance and  
15 self-insurance for public liability (i) covering the State  
16 and drivers of motor vehicles owned, leased, or controlled  
17 by the State of Illinois pursuant to the provisions and  
18 limitations contained in the Illinois Vehicle Code, (ii)  
19 covering other public liability exposures of the State and  
20 its employees within the scope of their employment, and  
21 (iii) covering drivers of motor vehicles not owned, leased,  
22 or controlled by the State but used by a State employee on  
23 State business, in excess of liability covered by an  
24 insurance policy obtained by the owner of the motor vehicle  
25 or in excess of the dollar amounts that the Department  
26 shall determine to be reasonable. Any contract of insurance

1           let under this Law shall be by bid in accordance with the  
2           procedure set forth in the Illinois Purchasing Act. Any  
3           provisions for self-insurance shall conform to subdivision  
4           (11).

5           The term "employee" as used in this subdivision (7) and  
6           in subdivision (11) means a person while in the employ of  
7           the State who is a member of the staff or personnel of a  
8           State agency, bureau, board, commission, committee,  
9           department, university, or college or who is a State  
10          officer, elected official, commissioner, member of or ex  
11          officio member of a State agency, bureau, board,  
12          commission, committee, department, university, or college,  
13          or a member of the National Guard while on active duty  
14          pursuant to orders of the Governor of the State of  
15          Illinois, or any other person while using a licensed motor  
16          vehicle owned, leased, or controlled by the State of  
17          Illinois with the authorization of the State of Illinois,  
18          provided the actual use of the motor vehicle is within the  
19          scope of that authorization and within the course of State  
20          service.

21          Subsequent to payment of a claim on behalf of an  
22          employee pursuant to this Section and after reasonable  
23          advance written notice to the employee, the Director may  
24          exclude the employee from future coverage or limit the  
25          coverage under the plan if (i) the Director determines that  
26          the claim resulted from an incident in which the employee

1 was grossly negligent or had engaged in willful and wanton  
2 misconduct or (ii) the Director determines that the  
3 employee is no longer an acceptable risk based on a review  
4 of prior accidents in which the employee was at fault and  
5 for which payments were made pursuant to this Section.

6 The Director is authorized to promulgate  
7 administrative rules that may be necessary to establish and  
8 administer the plan.

9 Appropriations from the Road Fund shall be used to pay  
10 auto liability claims and related expenses involving  
11 employees of the Department of Transportation, the  
12 Illinois State Police, and the Secretary of State.

13 (8) Charge, collect, and receive from all other  
14 agencies of the State government fees or monies equivalent  
15 to the cost of purchasing the insurance.

16 (9) Establish, through the Director, charges for risk  
17 management services rendered to State agencies by the  
18 Department. The State agencies so charged shall reimburse  
19 the Department by vouchers drawn against their respective  
20 appropriations. The reimbursement shall be determined by  
21 the Director as amounts sufficient to reimburse the  
22 Department for expenditures incurred in rendering the  
23 service.

24 The Department shall charge the employing State agency  
25 or university for workers' compensation payments for  
26 temporary total disability paid to any employee after the

1 employee has received temporary total disability payments  
2 for 120 days if the employee's treating physician or  
3 physician assistant has issued a release to return to work  
4 with restrictions and the employee is able to perform  
5 modified duty work but the employing State agency or  
6 university does not return the employee to work at modified  
7 duty. Modified duty shall be duties assigned that may or  
8 may not be delineated as part of the duties regularly  
9 performed by the employee. Modified duties shall be  
10 assigned within the prescribed restrictions established by  
11 the treating physician or physician assistant and the  
12 physician or physician assistant who performed the  
13 independent medical examination. The amount of all  
14 reimbursements shall be deposited into the Workers'  
15 Compensation Revolving Fund which is hereby created as a  
16 revolving fund in the State treasury. In addition to any  
17 other purpose authorized by law, moneys in the Fund shall  
18 be used, subject to appropriation, to pay these or other  
19 temporary total disability claims of employees of State  
20 agencies and universities.

21 Beginning with fiscal year 1996, all amounts recovered  
22 by the Department through subrogation in workers'  
23 compensation and workers' occupational disease cases shall  
24 be deposited into the Workers' Compensation Revolving Fund  
25 created under this subdivision (9).

26 (10) Establish rules, procedures, and forms to be used

1 by State agencies in the administration and payment of  
2 workers' compensation claims. For claims filed prior to  
3 July 1, 2013, the Department shall initially evaluate and  
4 determine the compensability of any injury that is the  
5 subject of a workers' compensation claim and provide for  
6 the administration and payment of such a claim for all  
7 State agencies. For claims filed on or after July 1, 2013,  
8 the Department shall retain responsibility for certain  
9 administrative payments including, but not limited to,  
10 payments to the private vendor contracted to perform  
11 services under subdivision (10b) of this Section, payments  
12 related to travel expenses for employees of the Office of  
13 the Attorney General, and payments to internal Department  
14 staff responsible for the oversight and management of any  
15 contract awarded pursuant to subdivision (10b) of this  
16 Section. Through December 31, 2012, the Director may  
17 delegate to any agency with the agreement of the agency  
18 head the responsibility for evaluation, administration,  
19 and payment of that agency's claims. Neither the Department  
20 nor the private vendor contracted to perform services under  
21 subdivision (10b) of this Section shall be responsible for  
22 providing workers' compensation services to the Illinois  
23 State Toll Highway Authority or to State universities that  
24 maintain self-funded workers' compensation liability  
25 programs.

26 (10a) By April 1 of each year prior to calendar year

1           2013, the Director must report and provide information to  
2           the State Workers' Compensation Program Advisory Board  
3           concerning the status of the State workers' compensation  
4           program for the next fiscal year. Information that the  
5           Director must provide to the State Workers' Compensation  
6           Program Advisory Board includes, but is not limited to,  
7           documents, reports of negotiations, bid invitations,  
8           requests for proposals, specifications, copies of proposed  
9           and final contracts or agreements, and any other materials  
10          concerning contracts or agreements for the program. By the  
11          first of each month prior to calendar year 2013, the  
12          Director must provide updated, and any new, information to  
13          the State Workers' Compensation Program Advisory Board  
14          until the State workers' compensation program for the next  
15          fiscal year is determined.

16                 (10b) No later than January 1, 2013, the chief  
17          procurement officer appointed under paragraph (4) of  
18          subsection (a) of Section 10-20 of the Illinois Procurement  
19          Code (hereinafter "chief procurement officer"), in  
20          consultation with the Department of Central Management  
21          Services, shall procure one or more private vendors to  
22          administer the program providing payments for workers'  
23          compensation liability with respect to the employees of all  
24          State agencies. The chief procurement officer may procure a  
25          single contract applicable to all State agencies or  
26          multiple contracts applicable to one or more State

1 agencies. If the chief procurement officer procures a  
2 single contract applicable to all State agencies, then the  
3 Department of Central Management Services shall be  
4 designated as the agency that enters into the contract and  
5 shall be responsible for the contract. If the chief  
6 procurement officer procures multiple contracts applicable  
7 to one or more State agencies, each agency to which the  
8 contract applies shall be designated as the agency that  
9 shall enter into the contract and shall be responsible for  
10 the contract. If the chief procurement officer procures  
11 contracts applicable to an individual State agency, the  
12 agency subject to the contract shall be designated as the  
13 agency responsible for the contract.

14 (10c) The procurement of private vendors for the  
15 administration of the workers' compensation program for  
16 State employees is subject to the provisions of the  
17 Illinois Procurement Code and administration by the chief  
18 procurement officer.

19 (10d) Contracts for the procurement of private vendors  
20 for the administration of the workers' compensation  
21 program for State employees shall be based upon, but  
22 limited to, the following criteria: (i) administrative  
23 cost, (ii) service capabilities of the vendor, and (iii)  
24 the compensation (including premiums, fees, or other  
25 charges). A vendor for the administration of the workers'  
26 compensation program for State employees shall provide

1 services, including, but not limited to:

2 (A) providing a web-based case management system  
3 and provide access to the Office of the Attorney  
4 General;

5 (B) ensuring claims adjusters are available to  
6 provide testimony or information as requested by the  
7 Office of the Attorney General;

8 (C) establishing a preferred provider program for  
9 all State agencies and facilities; and

10 (D) authorizing the payment of medical bills at the  
11 preferred provider discount rate.

12 (10e) By September 15, 2012, the Department of Central  
13 Management Services shall prepare a plan to effectuate the  
14 transfer of responsibility and administration of the  
15 workers' compensation program for State employees to the  
16 selected private vendors. The Department shall submit a  
17 copy of the plan to the General Assembly.

18 (11) Any plan for public liability self-insurance  
19 implemented under this Section shall provide that (i) the  
20 Department shall attempt to settle and may settle any  
21 public liability claim filed against the State of Illinois  
22 or any public liability claim filed against a State  
23 employee on the basis of an occurrence in the course of the  
24 employee's State employment; (ii) any settlement of such a  
25 claim is not subject to fiscal year limitations and must be  
26 approved by the Director and, in cases of settlements

1 exceeding \$100,000, by the Governor; and (iii) a settlement  
2 of any public liability claim against the State or a State  
3 employee shall require an unqualified release of any right  
4 of action against the State and the employee for acts  
5 within the scope of the employee's employment giving rise  
6 to the claim.

7 Whenever and to the extent that a State employee  
8 operates a motor vehicle or engages in other activity  
9 covered by self-insurance under this Section, the State of  
10 Illinois shall defend, indemnify, and hold harmless the  
11 employee against any claim in tort filed against the  
12 employee for acts or omissions within the scope of the  
13 employee's employment in any proper judicial forum and not  
14 settled pursuant to this subdivision (11), provided that  
15 this obligation of the State of Illinois shall not exceed a  
16 maximum liability of \$2,000,000 for any single occurrence  
17 in connection with the operation of a motor vehicle or  
18 \$100,000 per person per occurrence for any other single  
19 occurrence, or \$500,000 for any single occurrence in  
20 connection with the provision of medical care by a licensed  
21 physician or physician assistant employee.

22 Any claims against the State of Illinois under a  
23 self-insurance plan that are not settled pursuant to this  
24 subdivision (11) shall be heard and determined by the Court  
25 of Claims and may not be filed or adjudicated in any other  
26 forum. The Attorney General of the State of Illinois or the

1 Attorney General's designee shall be the attorney with  
2 respect to all public liability self-insurance claims that  
3 are not settled pursuant to this subdivision (11) and  
4 therefore result in litigation. The payment of any award of  
5 the Court of Claims entered against the State relating to  
6 any public liability self-insurance claim shall act as a  
7 release against any State employee involved in the  
8 occurrence.

9 (12) Administer a plan the purpose of which is to make  
10 payments on final settlements or final judgments in  
11 accordance with the State Employee Indemnification Act.  
12 The plan shall be funded through appropriations from the  
13 General Revenue Fund specifically designated for that  
14 purpose, except that indemnification expenses for  
15 employees of the Department of Transportation, the  
16 Illinois State Police, and the Secretary of State shall be  
17 paid from the Road Fund. The term "employee" as used in  
18 this subdivision (12) has the same meaning as under  
19 subsection (b) of Section 1 of the State Employee  
20 Indemnification Act. Subject to sufficient appropriation,  
21 the Director shall approve payment of any claim, without  
22 regard to fiscal year limitations, presented to the  
23 Director that is supported by a final settlement or final  
24 judgment when the Attorney General and the chief officer of  
25 the public body against whose employee the claim or cause  
26 of action is asserted certify to the Director that the

1 claim is in accordance with the State Employee  
2 Indemnification Act and that they approve of the payment.  
3 In no event shall an amount in excess of \$150,000 be paid  
4 from this plan to or for the benefit of any claimant.

5 (13) Administer a plan the purpose of which is to make  
6 payments on final settlements or final judgments for  
7 employee wage claims in situations where there was an  
8 appropriation relevant to the wage claim, the fiscal year  
9 and lapse period have expired, and sufficient funds were  
10 available to pay the claim. The plan shall be funded  
11 through appropriations from the General Revenue Fund  
12 specifically designated for that purpose.

13 Subject to sufficient appropriation, the Director is  
14 authorized to pay any wage claim presented to the Director  
15 that is supported by a final settlement or final judgment  
16 when the chief officer of the State agency employing the  
17 claimant certifies to the Director that the claim is a  
18 valid wage claim and that the fiscal year and lapse period  
19 have expired. Payment for claims that are properly  
20 submitted and certified as valid by the Director shall  
21 include interest accrued at the rate of 7% per annum from  
22 the forty-fifth day after the claims are received by the  
23 Department or 45 days from the date on which the amount of  
24 payment is agreed upon, whichever is later, until the date  
25 the claims are submitted to the Comptroller for payment.  
26 When the Attorney General has filed an appearance in any

1 proceeding concerning a wage claim settlement or judgment,  
2 the Attorney General shall certify to the Director that the  
3 wage claim is valid before any payment is made. In no event  
4 shall an amount in excess of \$150,000 be paid from this  
5 plan to or for the benefit of any claimant.

6 Nothing in Public Act 84-961 shall be construed to  
7 affect in any manner the jurisdiction of the Court of  
8 Claims concerning wage claims made against the State of  
9 Illinois.

10 (14) Prepare and, in the discretion of the Director,  
11 implement a program for self-insurance for official  
12 fidelity and surety bonds for officers and employees as  
13 authorized by the Official Bond Act.

14 (Source: P.A. 96-928, eff. 6-15-10; 97-18, eff. 6-28-11;  
15 97-895, eff. 8-3-12; 97-1143, eff. 12-28-12.)

16 Section 40. The Child Death Review Team Act is amended by  
17 changing Section 15 as follows:

18 (20 ILCS 515/15)

19 Sec. 15. Child death review teams; establishment.

20 (a) The Director, in consultation with the Executive  
21 Council, law enforcement, and other professionals who work in  
22 the field of investigating, treating, or preventing child abuse  
23 or neglect in that subregion, shall appoint members to a child  
24 death review team in each of the Department's administrative

1 subregions of the State outside Cook County and at least one  
2 child death review team in Cook County. The members of a team  
3 shall be appointed for 2-year terms and shall be eligible for  
4 reappointment upon the expiration of the terms. The Director  
5 must fill any vacancy in a team within 60 days after that  
6 vacancy occurs.

7 (b) Each child death review team shall consist of at least  
8 one member from each of the following categories:

9 (1) Pediatrician, ~~or~~ other physician, or physician  
10 assistant knowledgeable about child abuse and neglect.

11 (2) Representative of the Department.

12 (3) State's attorney or State's attorney's  
13 representative.

14 (4) Representative of a local law enforcement agency.

15 (5) Psychologist or psychiatrist.

16 (6) Representative of a local health department.

17 (7) Representative of a school district or other  
18 education or child care interests.

19 (8) Coroner or forensic pathologist.

20 (9) Representative of a child welfare agency or child  
21 advocacy organization.

22 (10) Representative of a local hospital, trauma  
23 center, or provider of emergency medical services.

24 (11) Representative of the Department of State Police.

25 Each child death review team may make recommendations to  
26 the Director concerning additional appointments.

1 Each child death review team member must have demonstrated  
2 experience and an interest in investigating, treating, or  
3 preventing child abuse or neglect.

4 (c) Each child death review team shall select a chairperson  
5 from among its members. The chairperson shall also serve on the  
6 Illinois Child Death Review Teams Executive Council.

7 (d) The child death review teams shall be funded under a  
8 separate line item in the Department's annual budget.

9 (Source: P.A. 95-527, eff. 6-1-08.)

10 Section 45. The Foster Parent Law is amended by changing  
11 Section 1-15 as follows:

12 (20 ILCS 520/1-15)

13 Sec. 1-15. Foster parent rights. A foster parent's rights  
14 include, but are not limited to, the following:

15 (1) The right to be treated with dignity, respect, and  
16 consideration as a professional member of the child welfare  
17 team.

18 (2) The right to be given standardized pre-service  
19 training and appropriate ongoing training to meet mutually  
20 assessed needs and improve the foster parent's skills.

21 (3) The right to be informed as to how to contact the  
22 appropriate child placement agency in order to receive  
23 information and assistance to access supportive services  
24 for children in the foster parent's care.

1           (4) The right to receive timely financial  
2 reimbursement commensurate with the care needs of the child  
3 as specified in the service plan.

4           (5) The right to be provided a clear, written  
5 understanding of a placement agency's plan concerning the  
6 placement of a child in the foster parent's home. Inherent  
7 in this right is the foster parent's responsibility to  
8 support activities that will promote the child's right to  
9 relationships with his or her own family and cultural  
10 heritage.

11           (6) The right to be provided a fair, timely, and  
12 impartial investigation of complaints concerning the  
13 foster parent's licensure, to be provided the opportunity  
14 to have a person of the foster parent's choosing present  
15 during the investigation, and to be provided due process  
16 during the investigation; the right to be provided the  
17 opportunity to request and receive mediation or an  
18 administrative review of decisions that affect licensing  
19 parameters, or both mediation and an administrative  
20 review; and the right to have decisions concerning a  
21 licensing corrective action plan specifically explained  
22 and tied to the licensing standards violated.

23           (7) The right, at any time during which a child is  
24 placed with the foster parent, to receive additional or  
25 necessary information that is relevant to the care of the  
26 child.

1           (7.5) The right to be given information concerning a  
2 child (i) from the Department as required under subsection  
3 (u) of Section 5 of the Children and Family Services Act  
4 and (ii) from a child welfare agency as required under  
5 subsection (c-5) of Section 7.4 of the Child Care Act of  
6 1969.

7           (8) The right to be notified of scheduled meetings and  
8 staffings concerning the foster child in order to actively  
9 participate in the case planning and decision-making  
10 process regarding the child, including individual service  
11 planning meetings, administrative case reviews,  
12 interdisciplinary staffings, and individual educational  
13 planning meetings; the right to be informed of decisions  
14 made by the courts or the child welfare agency concerning  
15 the child; the right to provide input concerning the plan  
16 of services for the child and to have that input given full  
17 consideration in the same manner as information presented  
18 by any other professional on the team; and the right to  
19 communicate with other professionals who work with the  
20 foster child within the context of the team, including  
21 therapists, physicians, physician assistants, and  
22 teachers.

23           (9) The right to be given, in a timely and consistent  
24 manner, any information a case worker has regarding the  
25 child and the child's family which is pertinent to the care  
26 and needs of the child and to the making of a permanency

1 plan for the child. Disclosure of information concerning  
2 the child's family shall be limited to that information  
3 that is essential for understanding the needs of and  
4 providing care to the child in order to protect the rights  
5 of the child's family. When a positive relationship exists  
6 between the foster parent and the child's family, the  
7 child's family may consent to disclosure of additional  
8 information.

9 (10) The right to be given reasonable written notice of  
10 (i) any change in a child's case plan, (ii) plans to  
11 terminate the placement of the child with the foster  
12 parent, and (iii) the reasons for the change or termination  
13 in placement. The notice shall be waived only in cases of a  
14 court order or when the child is determined to be at  
15 imminent risk of harm.

16 (11) The right to be notified in a timely and complete  
17 manner of all court hearings, including notice of the date  
18 and time of the court hearing, the name of the judge or  
19 hearing officer hearing the case, the location of the  
20 hearing, and the court docket number of the case; and the  
21 right to intervene in court proceedings or to seek mandamus  
22 under the Juvenile Court Act of 1987.

23 (12) The right to be considered as a placement option  
24 when a foster child who was formerly placed with the foster  
25 parent is to be re-entered into foster care, if that  
26 placement is consistent with the best interest of the child

1 and other children in the foster parent's home.

2 (13) The right to have timely access to the child  
3 placement agency's existing appeals process and the right  
4 to be free from acts of harassment and retaliation by any  
5 other party when exercising the right to appeal.

6 (14) The right to be informed of the Foster Parent  
7 Hotline established under Section 35.6 of the Children and  
8 Family Services Act and all of the rights accorded to  
9 foster parents concerning reports of misconduct by  
10 Department employees, service providers, or contractors,  
11 confidential handling of those reports, and investigation  
12 by the Inspector General appointed under Section 35.5 of  
13 the Children and Family Services Act.

14 (Source: P.A. 94-1010, eff. 10-1-06.)

15 Section 50. The Department of Human Services Act is amended  
16 by changing Section 10-7 as follows:

17 (20 ILCS 1305/10-7)

18 Sec. 10-7. Postpartum depression.

19 (a) The Department shall develop and distribute a brochure  
20 or other information about the signs, symptoms, screening or  
21 detection techniques, and care for postpartum depression,  
22 including but not limited to methods for patients and family  
23 members to better understand the nature and causes of  
24 postpartum depression in order to lower the likelihood that new

1 mothers will continue to suffer from this illness. This  
2 brochure shall be developed in conjunction with the Illinois  
3 State Medical Society, the Illinois Society for Advanced  
4 Practice Nursing, the Illinois Academy of Physician  
5 Assistants, and any other appropriate statewide organization  
6 of licensed professionals.

7 (b) The brochure required under subsection (a) of this  
8 Section shall be distributed, at a minimum, to physicians  
9 licensed to practice medicine in all its branches, certified  
10 nurse midwives, physician assistants, and other health care  
11 professionals who provide care to pregnant women in the  
12 hospital, office, or clinic.

13 (c) The Secretary may contract with a statewide  
14 organization of physicians licensed to practice medicine in all  
15 its branches for the purposes of this Section.

16 (Source: P.A. 92-649, eff. 1-1-03.)

17 Section 55. The Regional Integrated Behavioral Health  
18 Networks Act is amended by changing Section 20 as follows:

19 (20 ILCS 1340/20)

20 Sec. 20. Steering Committee and Networks.

21 (a) To achieve these goals, the Department of Human  
22 Services shall convene a Regional Integrated Behavioral Health  
23 Networks Steering Committee (hereinafter "Steering Committee")  
24 comprised of State agencies involved in the provision,

1 regulation, or financing of health, mental health, substance  
2 abuse, rehabilitation, and other services. These include, but  
3 shall not be limited to, the following agencies:

4 (1) The Department of Healthcare and Family Services.

5 (2) The Department of Human Services and its Divisions  
6 of Mental Illness and Alcoholism and Substance Abuse  
7 Services.

8 (3) The Department of Public Health, including its  
9 Center for Rural Health.

10 The Steering Committee shall include a representative from  
11 each Network. The agencies of the Steering Committee are  
12 directed to work collaboratively to provide consultation,  
13 advice, and leadership to the Networks in facilitating  
14 communication within and across multiple agencies and in  
15 removing regulatory barriers that may prevent Networks from  
16 accomplishing the goals. The Steering Committee collectively  
17 or through one of its member Agencies shall also provide  
18 technical assistance to the Networks.

19 (b) There also shall be convened Networks in each of the  
20 Department of Human Services' regions comprised of  
21 representatives of community stakeholders represented in the  
22 Network, including when available, but not limited to, relevant  
23 trade and professional associations representing hospitals,  
24 community providers, public health care, hospice care, long  
25 term care, law enforcement, emergency medical service,  
26 physicians trained in psychiatry, and physician assistants; an

1 organization that advocates on behalf of federally qualified  
2 health centers, an organization that advocates on behalf of  
3 persons suffering with mental illness and substance abuse  
4 disorders, an organization that advocates on behalf of persons  
5 with disabilities, an organization that advocates on behalf of  
6 persons who live in rural areas, an organization that advocates  
7 on behalf of persons who live in medically underserved areas;  
8 and others designated by the Steering Committee or the  
9 Networks. A member from each Network may choose a  
10 representative who may serve on the Steering Committee.

11 (Source: P.A. 97-381, eff. 1-1-12.)

12 Section 60. The Mental Health and Developmental  
13 Disabilities Administrative Act is amended by changing  
14 Sections 5.1, 7, 12.2, 14, and 15.4 as follows:

15 (20 ILCS 1705/5.1) (from Ch. 91 1/2, par. 100-5.1)

16 Sec. 5.1. The Department shall develop, by rule, the  
17 procedures and standards by which it shall approve medications  
18 for clinical use in its facilities. A list of those drugs  
19 approved pursuant to these procedures shall be distributed to  
20 all Department facilities.

21 Drugs not listed by the Department may not be administered  
22 in facilities under the jurisdiction of the Department,  
23 provided that an unlisted drug may be administered as part of  
24 research with the prior written consent of the Secretary

1 specifying the nature of the permitted use and the physicians  
2 or physician assistants authorized to prescribe the drug.  
3 Drugs, as used in this Section, mean psychotropic and narcotic  
4 drugs.

5 No physician or physician assistant in the Department shall  
6 sign a prescription in blank, nor permit blank prescription  
7 forms to circulate out of his possession or control.

8 (Source: P.A. 89-507, eff. 7-1-97.)

9 (20 ILCS 1705/7) (from Ch. 91 1/2, par. 100-7)

10 Sec. 7. To receive and provide the highest possible quality  
11 of humane and rehabilitative care and treatment to all persons  
12 admitted or committed or transferred in accordance with law to  
13 the facilities, divisions, programs, and services under the  
14 jurisdiction of the Department. No resident of another state  
15 shall be received or retained to the exclusion of any resident  
16 of this State. No resident of another state shall be received  
17 or retained to the exclusion of any resident of this State. All  
18 recipients of 17 years of age and under in residence in a  
19 Department facility other than a facility for the care of  
20 persons with intellectual disabilities shall be housed in  
21 quarters separated from older recipients except for: (a)  
22 recipients who are placed in medical-surgical units because of  
23 physical illness; and (b) recipients between 13 and 18 years of  
24 age who need temporary security measures.

25 All recipients in a Department facility shall be given a

1 dental examination by a licensed dentist or registered dental  
2 hygienist at least once every 18 months and shall be assigned  
3 to a dentist for such dental care and treatment as is  
4 necessary.

5 All medications administered to recipients shall be  
6 administered only by those persons who are legally qualified to  
7 do so by the laws of the State of Illinois. Medication shall  
8 not be prescribed until a physical and mental examination of  
9 the recipient has been completed. If, in the clinical judgment  
10 of a physician or physician assistant, it is necessary to  
11 administer medication to a recipient before the completion of  
12 the physical and mental examination, he may prescribe such  
13 medication but he must file a report with the facility director  
14 setting forth the reasons for prescribing such medication  
15 within 24 hours of the prescription. A copy of the report shall  
16 be part of the recipient's record.

17 No later than January 1, 2005, the Department shall adopt a  
18 model protocol and forms for recording all patient diagnosis,  
19 care, and treatment at each State-operated facility for the  
20 mentally ill and for persons with developmental disabilities  
21 under the jurisdiction of the Department. The model protocol  
22 and forms shall be used by each facility unless the Department  
23 determines that equivalent alternatives justify an exemption.

24 Every facility under the jurisdiction of the Department  
25 shall maintain a copy of each report of suspected abuse or  
26 neglect of the patient. Copies of those reports shall be made

1 available to the State Auditor General in connection with his  
2 biennial program audit of the facility as required by Section  
3 3-2 of the Illinois State Auditing Act.

4 No later than January 1 2004, the Department shall report  
5 to the Governor and the General Assembly whether each  
6 State-operated facility for the mentally ill and for persons  
7 with developmental disabilities under the jurisdiction of the  
8 Department and all services provided in those facilities comply  
9 with all of the applicable standards adopted by the Social  
10 Security Administration under Subchapter XVIII (Medicare) of  
11 the Social Security Act (42 U.S.C. 1395-1395ccc), if the  
12 facility and services may be eligible for federal financial  
13 participation under that federal law. For those facilities that  
14 do comply, the report shall indicate what actions need to be  
15 taken to ensure continued compliance. For those facilities that  
16 do not comply, the report shall indicate what actions need to  
17 be taken to bring each facility into compliance.

18 (Source: P.A. 99-143, eff. 7-27-15.)

19 (20 ILCS 1705/12.2)

20 Sec. 12.2. Mental Health Commitment Training.

21 (a) The Department shall develop and present annually at  
22 least one training event for judges, state's attorneys, public  
23 defenders, private attorneys, law enforcement personnel,  
24 hospital and community agency personnel, persons with mental  
25 illness, physicians, physician assistants, psychologists,

1 social workers, emergency room personnel, and other health care  
2 personnel regarding mental illness, the standards for civil  
3 commitment and involuntary treatment, completing  
4 documentation, and changes in the Mental Health and  
5 Developmental Disabilities Code and Mental Health and  
6 Developmental Disabilities Confidentiality Act.

7 (b) The Department may provide multiple training events,  
8 regional training events, and training events by professional  
9 discipline. The materials developed for the training events  
10 shall be made available on the Department's website. The  
11 Department shall develop this training in cooperation with the  
12 Administrative Office of the Illinois Courts, bar  
13 associations, the Illinois Law Enforcement Standards and  
14 Training Board, appropriate statewide organizations  
15 representing health care providers, organizations representing  
16 or advocating for persons with mental illness, and any  
17 appropriate statewide organization of licensed professionals.

18 (c) The Department shall annually report on the number of  
19 persons attending the training events.

20 (Source: P.A. 93-376, eff. 7-24-03.)

21 (20 ILCS 1705/14) (from Ch. 91 1/2, par. 100-14)

22 Sec. 14. Chester Mental Health Center. To maintain and  
23 operate a facility for the care, custody, and treatment of  
24 persons with mental illness or habilitation of persons with  
25 developmental disabilities hereinafter designated, to be known

1 as the Chester Mental Health Center.

2 Within the Chester Mental Health Center there shall be  
3 confined the following classes of persons, whose history, in  
4 the opinion of the Department, discloses dangerous or violent  
5 tendencies and who, upon examination under the direction of the  
6 Department, have been found a fit subject for confinement in  
7 that facility:

8 (a) Any male person who is charged with the commission  
9 of a crime but has been acquitted by reason of insanity as  
10 provided in Section 5-2-4 of the Unified Code of  
11 Corrections.

12 (b) Any male person who is charged with the commission  
13 of a crime but has been found unfit under Article 104 of  
14 the Code of Criminal Procedure of 1963.

15 (c) Any male person with mental illness or  
16 developmental disabilities or person in need of mental  
17 treatment now confined under the supervision of the  
18 Department or hereafter admitted to any facility thereof or  
19 committed thereto by any court of competent jurisdiction.

20 If and when it shall appear to the facility director of the  
21 Chester Mental Health Center that it is necessary to confine  
22 persons in order to maintain security or provide for the  
23 protection and safety of recipients and staff, the Chester  
24 Mental Health Center may confine all persons on a unit to their  
25 rooms. This period of confinement shall not exceed 10 hours in  
26 a 24 hour period, including the recipient's scheduled hours of

1 sleep, unless approved by the Secretary of the Department.  
2 During the period of confinement, the persons confined shall be  
3 observed at least every 15 minutes. A record shall be kept of  
4 the observations. This confinement shall not be considered  
5 seclusion as defined in the Mental Health and Developmental  
6 Disabilities Code.

7 The facility director of the Chester Mental Health Center  
8 may authorize the temporary use of handcuffs on a recipient for  
9 a period not to exceed 10 minutes when necessary in the course  
10 of transport of the recipient within the facility to maintain  
11 custody or security. Use of handcuffs is subject to the  
12 provisions of Section 2-108 of the Mental Health and  
13 Developmental Disabilities Code. The facility shall keep a  
14 monthly record listing each instance in which handcuffs are  
15 used, circumstances indicating the need for use of handcuffs,  
16 and time of application of handcuffs and time of release  
17 therefrom. The facility director shall allow the Illinois  
18 Guardianship and Advocacy Commission, the agency designated by  
19 the Governor under Section 1 of the Protection and Advocacy for  
20 Persons with Developmental Disabilities Act, and the  
21 Department to examine and copy such record upon request.

22 The facility director of the Chester Mental Health Center  
23 may authorize the temporary use of transport devices on a civil  
24 recipient when necessary in the course of transport of the  
25 civil recipient outside the facility to maintain custody or  
26 security. The decision whether to use any transport devices

1 shall be reviewed and approved on an individualized basis by a  
2 physician or a physician assistant based upon a determination  
3 of the civil recipient's: (1) history of violence, (2) history  
4 of violence during transports, (3) history of escapes and  
5 escape attempts, (4) history of trauma, (5) history of  
6 incidents of restraint or seclusion and use of involuntary  
7 medication, (6) current functioning level and medical status,  
8 and (7) prior experience during similar transports, and the  
9 length, duration, and purpose of the transport. The least  
10 restrictive transport device consistent with the individual's  
11 need shall be used. Staff transporting the individual shall be  
12 trained in the use of the transport devices, recognizing and  
13 responding to a person in distress, and shall observe and  
14 monitor the individual while being transported. The facility  
15 shall keep a monthly record listing all transports, including  
16 those transports for which use of transport devices was not  
17 sought, those for which use of transport devices was sought but  
18 denied, and each instance in which transport devices are used,  
19 circumstances indicating the need for use of transport devices,  
20 time of application of transport devices, time of release from  
21 those devices, and any adverse events. The facility director  
22 shall allow the Illinois Guardianship and Advocacy Commission,  
23 the agency designated by the Governor under Section 1 of the  
24 Protection and Advocacy for Persons with Developmental  
25 Disabilities Act, and the Department to examine and copy the  
26 record upon request. This use of transport devices shall not be

1 considered restraint as defined in the Mental Health and  
2 Developmental Disabilities Code. For the purpose of this  
3 Section "transport device" means ankle cuffs, handcuffs, waist  
4 chains or wrist-waist devices designed to restrict an  
5 individual's range of motion while being transported. These  
6 devices must be approved by the Division of Mental Health, used  
7 in accordance with the manufacturer's instructions, and used  
8 only by qualified staff members who have completed all training  
9 required to be eligible to transport patients and all other  
10 required training relating to the safe use and application of  
11 transport devices, including recognizing and responding to  
12 signs of distress in an individual whose movement is being  
13 restricted by a transport device.

14 If and when it shall appear to the satisfaction of the  
15 Department that any person confined in the Chester Mental  
16 Health Center is not or has ceased to be such a source of  
17 danger to the public as to require his subjection to the  
18 regimen of the center, the Department is hereby authorized to  
19 transfer such person to any State facility for treatment of  
20 persons with mental illness or habilitation of persons with  
21 developmental disabilities, as the nature of the individual  
22 case may require.

23 Subject to the provisions of this Section, the Department,  
24 except where otherwise provided by law, shall, with respect to  
25 the management, conduct and control of the Chester Mental  
26 Health Center and the discipline, custody and treatment of the

1 persons confined therein, have and exercise the same rights and  
2 powers as are vested by law in the Department with respect to  
3 any and all of the State facilities for treatment of persons  
4 with mental illness or habilitation of persons with  
5 developmental disabilities, and the recipients thereof, and  
6 shall be subject to the same duties as are imposed by law upon  
7 the Department with respect to such facilities and the  
8 recipients thereof.

9 The Department may elect to place persons who have been  
10 ordered by the court to be detained under the Sexually Violent  
11 Persons Commitment Act in a distinct portion of the Chester  
12 Mental Health Center. The persons so placed shall be separated  
13 and shall not comingle with the recipients of the Chester  
14 Mental Health Center. The portion of Chester Mental Health  
15 Center that is used for the persons detained under the Sexually  
16 Violent Persons Commitment Act shall not be a part of the  
17 mental health facility for the enforcement and implementation  
18 of the Mental Health and Developmental Disabilities Code nor  
19 shall their care and treatment be subject to the provisions of  
20 the Mental Health and Developmental Disabilities Code. The  
21 changes added to this Section by this amendatory Act of the  
22 98th General Assembly are inoperative on and after June 30,  
23 2015.

24 (Source: P.A. 98-79, eff. 7-15-13; 98-356, eff. 8-16-13;  
25 98-756, eff. 7-16-14; 99-143, eff. 7-27-15.)

1 (20 ILCS 1705/15.4)

2 Sec. 15.4. Authorization for nursing delegation to permit  
3 direct care staff to administer medications.

4 (a) This Section applies to (i) all programs for persons  
5 with a developmental disability in settings of 16 persons or  
6 fewer that are funded or licensed by the Department of Human  
7 Services and that distribute or administer medications and (ii)  
8 all intermediate care facilities for persons with  
9 developmental disabilities with 16 beds or fewer that are  
10 licensed by the Department of Public Health. The Department of  
11 Human Services shall develop a training program for authorized  
12 direct care staff to administer medications under the  
13 supervision and monitoring of a registered professional nurse.  
14 This training program shall be developed in consultation with  
15 professional associations representing (i) physicians licensed  
16 to practice medicine in all its branches, (ii) registered  
17 professional nurses, and (iii) pharmacists.

18 (b) For the purposes of this Section:

19 "Authorized direct care staff" means non-licensed persons  
20 who have successfully completed a medication administration  
21 training program approved by the Department of Human Services  
22 and conducted by a nurse-trainer. This authorization is  
23 specific to an individual receiving service in a specific  
24 agency and does not transfer to another agency.

25 "Medications" means oral and topical medications, insulin  
26 in an injectable form, oxygen, epinephrine auto-injectors, and

1 vaginal and rectal creams and suppositories. "Oral" includes  
2 inhalants and medications administered through enteral tubes,  
3 utilizing aseptic technique. "Topical" includes eye, ear, and  
4 nasal medications. Any controlled substances must be packaged  
5 specifically for an identified individual.

6 "Insulin in an injectable form" means a subcutaneous  
7 injection via an insulin pen pre-filled by the manufacturer.  
8 Authorized direct care staff may administer insulin, as ordered  
9 by a physician, advanced practice nurse, or physician  
10 assistant, if: (i) the staff has successfully completed a  
11 Department-approved advanced training program specific to  
12 insulin administration developed in consultation with  
13 professional associations listed in subsection (a) of this  
14 Section, and (ii) the staff consults with the registered nurse,  
15 prior to administration, of any insulin dose that is determined  
16 based on a blood glucose test result. The authorized direct  
17 care staff shall not: (i) calculate the insulin dosage needed  
18 when the dose is dependent upon a blood glucose test result, or  
19 (ii) administer insulin to individuals who require blood  
20 glucose monitoring greater than 3 times daily, unless directed  
21 to do so by the registered nurse.

22 "Nurse-trainer training program" means a standardized,  
23 competency-based medication administration train-the-trainer  
24 program provided by the Department of Human Services and  
25 conducted by a Department of Human Services master  
26 nurse-trainer for the purpose of training nurse-trainers to

1 train persons employed or under contract to provide direct care  
2 or treatment to individuals receiving services to administer  
3 medications and provide self-administration of medication  
4 training to individuals under the supervision and monitoring of  
5 the nurse-trainer. The program incorporates adult learning  
6 styles, teaching strategies, classroom management, and a  
7 curriculum overview, including the ethical and legal aspects of  
8 supervising those administering medications.

9 "Self-administration of medications" means an individual  
10 administers his or her own medications. To be considered  
11 capable to self-administer their own medication, individuals  
12 must, at a minimum, be able to identify their medication by  
13 size, shape, or color, know when they should take the  
14 medication, and know the amount of medication to be taken each  
15 time.

16 "Training program" means a standardized medication  
17 administration training program approved by the Department of  
18 Human Services and conducted by a registered professional nurse  
19 for the purpose of training persons employed or under contract  
20 to provide direct care or treatment to individuals receiving  
21 services to administer medications and provide  
22 self-administration of medication training to individuals  
23 under the delegation and supervision of a nurse-trainer. The  
24 program incorporates adult learning styles, teaching  
25 strategies, classroom management, curriculum overview,  
26 including ethical-legal aspects, and standardized

1 competency-based evaluations on administration of medications  
2 and self-administration of medication training programs.

3 (c) Training and authorization of non-licensed direct care  
4 staff by nurse-trainers must meet the requirements of this  
5 subsection.

6 (1) Prior to training non-licensed direct care staff to  
7 administer medication, the nurse-trainer shall perform the  
8 following for each individual to whom medication will be  
9 administered by non-licensed direct care staff:

10 (A) An assessment of the individual's health  
11 history and physical and mental status.

12 (B) An evaluation of the medications prescribed.

13 (2) Non-licensed authorized direct care staff shall  
14 meet the following criteria:

15 (A) Be 18 years of age or older.

16 (B) Have completed high school or have a high  
17 school equivalency certificate.

18 (C) Have demonstrated functional literacy.

19 (D) Have satisfactorily completed the Health and  
20 Safety component of a Department of Human Services  
21 authorized direct care staff training program.

22 (E) Have successfully completed the training  
23 program, pass the written portion of the comprehensive  
24 exam, and score 100% on the competency-based  
25 assessment specific to the individual and his or her  
26 medications.

1           (F) Have received additional competency-based  
2           assessment by the nurse-trainer as deemed necessary by  
3           the nurse-trainer whenever a change of medication  
4           occurs or a new individual that requires medication  
5           administration enters the program.

6           (3) Authorized direct care staff shall be re-evaluated  
7           by a nurse-trainer at least annually or more frequently at  
8           the discretion of the registered professional nurse. Any  
9           necessary retraining shall be to the extent that is  
10          necessary to ensure competency of the authorized direct  
11          care staff to administer medication.

12          (4) Authorization of direct care staff to administer  
13          medication shall be revoked if, in the opinion of the  
14          registered professional nurse, the authorized direct care  
15          staff is no longer competent to administer medication.

16          (5) The registered professional nurse shall assess an  
17          individual's health status at least annually or more  
18          frequently at the discretion of the registered  
19          professional nurse.

20          (d) Medication self-administration shall meet the  
21          following requirements:

22               (1) As part of the normalization process, in order for  
23               each individual to attain the highest possible level of  
24               independent functioning, all individuals shall be  
25               permitted to participate in their total health care  
26               program. This program shall include, but not be limited to,

1 individual training in preventive health and  
2 self-medication procedures.

3 (A) Every program shall adopt written policies and  
4 procedures for assisting individuals in obtaining  
5 preventative health and self-medication skills in  
6 consultation with a registered professional nurse,  
7 advanced practice nurse, physician assistant, or  
8 physician licensed to practice medicine in all its  
9 branches.

10 (B) Individuals shall be evaluated to determine  
11 their ability to self-medicate by the nurse-trainer  
12 through the use of the Department's required,  
13 standardized screening and assessment instruments.

14 (C) When the results of the screening and  
15 assessment indicate an individual not to be capable to  
16 self-administer his or her own medications, programs  
17 shall be developed in consultation with the Community  
18 Support Team or Interdisciplinary Team to provide  
19 individuals with self-medication administration.

20 (2) Each individual shall be presumed to be competent  
21 to self-administer medications if:

22 (A) authorized by an order of a physician licensed  
23 to practice medicine in all its branches or a physician  
24 assistant; and

25 (B) approved to self-administer medication by the  
26 individual's Community Support Team or

1 Interdisciplinary Team, which includes a registered  
2 professional nurse or an advanced practice nurse.

3 (e) Quality Assurance.

4 (1) A registered professional nurse, advanced practice  
5 nurse, licensed practical nurse, physician licensed to  
6 practice medicine in all its branches, physician  
7 assistant, or pharmacist shall review the following for all  
8 individuals:

9 (A) Medication orders.

10 (B) Medication labels, including medications  
11 listed on the medication administration record for  
12 persons who are not self-medicating to ensure the  
13 labels match the orders issued by the physician  
14 licensed to practice medicine in all its branches,  
15 advanced practice nurse, or physician assistant.

16 (C) Medication administration records for persons  
17 who are not self-medicating to ensure that the records  
18 are completed appropriately for:

19 (i) medication administered as prescribed;

20 (ii) refusal by the individual; and

21 (iii) full signatures provided for all  
22 initials used.

23 (2) Reviews shall occur at least quarterly, but may be  
24 done more frequently at the discretion of the registered  
25 professional nurse or advanced practice nurse.

26 (3) A quality assurance review of medication errors and

1 data collection for the purpose of monitoring and  
2 recommending corrective action shall be conducted within 7  
3 days and included in the required annual review.

4 (f) Programs using authorized direct care staff to  
5 administer medications are responsible for documenting and  
6 maintaining records on the training that is completed.

7 (g) The absence of this training program constitutes a  
8 threat to the public interest, safety, and welfare and  
9 necessitates emergency rulemaking by the Departments of Human  
10 Services and Public Health under Section 5-45 of the Illinois  
11 Administrative Procedure Act.

12 (h) Direct care staff who fail to qualify for delegated  
13 authority to administer medications pursuant to the provisions  
14 of this Section shall be given additional education and testing  
15 to meet criteria for delegation authority to administer  
16 medications. Any direct care staff person who fails to qualify  
17 as an authorized direct care staff after initial training and  
18 testing must within 3 months be given another opportunity for  
19 retraining and retesting. A direct care staff person who fails  
20 to meet criteria for delegated authority to administer  
21 medication, including, but not limited to, failure of the  
22 written test on 2 occasions shall be given consideration for  
23 shift transfer or reassignment, if possible. No employee shall  
24 be terminated for failure to qualify during the 3-month time  
25 period following initial testing. Refusal to complete training  
26 and testing required by this Section may be grounds for

1 immediate dismissal.

2 (i) No authorized direct care staff person delegated to  
3 administer medication shall be subject to suspension or  
4 discharge for errors resulting from the staff person's acts or  
5 omissions when performing the functions unless the staff  
6 person's actions or omissions constitute willful and wanton  
7 conduct. Nothing in this subsection is intended to supersede  
8 paragraph (4) of subsection (c).

9 (j) A registered professional nurse, advanced practice  
10 nurse, physician licensed to practice medicine in all its  
11 branches, or physician assistant shall be on duty or on call at  
12 all times in any program covered by this Section.

13 (k) The employer shall be responsible for maintaining  
14 liability insurance for any program covered by this Section.

15 (l) Any direct care staff person who qualifies as  
16 authorized direct care staff pursuant to this Section shall be  
17 granted consideration for a one-time additional salary  
18 differential. The Department shall determine and provide the  
19 necessary funding for the differential in the base. This  
20 subsection (l) is inoperative on and after June 30, 2000.

21 (Source: P.A. 98-718, eff. 1-1-15; 98-901, eff. 8-15-14; 99-78,  
22 eff. 7-20-15; 99-143, eff. 7-27-15.)

23 Section 65. The State Guard Act is amended by changing  
24 Sections 49, 50, and 51 as follows:

1 (20 ILCS 1815/49) (from Ch. 129, par. 277)

2 Sec. 49. Any officer or enlisted man of the Illinois State  
3 Guard who is wounded or sustains an accidental injury or  
4 contracts an illness arising out of and in the course of active  
5 duty, but not when the Illinois State Guard has been called  
6 into federal service, and while lawfully performing the same  
7 shall:

8 (a) Be entitled to necessary hospitalization, nursing  
9 service, and to be treated by a medical officer, ~~or~~ licensed  
10 physician, or physician assistant selected by The Adjutant  
11 General, and

12 (b) Is entitled to all privileges due him as a State  
13 employee under the "Workers' Compensation Act", approved July  
14 9, 1951, as now or hereafter amended, and the "Workers'  
15 Occupational Diseases Act", approved July 9, 1951, as now or  
16 hereafter amended.

17 (Source: P.A. 81-992.)

18 (20 ILCS 1815/50) (from Ch. 129, par. 278)

19 Sec. 50. A medical officer, ~~or~~ physician, or physician  
20 assistant who attends cases of injury or illness incurred in  
21 line of duty shall be entitled to such reasonable compensation  
22 in each case as the circumstances may warrant, as approved by  
23 The Adjutant General.

24 (Source: Laws 1951, p. 1999.)

1 (20 ILCS 1815/51) (from Ch. 129, par. 279)

2 Sec. 51. Necessary hospital charges shall be paid by the  
3 State on proper itemized invoices made in quadruplicate by the  
4 hospital authorities concerned, approved by the attending  
5 medical officer, ~~or~~ physician, or physician assistant and by  
6 The Adjutant General.

7 (Source: Laws 1951, p. 1999.)

8 Section 70. The Department of Professional Regulation Law  
9 of the Civil Administrative Code of Illinois is amended by  
10 changing Section 2105-360 as follows:

11 (20 ILCS 2105/2105-360)

12 Sec. 2105-360. Licensing exemptions for athletic team  
13 health care professionals.

14 (a) Definitions. For purposes of this Section:

15 "Athletic team" means any professional or amateur level  
16 group from outside the State of Illinois organized for the  
17 purpose of engaging in athletic events that employs the  
18 services of a health care professional.

19 "Health care professional" means a physician, physician  
20 assistant, physical therapist, athletic trainer, or  
21 acupuncturist.

22 (b) Notwithstanding any other provision of law, a health  
23 care professional who is licensed to practice in another state  
24 or country shall be exempt from licensure requirements under

1 the applicable Illinois professional Act while practicing his  
2 or her profession in this State if all of the following  
3 conditions are met:

4 (1) The health care professional has an oral or written  
5 agreement with an athletic team to provide health care  
6 services to the athletic team members, coaching staff, and  
7 families traveling with the athletic team for a specific  
8 sporting event to take place in this State.

9 (2) The health care professional may not provide care  
10 or consultation to any person residing in this State other  
11 than a person described in paragraph (1) of this subsection  
12 (b) unless the care is covered under the Good Samaritan  
13 Act.

14 (c) The exemption from licensure shall remain in force  
15 while the health care professional is traveling with the  
16 athletic team, but shall be no longer than 10 days per  
17 individual sporting event.

18 (d) The Secretary, upon prior written request by the health  
19 care professional, may grant the health care professional  
20 additional time of up to 20 additional days per sporting event.  
21 The total number of days the health care professional may be  
22 exempt, including additional time granted upon request, may not  
23 exceed 30 days per sporting event.

24 (e) A health care professional who is exempt from licensure  
25 requirements under this Section is not authorized to practice  
26 at a health care clinic or facility, including an acute care

1 facility.

2 (Source: P.A. 99-206, eff. 9-1-15.)

3 Section 75. The Department of Public Health Act is amended  
4 by changing Sections 7, 8.2, and 8.4 as follows:

5 (20 ILCS 2305/7) (from Ch. 111 1/2, par. 22.05)

6 Sec. 7. The Illinois Department of Public Health shall  
7 adopt rules requiring that upon death of a person who had or is  
8 suspected of having an infectious or communicable disease that  
9 could be transmitted through contact with the person's body or  
10 bodily fluids, the body shall be labeled "Infection Hazard", or  
11 with an equivalent term to inform persons having subsequent  
12 contact with the body, including any funeral director or  
13 embalmer, to take suitable precautions. Such rules shall  
14 require that the label shall be prominently displayed on and  
15 affixed to the outer wrapping or covering of the body if the  
16 body is wrapped or covered in any manner. Responsibility for  
17 such labeling shall lie with the attending physician or  
18 physician assistant who certifies death, or if the death occurs  
19 in a health care facility, with such staff member as may be  
20 designated by the administrator of the facility. The Department  
21 may adopt rules providing for the safe disposal of human  
22 remains. To the extent feasible without endangering the  
23 public's health, the Department shall respect and accommodate  
24 the religious beliefs of individuals in implementing this

1 Section.

2 (Source: P.A. 93-829, eff. 7-28-04.)

3 (20 ILCS 2305/8.2)

4 Sec. 8.2. Osteoporosis Prevention and Education Program.

5 (a) The Department of Public Health, utilizing available  
6 federal funds, State funds appropriated for that purpose, or  
7 other available funding as provided for in this Section, shall  
8 establish, promote, and maintain an Osteoporosis Prevention  
9 and Education Program to promote public awareness of the causes  
10 of osteoporosis, options for prevention, the value of early  
11 detection, and possible treatments (including the benefits and  
12 risks of those treatments). The Department may accept, for that  
13 purpose, any special grant of money, services, or property from  
14 the federal government or any of its agencies or from any  
15 foundation, organization, or medical school.

16 (b) The program shall include the following:

17 (1) Development of a public education and outreach  
18 campaign to promote osteoporosis prevention and education,  
19 including, but not limited to, the following subjects:

20 (A) The cause and nature of the disease.

21 (B) Risk factors.

22 (C) The role of hysterectomy.

23 (D) Prevention of osteoporosis, including  
24 nutrition, diet, and physical exercise.

25 (E) Diagnostic procedures and appropriate

1           indications for their use.

2           (F) Hormone replacement, including benefits and  
3           risks.

4           (G) Environmental safety and injury prevention.

5           (H) Availability of osteoporosis diagnostic  
6           treatment services in the community.

7           (2) Development of educational materials to be made  
8           available for consumers, particularly targeted to  
9           high-risk groups, through local health departments, local  
10          physicians or physician assistants, other providers  
11          (including, but not limited to, health maintenance  
12          organizations, hospitals, and clinics), and women's  
13          organizations.

14          (3) Development of professional education programs for  
15          health care providers to assist them in understanding  
16          research findings and the subjects set forth in paragraph  
17          (1).

18          (4) Development and maintenance of a list of current  
19          providers of specialized services for the prevention and  
20          treatment of osteoporosis. Dissemination of the list shall  
21          be accompanied by a description of diagnostic procedures,  
22          appropriate indications for their use, and a cautionary  
23          statement about the current status of osteoporosis  
24          research, prevention, and treatment. The statement shall  
25          also indicate that the Department does not license,  
26          certify, or in any other way approve osteoporosis programs

1 or centers in this State.

2 (c) The State Board of Health shall serve as an advisory  
3 board to the Department with specific respect to the prevention  
4 and education activities related to osteoporosis described in  
5 this Section. The State Board of Health shall assist the  
6 Department in implementing this Section.

7 (Source: P.A. 88-622, eff. 1-1-95.)

8 (20 ILCS 2305/8.4)

9 Sec. 8.4. Immunization Advisory Committee. The Director of  
10 Public Health shall appoint an Immunization Advisory Committee  
11 to advise the Director on immunization issues. The Director  
12 shall take into consideration any comments or recommendations  
13 made by the Advisory Committee. The Immunization Advisory  
14 Committee shall be composed of the following members with  
15 knowledge of immunization issues: a pediatrician, a physician  
16 licensed to practice medicine in all its branches, a physician  
17 assistant, a family physician, an infectious disease  
18 specialist from a university based center, 2 representatives of  
19 a local health department, a registered nurse, a school nurse,  
20 a public health provider, a public health officer or  
21 administrator, a representative of a children's hospital, 2  
22 representatives of immunization advocacy organizations, a  
23 representative from the State Board of Education, a person with  
24 expertise in bioterrorism issues, and any other individuals or  
25 organization representatives designated by the Director. The

1 Director shall designate one of the Advisory Committee members  
2 to serve as the Chairperson of the Advisory Committee.

3 (Source: P.A. 92-561, eff. 6-24-02.)

4 Section 80. The Department of Public Health Powers and  
5 Duties Law of the Civil Administrative Code of Illinois is  
6 amended by changing Sections 2310-50, 2310-77, 2310-90,  
7 2310-220, 2310-250, 2310-330, 2310-335, 2310-342, 2310-345,  
8 2310-350, 2310-372, 2310-376, 2310-378, 2310-397, 2310-410,  
9 2310-425, 2310-540, 2310-577, 2310-600, 2310-643, and 2310-676  
10 and by renumbering and changing Section 2310-685 (as added by  
11 Public Act 99-424) as follows:

12 (20 ILCS 2310/2310-50) (was 20 ILCS 2310/55.19)

13 Sec. 2310-50. Cooperation of organizations and agencies.  
14 To enlist the cooperation of organizations of physicians,  
15 organizations of physician assistants, and other agencies for  
16 the promotion and improvement of health and sanitation  
17 throughout the State.

18 (Source: P.A. 91-239, eff. 1-1-00.)

19 (20 ILCS 2310/2310-77)

20 Sec. 2310-77. Chronic Disease Nutrition and Outcomes  
21 Advisory Commission.

22 (a) Subject to appropriation, the Chronic Disease  
23 Nutrition and Outcomes Advisory Commission is created to advise

1 the Department on how best to incorporate nutrition as a  
2 chronic disease management strategy into State health policy to  
3 avoid Medicaid hospitalizations, and how to measure health care  
4 outcomes that will likely be required by new federal  
5 legislation.

6 (b) The Commission shall consist of all of the following  
7 members:

8 (1) One member of the Senate appointed by the President  
9 of the Senate and one member of the Senate appointed by the  
10 Minority Leader of the Senate.

11 (2) One member of the House of Representatives  
12 appointed by the Speaker of the House of Representatives  
13 and one member of the House of Representatives appointed by  
14 the Minority Leader of the House of Representatives.

15 (3) Six ~~Five~~ members appointed by the Governor as  
16 follows:

17 (A) One representative of a not-for-profit social  
18 service agency that provides clinical nutrition  
19 services to individuals with HIV/AIDS and other  
20 chronic diseases.

21 (B) One representative of a teaching medical  
22 hospital that collaborates with community social  
23 service providers.

24 (C) One representative of a social service agency  
25 that provides outreach, counseling, and housing for  
26 chronically ill individuals.

1 (D) One person who is a licensed physician with  
2 expertise in treating individuals with chronic  
3 illnesses, including heart disease, hypertension, and  
4 HIV/AIDS, among others.

5 (E) One representative of a not-for-profit  
6 community based agency that provides direct care,  
7 supportive services, and education related to chronic  
8 illnesses, including heart disease, hypertension, and  
9 HIV/AIDS, among others.

10 (F) One person who is a licensed physician  
11 assistant with expertise in treating individuals with  
12 chronic illnesses, including heart disease,  
13 hypertension, and HIV/AIDS, among others.

14 Each Commission member shall serve for a term of 3 years  
15 and until his or her successor is appointed. Vacancies shall be  
16 filled in the same manner as original appointments.

17 (c) The Commission shall meet to organize and select a  
18 chairperson upon appointment of a majority of the members. The  
19 chairperson shall be elected by a majority vote of the members  
20 appointed to the Commission. The Commission shall meet at least  
21 4 times a year at the call of the chairperson. Members of the  
22 Commission shall serve without compensation, but may be  
23 reimbursed for reasonable expenses incurred as a result of  
24 their duties as members of the Commission from funds  
25 appropriated to the Department for that purpose.

26 (d) The Commission shall submit an annual report to the

1 Department on or before July 1, 2011 and on or before July 1 of  
2 each year thereafter with its recommendations.

3 (e) The Department shall provide administrative and staff  
4 support to the Commission.

5 (Source: P.A. 96-1502, eff. 1-27-11.)

6 (20 ILCS 2310/2310-90) (was 20 ILCS 2310/55.09)

7 Sec. 2310-90. Laboratories; fees; Public Health Laboratory  
8 Services Revolving Fund. To maintain physical, chemical,  
9 bacteriological, and biological laboratories; to make  
10 examinations of milk, water, atmosphere, sewage, wastes, and  
11 other substances, and equipment and processes relating  
12 thereto; to make diagnostic tests for diseases and tests for  
13 the evaluation of health hazards considered necessary for the  
14 protection of the people of the State; and to assess a  
15 reasonable fee for services provided as established by  
16 regulation, under the Illinois Administrative Procedure Act,  
17 which shall not exceed the Department's actual costs to provide  
18 these services.

19 Excepting fees collected under the Newborn Metabolic  
20 Screening Act and the Lead Poisoning Prevention Act, all fees  
21 shall be deposited into the Public Health Laboratory Services  
22 Revolving Fund. Other State and federal funds related to  
23 laboratory services may also be deposited into the Fund, and  
24 all interest that accrues on the moneys in the Fund shall be  
25 deposited into the Fund.

1 Moneys shall be appropriated from the Fund solely for the  
2 purposes of testing specimens submitted in support of  
3 Department programs established for the protection of human  
4 health, welfare, and safety, and for testing specimens  
5 submitted by physicians, physician assistants, and other  
6 health care providers, to determine whether chemically  
7 hazardous, biologically infectious substances, or other  
8 disease causing conditions are present.

9 (Source: P.A. 96-328, eff. 8-11-09.)

10 (20 ILCS 2310/2310-220) (was 20 ILCS 2310/55.73)

11 Sec. 2310-220. Findings; rural obstetrical care. The  
12 General Assembly finds that substantial areas of rural Illinois  
13 lack adequate access to obstetrical care. The primary cause of  
14 this problem is the absence of qualified practitioners who are  
15 willing to offer obstetrical services. A significant barrier to  
16 recruiting and retaining those practitioners is the high cost  
17 of professional liability insurance for practitioners offering  
18 obstetrical care.

19 Therefore, the Department, from funds appropriated for  
20 that purpose, shall award grants to physicians practicing  
21 obstetrics or physician assistants in rural designated  
22 shortage areas, as defined in Section 3.04 of the Family  
23 Practice Residency Act, for the purpose of reimbursing those  
24 physicians or physician assistants for the costs of obtaining  
25 malpractice insurance relating to obstetrical services. The

1 Department shall establish reasonable conditions, standards,  
2 and duties relating to the application for and receipt of the  
3 grants.

4 (Source: P.A. 91-239, eff. 1-1-00.)

5 (20 ILCS 2310/2310-250) (was 20 ILCS 2310/55.13)

6 Sec. 2310-250. Distribution of vaccines and other  
7 medicines and products. To acquire and distribute free of  
8 charge for the benefit of citizens of the State upon request by  
9 physicians licensed in Illinois to practice medicine in all of  
10 its branches or physician assistants or by licensed hospitals  
11 in the State diphtheria antitoxin, typhoid vaccine, smallpox  
12 vaccine, poliomyelitis vaccine and other sera, vaccines,  
13 prophylactics, and drugs that are of recognized efficiency in  
14 the diagnosis, prevention, and treatment of diseases; also  
15 biological products, blood plasma, penicillin, sulfonamides,  
16 and other products and medicines that are of recognized  
17 therapeutic efficiency in the use of first aid treatment in  
18 case of accidental injury or in the prevention and treatment of  
19 diseases or conditions harmful to health; provided that those  
20 drugs shall be manufactured only during the period that they  
21 are not made readily available by private sources. These  
22 medications and biologics may be distributed through public and  
23 private agencies or individuals and firms designated by the  
24 Director as authorized agencies for this purpose.

25 (Source: P.A. 91-239, eff. 1-1-00.)

1 (20 ILCS 2310/2310-330) (was 20 ILCS 2310/55.46)

2 Sec. 2310-330. Sperm and tissue bank registry; AIDS test  
3 for donors; penalties.

4 (a) The Department shall establish a registry of all sperm  
5 banks and tissue banks operating in this State. All sperm banks  
6 and tissue banks operating in this State shall register with  
7 the Department by May 1 of each year. Any person, hospital,  
8 clinic, corporation, partnership, or other legal entity that  
9 operates a sperm bank or tissue bank in this State and fails to  
10 register with the Department pursuant to this Section commits a  
11 business offense and shall be subject to a fine of \$5000.

12 (b) All donors of semen for purposes of artificial  
13 insemination, or donors of corneas, bones, organs, or other  
14 human tissue for the purpose of injecting, transfusing, or  
15 transplanting any of them in the human body, shall be tested  
16 for evidence of exposure to human immunodeficiency virus (HIV)  
17 and any other identified causative agent of acquired  
18 immunodeficiency syndrome (AIDS) at the time of or after the  
19 donation but prior to the semen, corneas, bones, organs, or  
20 other human tissue being made available for that use. However,  
21 when in the opinion of the attending physician or physician  
22 assistant the life of a recipient of a bone, organ, or other  
23 human tissue donation would be jeopardized by delays caused by  
24 testing for evidence of exposure to HIV and any other causative  
25 agent of AIDS, testing shall not be required.

1           (c) Except as otherwise provided in subsection (c-5), no  
2 person may intentionally, knowingly, recklessly, or  
3 negligently use the semen, corneas, bones, organs, or other  
4 human tissue of a donor unless the requirements of subsection  
5 (b) have been met. Except as otherwise provided in subsection  
6 (c-5), no person may intentionally, knowingly, recklessly, or  
7 negligently use the semen, corneas, bones, organs, or other  
8 human tissue of a donor who has tested positive for exposure to  
9 HIV or any other identified causative agent of AIDS. Violation  
10 of this subsection (c) shall be a Class 4 felony.

11           (c-5) It is not a violation of this Section for a person to  
12 perform a solid organ transplant of an organ from an HIV  
13 infected donor to a person who has tested positive for exposure  
14 to HIV or any other identified causative agent of AIDS and who  
15 is in immediate threat of death unless the transplant is  
16 performed. A tissue bank that provides an organ from an HIV  
17 infected donor under this subsection (c-5) may not be  
18 criminally or civilly liable for the furnishing of that organ  
19 under this subsection (c-5).

20           (d) For the purposes of this Section:

21           "Human tissue" shall not be construed to mean organs or  
22 whole blood or its component parts.

23           "Tissue bank" has the same meaning as set forth in the  
24 Illinois Anatomical Gift Act.

25           "Solid organ transplant" means the surgical  
26 transplantation of internal organs including, but not limited

1 to, the liver, kidney, pancreas, lungs, or heart. "Solid organ  
2 transplant" does not mean a bone marrow based transplant or a  
3 blood transfusion.

4 "HIV infected donor" means a deceased donor who was  
5 infected with HIV or a living donor known to be infected with  
6 HIV and who is willing to donate a part or all of one or more of  
7 his or her organs. A determination of the donor's HIV infection  
8 is made by the donor's medical history or by specific tests  
9 that document HIV infection, such as HIV RNA or DNA, or by  
10 antibodies to HIV.

11 (Source: P.A. 95-331, eff. 8-21-07.)

12 (20 ILCS 2310/2310-335) (was 20 ILCS 2310/55.43)

13 Sec. 2310-335. Alzheimer's disease; exchange of  
14 information; autopsies.

15 (a) The Department shall establish policies, procedures,  
16 standards, and criteria for the collection, maintenance, and  
17 exchange of confidential personal and medical information  
18 necessary for the identification and evaluation of victims of  
19 Alzheimer's disease and related disorders and for the conduct  
20 of consultation, referral, and treatment through personal  
21 physicians, physician assistants, primary Alzheimer's centers,  
22 and regional Alzheimer's assistance centers provided for in the  
23 Alzheimer's Disease Assistance Act. These requirements shall  
24 include procedures for obtaining the necessary consent of a  
25 patient or guardian to the disclosure and exchange of that

1 information among providers of services within an Alzheimer's  
2 disease assistance network and for the maintenance of the  
3 information in a centralized medical information system  
4 administered by a regional Alzheimer's center. Nothing in this  
5 Section requires disclosure or exchange of information  
6 pertaining to confidential communications between patients and  
7 therapists or disclosure or exchange of information contained  
8 within a therapist's personal notes.

9 (b) Any person identified as a victim of Alzheimer's  
10 disease or a related disorder under the Alzheimer's Disease  
11 Assistance Act shall be provided information regarding the  
12 critical role that autopsies play in the diagnosis and in the  
13 conduct of research into the cause and cure of Alzheimer's  
14 disease and related disorders. The person, or the spouse or  
15 guardian of the person, shall be encouraged to consent to an  
16 autopsy upon the person's death.

17 The Department shall provide information to medical  
18 examiners and coroners in this State regarding the importance  
19 of autopsies in the diagnosis and in the conduct of research  
20 into the causes and cure of Alzheimer's disease and related  
21 disorders. The Department shall also arrange for education and  
22 training programs that will enable medical examiners and  
23 coroners to conduct autopsies necessary for a proper diagnosis  
24 of Alzheimer's disease or related disorders as the cause or a  
25 contributing factor to a death.

26 (Source: P.A. 91-239, eff. 1-1-00.)

1 (20 ILCS 2310/2310-342)

2 Sec. 2310-342. Umbilical cord blood donations.

3 (a) Subject to appropriations for that purpose, the  
4 Department of Public Health shall, by January 1, 2008, prepare  
5 and distribute to health and maternal care providers written  
6 publications containing standardized, objective information  
7 about umbilical cord blood banking that is sufficient to allow  
8 a pregnant woman to make an informed decision about whether to  
9 participate in a public or private umbilical cord blood banking  
10 program, including the following information:

11 (1) An explanation of the difference between public and  
12 private umbilical cord blood banking.

13 (2) The options available to a mother, after the  
14 delivery of her newborn, relating to stem cells contained  
15 in the umbilical cord blood, including:

16 (A) donating to a public bank;

17 (B) storing in a family umbilical cord blood bank  
18 for use by immediate and extended family members;

19 (C) storing, for family use, through a family or  
20 sibling donor banking program that provides free  
21 collection, processing, and storage when there is a  
22 medical need; and

23 (D) discarding the umbilical cord blood.

24 (3) The medical processes involved in the collection of  
25 umbilical cord blood.

1           (4) The medical risks to a mother and her newborn child  
2 of umbilical cord blood collection.

3           (5) The current and potential future medical uses and  
4 benefits of umbilical cord blood collection to a mother,  
5 her newborn child, and her biological family.

6           (6) The current and potential future medical uses and  
7 benefits of umbilical cord blood collection to persons who  
8 are not biologically related to a mother or her newborn  
9 child.

10          (7) Medical or family history criteria that can impact  
11 a family's consideration of umbilical cord blood banking.

12          (8) Costs associated with public and private umbilical  
13 cord blood banking, including the family banking and  
14 sibling donor programs when there is a medical need.

15          (9) Options for ownership and future use of the donated  
16 material.

17          (10) The availability in Illinois of umbilical cord  
18 blood donations.

19          (b) The Department shall encourage health and maternal care  
20 providers providing healthcare services to a pregnant woman,  
21 when those healthcare services are directly related to her  
22 pregnancy, to provide the pregnant woman with the publication  
23 described under subsection (a) of this Section before her third  
24 trimester.

25          (c) In developing the publications required under  
26 subsection (a), the Department of Public Health shall consult

1 with an organization of physicians licensed to practice  
2 medicine in all its branches, an organization of physician  
3 assistants, and consumer groups. The Department shall update  
4 the publications every 2 years.

5 (Source: P.A. 94-832, eff. 6-5-06; 95-73, eff. 8-13-07.)

6 (20 ILCS 2310/2310-345) (was 20 ILCS 2310/55.49)

7 Sec. 2310-345. Breast cancer; written summary regarding  
8 early detection and treatment.

9 (a) From funds made available for this purpose, the  
10 Department shall publish, in layman's language, a standardized  
11 written summary outlining methods for the early detection and  
12 diagnosis of breast cancer. The summary shall include  
13 recommended guidelines for screening and detection of breast  
14 cancer through the use of techniques that shall include but not  
15 be limited to self-examination, clinical breast exams, and  
16 diagnostic radiology.

17 (b) The summary shall also suggest that women seek  
18 mammography services from facilities that are certified to  
19 perform mammography as required by the federal Mammography  
20 Quality Standards Act of 1992.

21 (c) The summary shall also include the medically viable  
22 alternative methods for the treatment of breast cancer,  
23 including, but not limited to, hormonal, radiological,  
24 chemotherapeutic, or surgical treatments or combinations  
25 thereof. The summary shall contain information on breast

1 reconstructive surgery, including, but not limited to, the use  
2 of breast implants and their side effects. The summary shall  
3 inform the patient of the advantages, disadvantages, risks, and  
4 dangers of the various procedures. The summary shall include  
5 (i) a statement that mammography is the most accurate method  
6 for making an early detection of breast cancer, however, no  
7 diagnostic tool is 100% effective, (ii) the benefits of  
8 clinical breast exams, and (iii) instructions for performing  
9 breast self-examination and a statement that it is important to  
10 perform a breast self-examination monthly.

11 (c-5) The summary shall specifically address the benefits  
12 of early detection and review the clinical standard  
13 recommendations by the Centers for Disease Control and  
14 Prevention and the American Cancer Society for mammography,  
15 clinical breast exams, and breast self-exams.

16 (c-10) The summary shall also inform individuals that  
17 public and private insurance providers shall pay for clinical  
18 breast exams as part of an exam, as indicated by guidelines of  
19 practice.

20 (c-15) The summary shall also inform individuals, in  
21 layman's terms, of the meaning and consequences of "dense  
22 breast tissue" under the guidelines of the Breast Imaging  
23 Reporting and Data System of the American College of Radiology  
24 and potential recommended follow-up tests or studies.

25 (d) In developing the summary, the Department shall consult  
26 with the Advisory Board of Cancer Control, the Illinois State

1 Medical Society and consumer groups. The summary shall be  
2 updated by the Department every 2 years.

3 (e) The summaries shall additionally be translated into  
4 Spanish, and the Department shall conduct a public information  
5 campaign to distribute the summaries to the Hispanic women of  
6 this State in order to inform them of the importance of early  
7 detection and mammograms.

8 (f) The Department shall distribute the summary to  
9 hospitals, public health centers, ~~and~~ physicians, and  
10 physician assistants who are likely to perform or order  
11 diagnostic tests for breast disease or treat breast cancer by  
12 surgical or other medical methods. Those hospitals, public  
13 health centers, ~~and~~ physicians, and physician assistants shall  
14 make the summaries available to the public. The Department  
15 shall also distribute the summaries to any person,  
16 organization, or other interested parties upon request. The  
17 summaries may be duplicated by any person, provided the copies  
18 are identical to the current summary prepared by the  
19 Department.

20 (g) The summary shall display, on the inside of its cover,  
21 printed in capital letters, in bold face type, the following  
22 paragraph:

23 "The information contained in this brochure regarding  
24 recommendations for early detection and diagnosis of breast  
25 disease and alternative breast disease treatments is only for  
26 the purpose of assisting you, the patient, in understanding the

1 medical information and advice offered by your physician. This  
2 brochure cannot serve as a substitute for the sound  
3 professional advice of your physician. The availability of this  
4 brochure or the information contained within is not intended to  
5 alter, in any way, the existing physician-patient  
6 relationship, nor the existing professional obligations of  
7 your physician in the delivery of medical services to you, the  
8 patient."

9 (h) The summary shall be updated when necessary.

10 (Source: P.A. 98-502, eff. 1-1-14; 98-886, eff. 1-1-15.)

11 (20 ILCS 2310/2310-350) (was 20 ILCS 2310/55.70)

12 Sec. 2310-350. Penny Severns Breast, Cervical, and Ovarian  
13 Cancer Research Fund. From funds appropriated from the Penny  
14 Severns Breast, Cervical, and Ovarian Cancer Research Fund, the  
15 Department shall award grants to eligible physicians,  
16 physician assistants, hospitals, laboratories, education  
17 institutions, and other organizations and persons to enable  
18 organizations and persons to conduct research. Disbursements  
19 from the Penny Severns Breast, Cervical, and Ovarian Cancer  
20 Research Fund for the purpose of ovarian cancer research shall  
21 be subject to appropriations. For the purposes of this Section,  
22 "research" includes, but is not limited to, expenditures to  
23 develop and advance the understanding, techniques, and  
24 modalities effective in early detection, prevention, cure,  
25 screening, and treatment of breast, cervical, and ovarian

1 cancer and may include clinical trials.

2 Moneys received for the purposes of this Section, including  
3 but not limited to income tax checkoff receipts and gifts,  
4 grants, and awards from private foundations, nonprofit  
5 organizations, other governmental entities, and persons shall  
6 be deposited into the Penny Severns Breast, Cervical, and  
7 Ovarian Cancer Research Fund, which is hereby created as a  
8 special fund in the State treasury.

9 The Department shall create an advisory committee with  
10 members from, but not limited to, the Illinois Chapter of the  
11 American Cancer Society, Y-Me, the Susan G. Komen Foundation,  
12 and the State Board of Health for the purpose of awarding  
13 research grants under this Section. Members of the advisory  
14 committee shall not be eligible for any financial compensation  
15 or reimbursement.

16 (Source: P.A. 94-119, eff. 1-1-06.)

17 (20 ILCS 2310/2310-372)

18 Sec. 2310-372. Stroke Task Force.

19 (a) The Stroke Task Force is created within the Department  
20 of Public Health.

21 (b) The task force shall be composed of the following  
22 members:

23 (1) Twenty ~~Nineteen~~ members appointed by the Director  
24 of Public Health from nominations submitted to the Director  
25 by the following organizations, one member to represent

1 each organization: the American Stroke Association; the  
2 National Stroke Association; the Illinois State Medical  
3 Society; the Illinois Neurological Society; the Illinois  
4 Academy of Family Physicians; the Illinois Chapter of the  
5 American College of Emergency Physicians; the Illinois  
6 Chapter of the American College of Cardiology; the Illinois  
7 Nurses Association; the Illinois Hospital and Health  
8 Systems Association; the Illinois Physical Therapy  
9 Association; the Pharmaceutical Manufacturers Association;  
10 the Illinois Rural Health Association; the Illinois  
11 Chapter of AARP; the Illinois Association of  
12 Rehabilitation Facilities; the Illinois Life Insurance  
13 Council; the Illinois Public Health Association; the  
14 Illinois Speech-Language Hearing Association; the American  
15 Association of Neurological Surgeons; the Illinois Academy  
16 of Physician Assistants; and the Illinois Health Care Cost  
17 Containment Council.

18 (2) Five members appointed by the Governor as follows:  
19 one stroke survivor; one licensed emergency medical  
20 technician; one individual who (i) holds the degree of  
21 Medical Doctor or Doctor of Philosophy and (ii) is a  
22 teacher or researcher at a teaching or research university  
23 located in Illinois; one individual who is a minority  
24 person as defined in the Business Enterprise for  
25 Minorities, Females, and Persons with Disabilities Act;  
26 and one member of the general public.

1           (3) The following ex officio members: the chairperson  
2           of the Senate Public Health Committee; the minority  
3           spokesperson of the Senate Public Health Committee; the  
4           chairperson of the House Health Care Committee; and the  
5           minority spokesperson of the House Health Care Committee.

6           The Director of Public Health shall serve as the  
7           chairperson of the task force.

8           If a vacancy occurs in the task force membership, the  
9           vacancy shall be filled in the same manner as the initial  
10          appointment.

11          (c) Task force members shall serve without compensation,  
12          but nonpublic members shall be reimbursed for their reasonable  
13          travel expenses incurred in performing their duties in  
14          connection with the task force.

15          (d) The task force shall adopt bylaws; shall meet at least  
16          3 times each calendar year; and may establish committees as it  
17          deems necessary. For purposes of task force meetings, a quorum  
18          is the number of members present at a meeting. Meetings of the  
19          task force are subject to the Open Meetings Act. The task force  
20          must afford an opportunity for public comment at its meetings.

21          (e) The task force shall advise the Department of Public  
22          Health with regard to setting priorities for improvements in  
23          stroke prevention and treatment efforts, including, but not  
24          limited to, the following:

25                  (1) Developing and implementing a comprehensive  
26                  statewide public education program on stroke prevention,

1 targeted to high-risk populations and to geographic areas  
2 where there is a high incidence of stroke.

3 (2) Identifying the signs and symptoms of stroke and  
4 the action to be taken when these signs or symptoms occur.

5 (3) Recommending and disseminating guidelines on the  
6 treatment of stroke patients, including emergency stroke  
7 care.

8 (4) Ensuring that the public and health care providers  
9 and institutions are sufficiently informed regarding the  
10 most effective strategies for stroke prevention; and  
11 assisting health care providers in using the most effective  
12 treatment strategies for stroke.

13 (5) Addressing means by which guidelines may be revised  
14 to remain current with developing treatment methodologies.

15 (f) The task force shall advise the Department of Public  
16 Health concerning the awarding of grants to providers of  
17 emergency medical services and to hospitals for the purpose of  
18 improving care to stroke patients.

19 (g) The task force shall submit an annual report to the  
20 Governor and the General Assembly by January 1 of each year,  
21 beginning in 2003. The report must include, but need not be  
22 limited to, the following:

23 (1) The task force's plans, actions, and  
24 recommendations.

25 (2) An accounting of moneys spent for grants and for  
26 other purposes.

1 (Source: P.A. 92-710, eff. 7-19-02.)

2 (20 ILCS 2310/2310-376)

3 Sec. 2310-376. Hepatitis education and outreach.

4 (a) The Illinois General Assembly finds and declares the  
5 following:

6 (1) The World Health Organization characterizes  
7 hepatitis as a disease of primary concern to humanity.

8 (2) Hepatitis is considered a silent killer; no  
9 recognizable signs or symptoms occur until severe liver  
10 damage has occurred.

11 (3) Studies indicate that nearly 4 million Americans  
12 (1.8 percent of the population) carry the virus HCV that  
13 causes the disease.

14 (4) 30,000 acute new infections occur each year in the  
15 United States, and only 25 to 30 percent are diagnosed.

16 (5) 8,000 to 10,000 Americans die from the disease each  
17 year.

18 (6) 200,000 Illinois residents may be carriers and  
19 could develop the debilitating and potentially deadly  
20 liver disease.

21 (7) Inmates of correctional facilities have a higher  
22 incidence of hepatitis and, upon their release, present a  
23 significant health risk to the general population.

24 (8) Illinois members of the armed services are subject  
25 to an increased risk of contracting hepatitis due to their

1 possible receipt of contaminated blood during a  
2 transfusion occurring for the treatment of wounds and due  
3 to their service in areas of the World where the disease is  
4 more prevalent and healthcare is less capable of detecting  
5 and treating the disease. Many of these service members are  
6 unaware of the danger of hepatitis and their increased risk  
7 of contracting the disease.

8 (b) Subject to appropriation, the Department shall conduct  
9 an education and outreach campaign, in addition to its overall  
10 effort to prevent infectious disease in Illinois, in order to  
11 raise awareness about and promote prevention of hepatitis.

12 (c) Subject to appropriation, in addition to the education  
13 and outreach campaign provided in subsection (b), the  
14 Department shall develop and make available to physicians,  
15 physician assistants, other health care providers, members of  
16 the armed services, and other persons subject to an increased  
17 risk of contracting hepatitis, educational materials, in  
18 written and electronic forms, on the diagnosis, treatment, and  
19 prevention of the disease. These materials shall include the  
20 recommendations of the federal Centers for Disease Control and  
21 Prevention and any other persons or entities determined by the  
22 Department to have particular expertise on hepatitis,  
23 including the American Liver Foundation. These materials shall  
24 be written in terms that are understandable by members of the  
25 general public.

26 (d) The Department shall establish an Advisory Council on

1 Hepatitis to develop a hepatitis prevention plan. The  
2 Department shall specify the membership, members' terms,  
3 provisions for removal of members, chairmen, and purpose of the  
4 Advisory Council. The Advisory Council shall consist of one  
5 representative from each of the following State agencies or  
6 offices, appointed by the head of each agency or office:

7 (1) The Department of Public Health.

8 (2) The Department of Public Aid.

9 (3) The Department of Corrections.

10 (4) The Department of Veterans' Affairs.

11 (5) The Department on Aging.

12 (6) The Department of Human Services.

13 (7) The Department of State Police.

14 (8) The office of the State Fire Marshal.

15 The Director shall appoint representatives of  
16 organizations and advocates in the State of Illinois,  
17 including, but not limited to, the American Liver Foundation.  
18 The Director shall also appoint interested members of the  
19 public, including consumers and providers of health services  
20 and representatives of local public health agencies, to provide  
21 recommendations and information to the members of the Advisory  
22 Council. Members of the Advisory Council shall serve on a  
23 voluntary, unpaid basis and are not entitled to reimbursement  
24 for mileage or other costs they incur in connection with  
25 performing their duties.

26 (Source: P.A. 93-129, eff. 1-1-04; 94-406, eff. 8-2-05.)

1 (20 ILCS 2310/2310-378)

2 Sec. 2310-378. Wilson's disease.

3 (a) The Illinois General Assembly finds and declares the  
4 following:

5 (1) Wilson's disease is an inherited disorder in which  
6 excessive amounts of copper accumulate in the body and can  
7 cause liver disease and neurological or psychiatric  
8 disorders; and

9 (2) Successful treatment is available for sufferers of  
10 Wilson's disease but, without proper treatment, the  
11 disease is generally fatal by the age of 30.

12 (b) Subject to appropriation, the Department shall: (i)  
13 conduct a public health information campaign for physicians,  
14 physician assistants, hospitals, health facilities, public  
15 health departments, and the general public on Wilson's disease,  
16 methods of care, and treatment modalities available; (ii)  
17 identify and catalog Wilson's disease resources in this State  
18 for distribution and referral purposes; and (iii) coordinate  
19 services with established programs, including State, federal,  
20 and voluntary groups.

21 (Source: P.A. 93-129, eff. 1-1-04.)

22 (20 ILCS 2310/2310-397) (was 20 ILCS 2310/55.90)

23 Sec. 2310-397. Prostate and testicular cancer program.

24 (a) The Department, subject to appropriation or other

1 available funding, shall conduct a program to promote awareness  
2 and early detection of prostate and testicular cancer. The  
3 program may include, but need not be limited to:

4 (1) Dissemination of information regarding the  
5 incidence of prostate and testicular cancer, the risk  
6 factors associated with prostate and testicular cancer,  
7 and the benefits of early detection and treatment.

8 (2) Promotion of information and counseling about  
9 treatment options.

10 (3) Establishment and promotion of referral services  
11 and screening programs.

12 Beginning July 1, 2004, the program must include the  
13 development and dissemination, through print and broadcast  
14 media, of public service announcements that publicize the  
15 importance of prostate cancer screening for men over age 40.

16 (b) Subject to appropriation or other available funding, a  
17 Prostate Cancer Screening Program shall be established in the  
18 Department of Public Health.

19 (1) The Program shall apply to the following persons  
20 and entities:

21 (A) uninsured and underinsured men 50 years of age  
22 and older;

23 (B) uninsured and underinsured men between 40 and  
24 50 years of age who are at high risk for prostate  
25 cancer, upon the advice of a physician or physician  
26 assistant or upon the request of the patient; and

1 (C) non-profit organizations providing assistance  
2 to persons described in subparagraphs (A) and (B).

3 (2) Any entity funded by the Program shall coordinate  
4 with other local providers of prostate cancer screening,  
5 diagnostic, follow-up, education, and advocacy services to  
6 avoid duplication of effort. Any entity funded by the  
7 Program shall comply with any applicable State and federal  
8 standards regarding prostate cancer screening.

9 (3) Administrative costs of the Department shall not  
10 exceed 10% of the funds allocated to the Program. Indirect  
11 costs of the entities funded by this Program shall not  
12 exceed 12%. The Department shall define "indirect costs" in  
13 accordance with applicable State and federal law.

14 (4) Any entity funded by the Program shall collect data  
15 and maintain records that are determined by the Department  
16 to be necessary to facilitate the Department's ability to  
17 monitor and evaluate the effectiveness of the entities and  
18 the Program. Commencing with the Program's second year of  
19 operation, the Department shall submit an Annual Report to  
20 the General Assembly and the Governor. The report shall  
21 describe the activities and effectiveness of the Program  
22 and shall include, but not be limited to, the following  
23 types of information regarding those served by the Program:

24 (A) the number; and

25 (B) the ethnic, geographic, and age breakdown.

26 (5) The Department or any entity funded by the Program

1 shall collect personal and medical information necessary  
2 to administer the Program from any individual applying for  
3 services under the Program. The information shall be  
4 confidential and shall not be disclosed other than for  
5 purposes directly connected with the administration of the  
6 Program or except as otherwise provided by law or pursuant  
7 to prior written consent of the subject of the information.

8 (6) The Department or any entity funded by the program  
9 may disclose the confidential information to medical  
10 personnel and fiscal intermediaries of the State to the  
11 extent necessary to administer the Program, and to other  
12 State public health agencies or medical researchers if the  
13 confidential information is necessary to carry out the  
14 duties of those agencies or researchers in the  
15 investigation, control, or surveillance of prostate  
16 cancer.

17 (c) The Department shall adopt rules to implement the  
18 Prostate Cancer Screening Program in accordance with the  
19 Illinois Administrative Procedure Act.

20 (Source: P.A. 98-87, eff. 1-1-14.)

21 (20 ILCS 2310/2310-410) (was 20 ILCS 2310/55.42)

22 Sec. 2310-410. Sickle cell disease. To conduct a public  
23 information campaign for physicians, physician assistants,  
24 hospitals, health facilities, public health departments, and  
25 the general public on sickle cell disease, methods of care, and

1 treatment modalities available; to identify and catalogue  
2 sickle cell resources in this State for distribution and  
3 referral purposes; and to coordinate services with the  
4 established programs, including State, federal, and voluntary  
5 groups.

6 (Source: P.A. 91-239, eff. 1-1-00.)

7 (20 ILCS 2310/2310-425) (was 20 ILCS 2310/55.66)

8 Sec. 2310-425. Health care summary for women.

9 (a) From funds made available from the General Assembly for  
10 this purpose, the Department shall publish in plain language,  
11 in both an English and a Spanish version, a pamphlet providing  
12 information regarding health care for women which shall include  
13 the following:

14 (1) A summary of the various medical conditions,  
15 including cancer, sexually transmitted diseases,  
16 endometriosis, or other similar diseases or conditions  
17 widely affecting women's reproductive health, that may  
18 require a hysterectomy or other treatment.

19 (2) A summary of the recommended schedule and  
20 indications for physical examinations, including "pap  
21 smears" or other tests designed to detect medical  
22 conditions of the uterus and other reproductive organs.

23 (3) A summary of the widely accepted medical  
24 treatments, including viable alternatives, that may be  
25 prescribed for the medical conditions specified in

1 paragraph (1).

2 (b) In developing the summary the Department shall consult  
3 with the Illinois State Medical Society, the Illinois Academy  
4 of Physician Assistants, and consumer groups. The summary shall  
5 be updated by the Department every 2 years.

6 (c) The Department shall distribute the summary to  
7 hospitals, public health centers, ~~and~~ physicians, and  
8 physician assistants who are likely to treat medical conditions  
9 described in paragraph (1) of subsection (a). Those hospitals,  
10 public health centers, and physicians shall make the summaries  
11 available to the public. The Department shall also distribute  
12 the summaries to any person, organization, or other interested  
13 parties upon request. The summary may be duplicated by any  
14 person provided the copies are identical to the current summary  
15 prepared by the Department.

16 (d) The summary shall display on the inside of its cover,  
17 printed in capital letters and bold face type, the following  
18 paragraph:

19 "The information contained in this brochure is only for the  
20 purpose of assisting you, the patient, in understanding the  
21 medical information and advice offered by your health care  
22 provider ~~physician~~. This brochure cannot serve as a substitute  
23 for the sound professional advice of your health care provider  
24 ~~physician~~. The availability of this brochure or the information  
25 contained within is not intended to alter, in any way, the  
26 existing health care provider-patient ~~physician patient~~

1 relationship, nor the existing professional obligations of  
2 your health care provider ~~physician~~ in the delivery of medical  
3 services to you, the patient."

4 (Source: P.A. 91-239, eff. 1-1-00.)

5 (20 ILCS 2310/2310-540) (was 20 ILCS 2310/55.31)

6 Sec. 2310-540. General hospitals; minimum standards for  
7 operation; uterine cytologic examinations for cancer. To  
8 establish and enforce minimum standards for the operation of  
9 all general hospitals. The standards shall include the  
10 requirement that every hospital licensed by the State of  
11 Illinois shall offer a uterine cytologic examination for cancer  
12 to every female in-patient 20 years of age or over unless  
13 considered contra-indicated by the attending physician or  
14 physician assistant or unless it has been performed within the  
15 previous year. Every woman for whom the test is applicable  
16 shall have the right to refuse the test on the counsel of the  
17 attending physician or physician assistant or on her own  
18 judgment. The hospital shall in all cases maintain records to  
19 show either the results of the test or that the test was not  
20 applicable or that it was refused.

21 (Source: P.A. 91-239, eff. 1-1-00.)

22 (20 ILCS 2310/2310-577)

23 Sec. 2310-577. Cord blood stem cell banks.

24 (a) Subject to appropriation, the Department shall

1 establish a network of human cord blood stem cell banks. The  
2 Director shall enter into contracts with qualified cord blood  
3 stem cell banks to assist in the establishment, provision, and  
4 maintenance of the network.

5 (b) A cord blood stem cell bank is eligible to enter the  
6 network and be a donor bank if it satisfies each of the  
7 following:

8 (1) Has obtained all applicable federal and State  
9 licenses, accreditations, certifications, registrations,  
10 and other authorizations required to operate and maintain a  
11 cord blood stem cell bank.

12 (2) Has implemented donor screening and cord blood  
13 collection practices adequate to protect both donors and  
14 transplant recipients and to prevent transmission of  
15 potentially harmful infections and other diseases.

16 (3) Has established a system of strict confidentiality  
17 to protect the identity and privacy of patients and donors  
18 in accordance with existing federal and State law and  
19 consistent with regulations promulgated under the Health  
20 Insurance Portability and Accountability Act of 1996,  
21 Public Law 104-191, for the release of the identity of  
22 donors, the identity of recipients, or identifiable  
23 records.

24 (4) Has established a system for encouraging donation  
25 by an ethnically and racially diverse group of donors.

26 (5) Has developed adequate systems for communication

1 with other cord blood stem cell banks, transplant centers,  
2 and physicians or physician assistants with respect to the  
3 request, release, and distribution of cord blood units  
4 nationally and has developed those systems, consistent  
5 with the regulations promulgated under the Health  
6 Insurance Portability and Accountability Act of 1996,  
7 Public Law 104-191, to track recipients' clinical outcomes  
8 for distributed units.

9 (6) Has developed an objective system for educating the  
10 public, including patient advocacy organizations, about  
11 the benefits of donating and utilizing cord blood stem  
12 cells in appropriate circumstances.

13 (7) Has policies and procedures in place for the  
14 procurement of materials for the conduct of stem cell  
15 research, including policies and procedures ensuring that  
16 persons are empowered to make voluntary and informed  
17 decisions to participate or to refuse to participate in the  
18 research, and ensuring confidentiality of the decision.

19 (8) Has policies and procedures in place to ensure the  
20 bank is following current best practices with respect to  
21 medical ethics, including informed consent of patients and  
22 the protection of human subjects.

23 (c) A donor bank that enters into the network shall do all  
24 of the following:

25 (1) Acquire, tissue-type, test, cryopreserve, and  
26 store donated units of human cord blood acquired with the

1 informed consent of the donor, in a manner that complies  
2 with applicable federal regulations.

3 (2) Make cord blood units collected under this Section,  
4 or otherwise, available to transplant centers for stem cell  
5 transplantation.

6 (3) Allocate up to 10% of the cord blood inventory each  
7 year for peer-reviewed research. This quota may be met by  
8 using cord blood units that did not meet the cell count  
9 standards necessary for transplantation.

10 (4) Make agreements with obstetrical health care  
11 facilities, consistent with federal regulations, for the  
12 collection of donated units of human cord blood.

13 (d) An advisory committee shall advise the Department  
14 concerning the administration of the cord blood stem cell bank  
15 network. The committee shall be appointed by the Director and  
16 consist of members who represent each of the following:

17 (1) Cord blood stem cell transplant centers.

18 (2) Physicians or physician assistants from  
19 participating birthing hospitals.

20 (3) The cord blood stem cell research community.

21 (4) Recipients of cord blood stem cell transplants.

22 (5) Family members who have made a donation to a  
23 statewide cord blood stem cell bank.

24 (6) Individuals with expertise in the social sciences.

25 (7) Members of the general public.

26 (8) Each network donor bank.

1           (9) Hospital administration from birthing hospitals.

2           Except as otherwise provided under this subsection, each  
3 member of the committee shall serve for a 3-year term and may  
4 be reappointed for one or more additional terms. Appointments  
5 for the initial members shall be for terms of 1, 2, and 3  
6 years, respectively, so as to provide for the subsequent  
7 appointment of an equal number of members each year. The  
8 committee shall elect a chairperson.

9           (e) A person has a conflict of interest if any action,  
10 advice, or recommendation with respect to a matter may directly  
11 or indirectly financially benefit any of the following:

12           (1) That person.

13           (2) That person's spouse, immediate family living with  
14 that person, or that person's extended family.

15           (3) Any individual or entity required to be disclosed  
16 by that person.

17           (4) Any other individual or entity with which that  
18 person has a business or professional relationship.

19           An advisory committee member who has a conflict of interest  
20 with respect to a matter may not discuss that matter with other  
21 committee members and shall not vote upon or otherwise  
22 participate in any committee action, advice, or recommendation  
23 with respect to that matter. Each recusal occurring during a  
24 committee meeting shall be made a part of the minutes or  
25 recording of the meeting in accordance with the Open Meetings  
26 Act.

1           The Department shall not allow any Department employee to  
2 participate in the processing of, or to provide any advice or  
3 recommendation concerning, any matter with which the  
4 Department employee has a conflict of interest.

5           (f) Each advisory committee member shall file with the  
6 Secretary of State a written disclosure of the following with  
7 respect to the member, the member's spouse, and any immediate  
8 family living with the member:

9           (1) Each source of income.

10           (2) Each entity in which the member, spouse, or  
11 immediate family living with the member has an ownership or  
12 distributive income share that is not an income source  
13 required to be disclosed under item (1) of this subsection  
14 (f).

15           (3) Each entity in or for which the member, spouse, or  
16 immediate family living with the member serves as an  
17 executive, officer, director, trustee, or fiduciary.

18           (4) Each entity with which the member, member's spouse,  
19 or immediate family living with the member has a contract  
20 for future income.

21           Each advisory committee member shall file the disclosure  
22 required by this subsection (f) at the time the member is  
23 appointed and at the time of any reappointment of that member.

24           Each advisory committee member shall file an updated  
25 disclosure with the Secretary of State promptly after any  
26 change in the items required to be disclosed under this

1 subsection with respect to the member, the member's spouse, or  
2 any immediate family living with the member.

3 The requirements of Section 3A-30 of the Illinois  
4 Governmental Ethics Act and any other disclosures required by  
5 law apply to this Act.

6 Filed disclosures shall be public records.

7 (g) The Department shall do each of the following:

8 (1) Ensure that the donor banks within the network meet  
9 the requirements of subsection (b) on a continuing basis.

10 (2) Encourage network donor banks to work  
11 collaboratively with other network donor banks and  
12 encourage network donor banks to focus their resources in  
13 their respective local or regional area.

14 (3) Designate one or more established national or  
15 international cord blood registries to serve as a statewide  
16 cord blood stem cell registry.

17 (4) Coordinate the donor banks in the network.

18 In performing these duties, the Department may seek the  
19 advice of the advisory committee.

20 (h) Definitions. As used in this Section:

21 (1) "Cord blood unit" means the blood collected from a  
22 single placenta and umbilical cord.

23 (2) "Donor" means a mother who has delivered a baby and  
24 consents to donate the newborn's blood remaining in the  
25 placenta and umbilical cord.

26 (3) "Donor bank" means a qualified cord blood stem cell

1 bank that enters into a contract with the Director under  
2 this Section.

3 (4) "Human cord blood stem cells" means hematopoietic  
4 stem cells and any other stem cells contained in the  
5 neonatal blood collected immediately after the birth from  
6 the separated placenta and umbilical cord.

7 (5) "Network" means the network of qualified cord blood  
8 stem cell banks established under this Section.

9 (Source: P.A. 95-406, eff. 8-24-07.)

10 (20 ILCS 2310/2310-600)

11 Sec. 2310-600. Advance directive information.

12 (a) The Department of Public Health shall prepare and  
13 publish the summary of advance directives law, as required by  
14 the federal Patient Self-Determination Act, and related forms.  
15 Publication may be limited to the World Wide Web. The summary  
16 required under this subsection (a) must include the Department  
17 of Public Health Uniform POLST form.

18 (b) The Department of Public Health shall publish Spanish  
19 language versions of the following:

20 (1) The statutory Living Will Declaration form.

21 (2) The Illinois Statutory Short Form Power of Attorney  
22 for Health Care.

23 (3) The statutory Declaration of Mental Health  
24 Treatment Form.

25 (4) The summary of advance directives law in Illinois.

1           (5) The Department of Public Health Uniform POLST form.  
2           Publication may be limited to the World Wide Web.

3           (b-5) In consultation with a statewide professional  
4           organization representing physicians licensed to practice  
5           medicine in all its branches, a statewide professional  
6           organization representing physician assistants, statewide  
7           organizations representing nursing homes, registered  
8           professional nurses, and emergency medical systems, and a  
9           statewide organization representing hospitals, the Department  
10          of Public Health shall develop and publish a uniform form for  
11          practitioner cardiopulmonary resuscitation (CPR) or  
12          life-sustaining treatment orders that may be utilized in all  
13          settings. The form shall meet the published minimum  
14          requirements to nationally be considered a practitioner orders  
15          for life-sustaining treatment form, or POLST, and may be  
16          referred to as the Department of Public Health Uniform POLST  
17          form. This form does not replace a physician's or other  
18          practitioner's authority to make a do-not-resuscitate (DNR)  
19          order.

20          (c) (Blank).

21          (d) The Department of Public Health shall publish the  
22          Department of Public Health Uniform POLST form reflecting the  
23          changes made by this amendatory Act of the 98th General  
24          Assembly no later than January 1, 2015.

25          (Source: P.A. 98-1110, eff. 8-26-14; 99-319, eff. 1-1-16.)

1 (20 ILCS 2310/2310-643)

2 Sec. 2310-643. Illinois State Diabetes Commission.

3 (a) Commission established. The Illinois State Diabetes  
4 Commission is established within the Department of Public  
5 Health. The Commission shall consist of members that are  
6 residents of this State and shall include an Executive  
7 Committee appointed by the Director. The members of the  
8 Commission shall be appointed by the Director as follows:

9 (1) The Director or the Director's designee, who shall  
10 serve as chairperson of the Commission.

11 (2) Physicians who are board certified in  
12 endocrinology, with at least one physician with expertise  
13 and experience in the treatment of childhood diabetes and  
14 at least one physician with expertise and experience in the  
15 treatment of adult onset diabetes.

16 (3) Physician assistants or other health ~~Health~~ care  
17 professionals with expertise and experience in the  
18 prevention, treatment, and control of diabetes.

19 (4) Representatives of organizations or groups that  
20 advocate on behalf of persons suffering from diabetes.

21 (5) Representatives of voluntary health organizations  
22 or advocacy groups with an interest in the prevention,  
23 treatment, and control of diabetes.

24 (6) Members of the public who have been diagnosed with  
25 diabetes.

26 The Director may appoint additional members deemed

1 necessary and appropriate by the Director.

2 Members of the Commission shall be appointed by June 1,  
3 2010. A member shall continue to serve until his or her  
4 successor is duly appointed and qualified.

5 (b) Meetings. Meetings shall be held 3 times per year or at  
6 the call of the Commission chairperson.

7 (c) Reimbursement. Members shall serve without  
8 compensation but shall, subject to appropriation, be  
9 reimbursed for reasonable and necessary expenses actually  
10 incurred in the performance of the member's official duties.

11 (d) Department support. The Department shall provide  
12 administrative support and current staff as necessary for the  
13 effective operation of the Commission.

14 (e) Duties. The Commission shall perform all of the  
15 following duties:

16 (1) Hold public hearings to gather information from the  
17 general public on issues pertaining to the prevention,  
18 treatment, and control of diabetes.

19 (2) Develop a strategy for the prevention, treatment,  
20 and control of diabetes in this State.

21 (3) Examine the needs of adults, children, racial and  
22 ethnic minorities, and medically underserved populations  
23 who have diabetes.

24 (4) Prepare and make available an annual report on the  
25 activities of the Commission to the Director, the Speaker  
26 of the House of Representatives, the Minority Leader of the

1 House of Representatives, the President of the Senate, the  
2 Minority Leader of the Senate, and the Governor by June 30  
3 of each year, beginning on June 30, 2011.

4 (f) Funding. The Department may accept on behalf of the  
5 Commission any federal funds or gifts and donations from  
6 individuals, private organizations, and foundations and any  
7 other funds that may become available.

8 (g) Rules. The Director may adopt rules to implement and  
9 administer this Section.

10 (h) Report. By January 10, 2015 and January 10 of each  
11 odd-numbered year thereafter, the Commission shall submit a  
12 report to the General Assembly containing the following:

13 (1) the financial impact and reach that diabetes of all  
14 types is having on the State and the Department; this  
15 assessment shall include the number of people with diabetes  
16 impacted in this State or covered by the State Medicaid  
17 program, the number of people with diabetes and family  
18 members impacted by prevention and diabetes control  
19 programs implemented by the Department, the financial toll  
20 or impact diabetes and its complications places on the  
21 Department's diabetes program, and the financial toll or  
22 impact diabetes and its complications places on the  
23 diabetes program in comparison to other chronic diseases  
24 and conditions;

25 (2) an assessment of the benefits of implemented  
26 programs and activities aimed at controlling diabetes and

1 preventing the disease; this assessment shall also  
2 document the amount and source for any funding directed to  
3 the Department from the General Assembly for programs and  
4 activities aimed at reaching those with diabetes;

5 (3) a description of the level of coordination that  
6 exists between the Department and other entities on  
7 activities, programs, and messaging on managing, treating,  
8 or preventing all forms of diabetes and its complications;

9 (4) the development or revision of a detailed action  
10 plan for battling diabetes with a range of actionable items  
11 for consideration by the General Assembly; the plan shall  
12 identify proposed action steps to reduce the impact of  
13 diabetes, pre-diabetes, and related diabetes  
14 complications; the plan shall also identify expected  
15 outcomes of the action steps proposed for the 2 years  
16 following the submission of the report while also  
17 establishing benchmarks for controlling and preventing  
18 relevant forms of diabetes; and

19 (5) the development of a detailed budget blueprint  
20 identifying needs, costs, and resources required to  
21 implement the plan identified in item (4) of this  
22 subsection (h); this blueprint shall include a budget range  
23 for all options presented in the plan identified in item  
24 (4) of this subsection (h) for consideration by the General  
25 Assembly.

26 The Department of Healthcare and Family Services shall

1 provide cooperation to the Department of Public Health to  
2 facilitate the implementation of this subsection (h).

3 (Source: P.A. 98-97, eff. 1-1-14.)

4 (20 ILCS 2310/2310-676)

5 Sec. 2310-676. Advisory council on pediatric autoimmune  
6 neuropsychiatric disorder associated with streptococcal  
7 infections and pediatric acute neuropsychiatric syndrome.

8 (a) There is established an advisory council on pediatric  
9 autoimmune neuropsychiatric disorder associated with  
10 streptococcal infections and pediatric acute neuropsychiatric  
11 syndrome to advise the Director of Public Health on research,  
12 diagnosis, treatment, and education relating to the disorder  
13 and syndrome.

14 (b) The advisory council shall consist of the following  
15 members, who shall be appointed by the Director of Public  
16 Health ~~within 60 days after the effective date of this~~  
17 ~~amendatory Act of the 99th General Assembly:~~

18 (1) An immunologist licensed and practicing in this  
19 State who has experience treating persons with pediatric  
20 autoimmune neuropsychiatric disorder associated with  
21 streptococcal infections and pediatric acute  
22 neuropsychiatric syndrome and the use of intravenous  
23 immunoglobulin.

24 (2) A health care provider licensed and practicing in  
25 this State who has expertise in treating persons with

1           pediatric autoimmune neuropsychiatric disorder associated  
2           with streptococcal infections and pediatric acute  
3           neuropsychiatric syndrome and autism.

4           (3) A representative of PANDAS/PANS Advocacy &  
5           Support.

6           (4) An osteopathic physician licensed and practicing  
7           in this State who has experience treating persons with  
8           pediatric autoimmune neuropsychiatric disorder associated  
9           with streptococcal infections and pediatric acute  
10          neuropsychiatric syndrome.

11          (5) A medical researcher with experience conducting  
12          research concerning pediatric autoimmune neuropsychiatric  
13          disorder associated with streptococcal infections,  
14          pediatric acute neuropsychiatric syndrome,  
15          obsessive-compulsive disorder, tic disorder, and other  
16          neurological disorders.

17          (6) A certified dietitian-nutritionist practicing in  
18          this State who provides services to children with autism  
19          spectrum disorder, attention-deficit hyperactivity  
20          disorder, and other neuro-developmental conditions.

21          (7) A representative of a professional organization in  
22          this State for school psychologists.

23          (8) A child psychiatrist who has experience treating  
24          persons with pediatric autoimmune neuropsychiatric  
25          disorder associated with streptococcal infections and  
26          pediatric acute neuropsychiatric syndrome.

1           (9) A representative of a professional organization in  
2 this State for school nurses.

3           (10) A pediatrician who has experience treating  
4 persons with pediatric autoimmune neuropsychiatric  
5 disorder associated with streptococcal infections and  
6 pediatric acute neuropsychiatric syndrome.

7           (11) A representative of an organization focused on  
8 autism.

9           (12) A parent with a child who has been diagnosed with  
10 pediatric autoimmune neuropsychiatric disorder associated  
11 with streptococcal infections or pediatric acute  
12 neuropsychiatric syndrome and autism.

13           (13) A social worker licensed and practicing in this  
14 State.

15           (14) A representative of the Special Education  
16 Services division of the State Board of Education.

17           (15) One member of the General Assembly appointed by  
18 the Speaker of the House of Representatives.

19           (16) One member of the General Assembly appointed by  
20 the President of the Senate.

21           (17) One member of the General Assembly appointed by  
22 the Minority Leader of the House of Representatives.

23           (18) One member of the General Assembly appointed by  
24 the Minority Leader of the Senate.

25           (19) A representative of a professional organization  
26 in this State for physician assistants.

1           (c) The Director of Public Health, or his or her designee,  
2 shall be an ex-officio, nonvoting member and shall attend all  
3 meetings of the advisory council. Any member of the advisory  
4 council appointed under this Section may be a member General  
5 Assembly. Members shall receive no compensation for their  
6 services.

7           (d) The Director of Public Health shall schedule the first  
8 meeting of the advisory council, which shall be held not later  
9 than 90 days after the effective date of this amendatory Act of  
10 the 99th General Assembly. A majority of the council members  
11 shall constitute a quorum. A majority vote of a quorum shall be  
12 required for any official action of the advisory council. The  
13 advisory council shall meet upon the call of the chairperson or  
14 upon the request of a majority of council members.

15           (e) Not later than January 1, 2017, and annually  
16 thereafter, the advisory council shall issue a report to the  
17 General Assembly with recommendations concerning:

18               (1) practice guidelines for the diagnosis and  
19 treatment of the disorder and syndrome;

20               (2) mechanisms to increase clinical awareness and  
21 education regarding the disorder and syndrome among  
22 physicians, including pediatricians, school-based health  
23 centers, and providers of mental health services;

24               (3) outreach to educators and parents to increase  
25 awareness of the disorder and syndrome; and

26               (4) development of a network of volunteer experts on

1 the diagnosis and treatment of the disorder and syndrome to  
2 assist in education and outreach.

3 (Source: P.A. 99-320, eff. 8-7-15.)

4 (20 ILCS 2310/2310-690)

5 Sec. 2310-690 ~~2310-685~~. Cytomegalovirus public education.

6 (a) In this Section:

7 "CMV" means cytomegalovirus.

8 "Health care provider" means any physician, physician  
9 assistant, hospital facility, or other person that is  
10 licensed or otherwise authorized to deliver health care  
11 services.

12 (b) The Department shall develop or approve and publish  
13 informational materials for women who may become pregnant,  
14 expectant parents, and parents of infants regarding:

15 (1) the incidence of CMV;

16 (2) the transmission of CMV to pregnant women and women  
17 who may become pregnant;

18 (3) birth defects caused by congenital CMV;

19 (4) methods of diagnosing congenital CMV; and

20 (5) available preventive measures to avoid the  
21 infection of women who are pregnant or may become pregnant.

22 (c) The Department shall publish the information required  
23 under subsection (b) on its Internet website.

24 (d) The Department shall publish information to:

25 (1) educate women who may become pregnant, expectant

1 parents, and parents of infants about CMV; and

2 (2) raise awareness of CMV among health care providers  
3 who provide care to expectant mothers or infants.

4 (e) The Department may solicit and accept the assistance of  
5 any relevant medical associations or community resources,  
6 including faith-based resources, to promote education about  
7 CMV under this Section.

8 (f) If a newborn infant fails the 2 initial hearing  
9 screenings in the hospital, then the hospital performing that  
10 screening shall provide to the parents of the newborn infant  
11 information regarding: (i) birth defects caused by congenital  
12 CMV; (ii) testing opportunities and options for CMV, including  
13 the opportunity to test for CMV before leaving the hospital;  
14 and (iii) early intervention services. Health care providers  
15 may use the materials developed by the Department for  
16 distribution to parents of newborn infants.

17 (Source: P.A. 99-424, eff. 1-1-16; revised 9-28-15.)

18 Section 85. The Comprehensive Healthcare Workforce  
19 Planning Act is amended by changing Section 15 as follows:

20 (20 ILCS 2325/15)

21 Sec. 15. Members.

22 (a) The following 10 persons or their designees shall be  
23 members of the Council: the Director of the Department; a  
24 representative of the Governor's Office; the Secretary of Human

1 Services; the Directors of the Departments of Commerce and  
2 Economic Opportunity, Employment Security, Financial and  
3 Professional Regulation, and Healthcare and Family Services;  
4 and the Executive Director of the Board of Higher Education,  
5 the Executive Director of the Illinois Community College Board,  
6 and the State Superintendent of Education.

7 (b) The Governor shall appoint 9 & additional members, who  
8 shall be healthcare workforce experts, including  
9 representatives of practicing physicians, nurses, pharmacists,  
10 and dentists, physician assistants, State and local health  
11 professions organizations, schools of medicine and osteopathy,  
12 nursing, dental, physician assistants, allied health, and  
13 public health; public and private teaching hospitals; health  
14 insurers, business; and labor. The Speaker of the Illinois  
15 House of Representatives, the President of the Illinois Senate,  
16 the Minority Leader of the Illinois House of Representatives,  
17 and the Minority Leader of the Illinois Senate may each appoint  
18 2 representatives to the Council. Members appointed under this  
19 subsection (b) shall serve 4-year terms and may be reappointed.

20 (c) The Director of the Department shall serve as Chair of  
21 the Council. The Governor shall appoint a healthcare workforce  
22 expert from the non-governmental sector to serve as Vice-Chair.  
23 (Source: P.A. 97-424, eff. 7-1-12; 98-719, eff. 1-1-15.)

24 Section 90. The Community Health Worker Advisory Board Act  
25 is amended by changing Section 10 as follows:

1 (20 ILCS 2335/10)

2 Sec. 10. Advisory Board.

3 (a) There is created the Advisory Board on Community Health  
4 Workers. The Board shall consist of 16 ~~15~~ members appointed by  
5 the Director of Public Health. The Director shall make the  
6 appointments to the Board within 90 days after the effective  
7 date of this Act. The members of the Board shall represent  
8 different racial and ethnic backgrounds and have the  
9 qualifications as follows:

10 (1) four members who currently serve as community  
11 health workers in Cook County, one of whom shall have  
12 served as a health insurance marketplace navigator;

13 (2) two members who currently serve as community health  
14 workers in DuPage, Kane, Lake, or Will County;

15 (3) one member who currently serves as a community  
16 health worker in Bond, Calhoun, Clinton, Jersey, Macoupin,  
17 Madison, Monroe, Montgomery, Randolph, St. Clair, or  
18 Washington County;

19 (4) one member who currently serves as a community  
20 health worker in any other county in the State;

21 (5) one member who is a physician licensed to practice  
22 medicine in Illinois;

23 (6) one member who is a physician assistant;

24 (7) ~~(6)~~ one member who is a licensed nurse or advanced  
25 practice nurse;

1           (8) ~~(7)~~ one member who is a licensed social worker,  
2           counselor, or psychologist;

3           (9) ~~(8)~~ one member who currently employs community  
4           health workers;

5           (10) ~~(9)~~ one member who is a health policy advisor with  
6           experience in health workforce policy;

7           (11) ~~(10)~~ one member who is a public health  
8           professional with experience with community health policy;  
9           and

10          (12) ~~(11)~~ one representative of a community college,  
11          university, or educational institution that provides  
12          training to community health workers.

13          (b) In addition, the following persons or their designees  
14          shall serve as ex officio, non-voting members of the Board: the  
15          Executive Director of the Illinois Community College Board, the  
16          Director of Children and Family Services, the Director of  
17          Aging, the Director of Public Health, the Director of  
18          Employment Security, the Director of Commerce and Economic  
19          Opportunity, the Secretary of Financial and Professional  
20          Regulation, the Director of Healthcare and Family Services, and  
21          the Secretary of Human Services.

22          (c) The voting members of the Board shall select a  
23          chairperson from the voting members of the Board. The Board  
24          shall consult with additional experts as needed. Members of the  
25          Board shall serve without compensation. The Department shall  
26          provide administrative and staff support to the Board. The

1 meetings of the Board are subject to the provisions of the Open  
2 Meetings Act.

3 (d) The Board shall consider the core competencies of a  
4 community health worker, including skills and areas of  
5 knowledge that are essential to bringing about expanded health  
6 and wellness in diverse communities and reducing health  
7 disparities. As relating to members of communities and health  
8 teams, the core competencies for effective community health  
9 workers may include, but are not limited to:

- 10 (1) outreach methods and strategies;
- 11 (2) client and community assessment;
- 12 (3) effective community-based and participatory  
13 methods, including research;
- 14 (4) culturally competent communication and care;
- 15 (5) health education for behavior change;
- 16 (6) support, advocacy, and health system navigation  
17 for clients;
- 18 (7) application of public health concepts and  
19 approaches;
- 20 (8) individual and community capacity building and  
21 mobilization; and
- 22 (9) writing, oral, technical, and communication  
23 skills.

24 (Source: P.A. 98-796, eff. 7-31-14.)

25 Section 95. The Narcotic Control Division Abolition Act is

1 amended by changing Section 3 as follows:

2 (20 ILCS 2620/3) (from Ch. 127, par. 55f)

3 Sec. 3. The Director may, in conformity with the Personnel  
4 Code, employ such inspectors, physicians, physician  
5 assistants, pharmacists, chemists, clerical and other  
6 employees as are necessary to carry out the duties of the  
7 Department.

8 (Source: P.A. 76-442.)

9 Section 100. The Illinois Housing Development Act is  
10 amended by changing Section 7.30 as follows:

11 (20 ILCS 3805/7.30)

12 Sec. 7.30. Foreclosure Prevention Program.

13 (a) The Authority shall establish and administer a  
14 Foreclosure Prevention Program. The Authority shall use moneys  
15 in the Foreclosure Prevention Program Fund, and any other funds  
16 appropriated for this purpose, to make grants to (i) approved  
17 counseling agencies for approved housing counseling and (ii)  
18 approved community-based organizations for approved  
19 foreclosure prevention outreach programs. The Authority shall  
20 promulgate rules to implement this Program and may adopt  
21 emergency rules as soon as practicable to begin implementation  
22 of the Program.

23 (b) Subject to appropriation and the annual receipt of

1 funds, the Authority shall make grants from the Foreclosure  
2 Prevention Program Fund derived from fees paid as specified in  
3 subsection (a) of Section 15-1504.1 of the Code of Civil  
4 Procedure as follows:

5 (1) 25% of the moneys in the Fund shall be used to make  
6 grants to approved counseling agencies that provide  
7 services in Illinois outside of the City of Chicago. Grants  
8 shall be based upon the number of foreclosures filed in an  
9 approved counseling agency's service area, the capacity of  
10 the agency to provide foreclosure counseling services, and  
11 any other factors that the Authority deems appropriate.

12 (2) 25% of the moneys in the Fund shall be distributed  
13 to the City of Chicago to make grants to approved  
14 counseling agencies located within the City of Chicago for  
15 approved housing counseling or to support foreclosure  
16 prevention counseling programs administered by the City of  
17 Chicago.

18 (3) 25% of the moneys in the Fund shall be used to make  
19 grants to approved community-based organizations located  
20 outside of the City of Chicago for approved foreclosure  
21 prevention outreach programs.

22 (4) 25% of the moneys in the Fund shall be used to make  
23 grants to approved community-based organizations located  
24 within the City of Chicago for approved foreclosure  
25 prevention outreach programs, with priority given to  
26 programs that provide door-to-door outreach.

1 (b-1) Subject to appropriation and the annual receipt of  
2 funds, the Authority shall make grants from the Foreclosure  
3 Prevention Program Graduated Fund derived from fees paid as  
4 specified in paragraph (1) of subsection (a-5) of Section  
5 15-1504.1 of the Code of Civil Procedure, as follows:

6 (1) 30% shall be used to make grants for approved  
7 housing counseling in Cook County outside of the City of  
8 Chicago;

9 (2) 25% shall be used to make grants for approved  
10 housing counseling in the City of Chicago;

11 (3) 30% shall be used to make grants for approved  
12 housing counseling in DuPage, Kane, Lake, McHenry, and Will  
13 Counties; and

14 (4) 15% shall be used to make grants for approved  
15 housing counseling in Illinois in counties other than Cook,  
16 DuPage, Kane, Lake, McHenry, and Will Counties provided  
17 that grants to provide approved housing counseling to  
18 borrowers residing within these counties shall be based, to  
19 the extent practicable, (i) proportionately on the amount  
20 of fees paid to the respective clerks of the courts within  
21 these counties and (ii) on any other factors that the  
22 Authority deems appropriate.

23 The percentages set forth in this subsection (b-1) shall be  
24 calculated after deduction of reimbursable administrative  
25 expenses incurred by the Authority, but shall not be greater  
26 than 4% of the annual appropriated amount.

1 (b-5) As used in this Section:

2 "Approved community-based organization" means a  
3 not-for-profit entity that provides educational and financial  
4 information to residents of a community through in-person  
5 contact. "Approved community-based organization" does not  
6 include a not-for-profit corporation or other entity or person  
7 that provides legal representation or advice in a civil  
8 proceeding or court-sponsored mediation services, or a  
9 governmental agency.

10 "Approved foreclosure prevention outreach program" means a  
11 program developed by an approved community-based organization  
12 that includes in-person contact with residents to provide (i)  
13 pre-purchase and post-purchase home ownership counseling, (ii)  
14 education about the foreclosure process and the options of a  
15 mortgagor in a foreclosure proceeding, and (iii) programs  
16 developed by an approved community-based organization in  
17 conjunction with a State or federally chartered financial  
18 institution.

19 "Approved counseling agency" means a housing counseling  
20 agency approved by the U.S. Department of Housing and Urban  
21 Development.

22 "Approved housing counseling" means in-person counseling  
23 provided by a counselor employed by an approved counseling  
24 agency to all borrowers, or documented telephone counseling  
25 where a hardship would be imposed on one or more borrowers. A  
26 hardship shall exist in instances in which the borrower is

1 confined to his or her home due to a medical condition, as  
2 verified in writing by a physician or physician assistant, or  
3 the borrower resides 50 miles or more from the nearest approved  
4 counseling agency. In instances of telephone counseling, the  
5 borrower must supply all necessary documents to the counselor  
6 at least 72 hours prior to the scheduled telephone counseling  
7 session.

8 (c) (Blank).

9 (c-5) Where the jurisdiction of an approved counseling  
10 agency is included within more than one of the geographic areas  
11 set forth in this Section, the Authority may elect to fully  
12 fund the applicant from one of the relevant geographic areas.

13 (Source: P.A. 97-1164, eff. 6-1-13; 98-20, eff. 6-11-13.)

14 Section 105. The Illinois Health Information Exchange and  
15 Technology Act is amended by changing Section 15 as follows:

16 (20 ILCS 3860/15)

17 (Section scheduled to be repealed on January 1, 2021)

18 Sec. 15. Governance of the Illinois Health Information  
19 Exchange Authority.

20 (a) The Authority shall consist of and be governed by one  
21 Executive Director and 8 directors who are hereby authorized to  
22 carry out the provisions of this Act and to exercise the powers  
23 conferred under this Act.

24 (b) The Executive Director and 8 directors shall be

1 appointed to 3-year staggered terms by the Governor with the  
2 advice and consent of the Senate. Of the members first  
3 appointed after the effective date of this Act, 3 shall be  
4 appointed for a term of one year, 3 shall be appointed for a  
5 term of 2 years, and 3 shall be appointed for a term of 3 years.  
6 The Executive Director and directors may serve successive terms  
7 and, in the event the term of the Executive Director or a  
8 director expires, he or she shall serve in the expired term  
9 until a new Executive Director or director is appointed and  
10 qualified. Vacancies shall be filled for the unexpired term in  
11 the same manner as original appointments. The Governor may  
12 remove a director or the Executive Director for incompetency,  
13 dereliction of duty, malfeasance, misfeasance, or nonfeasance  
14 in office or any other good cause. The Executive Director shall  
15 be compensated at an annual salary of 75% of the salary of the  
16 Governor.

17 (c) The Executive Director and directors shall be chosen  
18 with due regard to broad geographic representation and shall be  
19 representative of a broad spectrum of health care providers and  
20 stakeholders, including representatives from any of the  
21 following fields or groups: health care consumers, consumer  
22 advocates, physicians, physician assistants, nurses,  
23 hospitals, federally qualified health centers as defined in  
24 Section 1905(1)(2)(B) of the Social Security Act and any  
25 subsequent amendments thereto, health plans or third-party  
26 payors, employers, long-term care providers, pharmacists,

1 State and local public health entities, outpatient diagnostic  
2 service providers, behavioral health providers, home health  
3 agency organizations, health professional schools in Illinois,  
4 health information technology, or health information research.

5 (d) The directors of the Illinois Department of Healthcare  
6 and Family Services, the Illinois Department of Public Health,  
7 and the Illinois Department of Insurance and the Secretary of  
8 the Illinois Department of Human Services, or their designees,  
9 and a designee of the Office of the Governor, shall serve as  
10 ex-officio members of the Authority.

11 (e) The Authority is authorized to conduct its business by  
12 a majority of the appointed members. The Authority may adopt  
13 bylaws in order to conduct meetings. The bylaws may permit the  
14 Authority to meet by telecommunication or electronic  
15 communication.

16 (f) The Authority shall appoint an Illinois Health  
17 Information Exchange Authority Advisory Committee ("Advisory  
18 Committee") with representation from any of the fields or  
19 groups listed in subsection (c) of this Section. The purpose of  
20 the Advisory Committee shall be to advise and provide  
21 recommendations to the Authority regarding the ILHIE. The  
22 Advisory Committee members shall serve 2-year terms. The  
23 Authority may establish other advisory committees and  
24 subcommittees to conduct the business of the Authority.

25 (g) Directors of the Authority, members of the Advisory  
26 Committee, and any other advisory committee and subcommittee

1 members may be reimbursed for ordinary and contingent travel  
2 and meeting expenses for their service at the rate approved for  
3 State employee travel.

4 (Source: P.A. 96-1331, eff. 7-27-10.)

5 Section 110. The Property Tax Code is amended by changing  
6 Sections 15-168 and 15-172 as follows:

7 (35 ILCS 200/15-168)

8 Sec. 15-168. Homestead exemption for persons with  
9 disabilities.

10 (a) Beginning with taxable year 2007, an annual homestead  
11 exemption is granted to persons with disabilities in the amount  
12 of \$2,000, except as provided in subsection (c), to be deducted  
13 from the property's value as equalized or assessed by the  
14 Department of Revenue. The person with a disability shall  
15 receive the homestead exemption upon meeting the following  
16 requirements:

17 (1) The property must be occupied as the primary  
18 residence by the person with a disability.

19 (2) The person with a disability must be liable for  
20 paying the real estate taxes on the property.

21 (3) The person with a disability must be an owner of  
22 record of the property or have a legal or equitable  
23 interest in the property as evidenced by a written  
24 instrument. In the case of a leasehold interest in

1 property, the lease must be for a single family residence.

2 A person who has a disability during the taxable year is  
3 eligible to apply for this homestead exemption during that  
4 taxable year. Application must be made during the application  
5 period in effect for the county of residence. If a homestead  
6 exemption has been granted under this Section and the person  
7 awarded the exemption subsequently becomes a resident of a  
8 facility licensed under the Nursing Home Care Act, the  
9 Specialized Mental Health Rehabilitation Act of 2013, the ID/DD  
10 Community Care Act, or the MC/DD Act, then the exemption shall  
11 continue (i) so long as the residence continues to be occupied  
12 by the qualifying person's spouse or (ii) if the residence  
13 remains unoccupied but is still owned by the person qualified  
14 for the homestead exemption.

15 (b) For the purposes of this Section, "person with a  
16 disability" means a person unable to engage in any substantial  
17 gainful activity by reason of a medically determinable physical  
18 or mental impairment which can be expected to result in death  
19 or has lasted or can be expected to last for a continuous  
20 period of not less than 12 months. Persons with disabilities  
21 filing claims under this Act shall submit proof of disability  
22 in such form and manner as the Department shall by rule and  
23 regulation prescribe. Proof that a claimant is eligible to  
24 receive disability benefits under the Federal Social Security  
25 Act shall constitute proof of disability for purposes of this  
26 Act. Issuance of an Illinois Person with a Disability

1 Identification Card stating that the claimant is under a Class  
2 disability, as defined in Section 4A of the Illinois  
3 Identification Card Act, shall constitute proof that the person  
4 named thereon is a person with a disability for purposes of  
5 this Act. A person with a disability not covered under the  
6 Federal Social Security Act and not presenting an Illinois  
7 Person with a Disability Identification Card stating that the  
8 claimant is under a Class 2 disability shall be examined by a  
9 physician or physician assistant designated by the Department,  
10 and his status as a person with a disability determined using  
11 the same standards as used by the Social Security  
12 Administration. The costs of any required examination shall be  
13 borne by the claimant.

14 (c) For land improved with (i) an apartment building owned  
15 and operated as a cooperative or (ii) a life care facility as  
16 defined under Section 2 of the Life Care Facilities Act that is  
17 considered to be a cooperative, the maximum reduction from the  
18 value of the property, as equalized or assessed by the  
19 Department, shall be multiplied by the number of apartments or  
20 units occupied by a person with a disability. The person with a  
21 disability shall receive the homestead exemption upon meeting  
22 the following requirements:

23 (1) The property must be occupied as the primary  
24 residence by the person with a disability.

25 (2) The person with a disability must be liable by  
26 contract with the owner or owners of record for paying the

1       apportioned property taxes on the property of the  
2       cooperative or life care facility. In the case of a life  
3       care facility, the person with a disability must be liable  
4       for paying the apportioned property taxes under a life care  
5       contract as defined in Section 2 of the Life Care  
6       Facilities Act.

7           (3) The person with a disability must be an owner of  
8       record of a legal or equitable interest in the cooperative  
9       apartment building. A leasehold interest does not meet this  
10      requirement.

11      If a homestead exemption is granted under this subsection, the  
12      cooperative association or management firm shall credit the  
13      savings resulting from the exemption to the apportioned tax  
14      liability of the qualifying person with a disability. The chief  
15      county assessment officer may request reasonable proof that the  
16      association or firm has properly credited the exemption. A  
17      person who willfully refuses to credit an exemption to the  
18      qualified person with a disability is guilty of a Class B  
19      misdemeanor.

20           (d) The chief county assessment officer shall determine the  
21      eligibility of property to receive the homestead exemption  
22      according to guidelines established by the Department. After a  
23      person has received an exemption under this Section, an annual  
24      verification of eligibility for the exemption shall be mailed  
25      to the taxpayer.

26           In counties with fewer than 3,000,000 inhabitants, the

1 chief county assessment officer shall provide to each person  
2 granted a homestead exemption under this Section a form to  
3 designate any other person to receive a duplicate of any notice  
4 of delinquency in the payment of taxes assessed and levied  
5 under this Code on the person's qualifying property. The  
6 duplicate notice shall be in addition to the notice required to  
7 be provided to the person receiving the exemption and shall be  
8 given in the manner required by this Code. The person filing  
9 the request for the duplicate notice shall pay an  
10 administrative fee of \$5 to the chief county assessment  
11 officer. The assessment officer shall then file the executed  
12 designation with the county collector, who shall issue the  
13 duplicate notices as indicated by the designation. A  
14 designation may be rescinded by the person with a disability in  
15 the manner required by the chief county assessment officer.

16 (e) A taxpayer who claims an exemption under Section 15-165  
17 or 15-169 may not claim an exemption under this Section.

18 (Source: P.A. 98-104, eff. 7-22-13; 99-143, eff. 7-27-15;  
19 99-180, eff. 7-29-15; revised 10-20-15.)

20 (35 ILCS 200/15-172)

21 Sec. 15-172. Senior Citizens Assessment Freeze Homestead  
22 Exemption.

23 (a) This Section may be cited as the Senior Citizens  
24 Assessment Freeze Homestead Exemption.

25 (b) As used in this Section:

1 "Applicant" means an individual who has filed an  
2 application under this Section.

3 "Base amount" means the base year equalized assessed value  
4 of the residence plus the first year's equalized assessed value  
5 of any added improvements which increased the assessed value of  
6 the residence after the base year.

7 "Base year" means the taxable year prior to the taxable  
8 year for which the applicant first qualifies and applies for  
9 the exemption provided that in the prior taxable year the  
10 property was improved with a permanent structure that was  
11 occupied as a residence by the applicant who was liable for  
12 paying real property taxes on the property and who was either  
13 (i) an owner of record of the property or had legal or  
14 equitable interest in the property as evidenced by a written  
15 instrument or (ii) had a legal or equitable interest as a  
16 lessee in the parcel of property that was single family  
17 residence. If in any subsequent taxable year for which the  
18 applicant applies and qualifies for the exemption the equalized  
19 assessed value of the residence is less than the equalized  
20 assessed value in the existing base year (provided that such  
21 equalized assessed value is not based on an assessed value that  
22 results from a temporary irregularity in the property that  
23 reduces the assessed value for one or more taxable years), then  
24 that subsequent taxable year shall become the base year until a  
25 new base year is established under the terms of this paragraph.  
26 For taxable year 1999 only, the Chief County Assessment Officer

1 shall review (i) all taxable years for which the applicant  
2 applied and qualified for the exemption and (ii) the existing  
3 base year. The assessment officer shall select as the new base  
4 year the year with the lowest equalized assessed value. An  
5 equalized assessed value that is based on an assessed value  
6 that results from a temporary irregularity in the property that  
7 reduces the assessed value for one or more taxable years shall  
8 not be considered the lowest equalized assessed value. The  
9 selected year shall be the base year for taxable year 1999 and  
10 thereafter until a new base year is established under the terms  
11 of this paragraph.

12 "Chief County Assessment Officer" means the County  
13 Assessor or Supervisor of Assessments of the county in which  
14 the property is located.

15 "Equalized assessed value" means the assessed value as  
16 equalized by the Illinois Department of Revenue.

17 "Household" means the applicant, the spouse of the  
18 applicant, and all persons using the residence of the applicant  
19 as their principal place of residence.

20 "Household income" means the combined income of the members  
21 of a household for the calendar year preceding the taxable  
22 year.

23 "Income" has the same meaning as provided in Section 3.07  
24 of the Senior Citizens and Persons with Disabilities Property  
25 Tax Relief Act, except that, beginning in assessment year 2001,  
26 "income" does not include veteran's benefits.

1 "Internal Revenue Code of 1986" means the United States  
2 Internal Revenue Code of 1986 or any successor law or laws  
3 relating to federal income taxes in effect for the year  
4 preceding the taxable year.

5 "Life care facility that qualifies as a cooperative" means  
6 a facility as defined in Section 2 of the Life Care Facilities  
7 Act.

8 "Maximum income limitation" means:

- 9 (1) \$35,000 prior to taxable year 1999;
- 10 (2) \$40,000 in taxable years 1999 through 2003;
- 11 (3) \$45,000 in taxable years 2004 through 2005;
- 12 (4) \$50,000 in taxable years 2006 and 2007; and
- 13 (5) \$55,000 in taxable year 2008 and thereafter.

14 "Residence" means the principal dwelling place and  
15 appurtenant structures used for residential purposes in this  
16 State occupied on January 1 of the taxable year by a household  
17 and so much of the surrounding land, constituting the parcel  
18 upon which the dwelling place is situated, as is used for  
19 residential purposes. If the Chief County Assessment Officer  
20 has established a specific legal description for a portion of  
21 property constituting the residence, then that portion of  
22 property shall be deemed the residence for the purposes of this  
23 Section.

24 "Taxable year" means the calendar year during which ad  
25 valorem property taxes payable in the next succeeding year are  
26 levied.

1           (c) Beginning in taxable year 1994, a senior citizens  
2 assessment freeze homestead exemption is granted for real  
3 property that is improved with a permanent structure that is  
4 occupied as a residence by an applicant who (i) is 65 years of  
5 age or older during the taxable year, (ii) has a household  
6 income that does not exceed the maximum income limitation,  
7 (iii) is liable for paying real property taxes on the property,  
8 and (iv) is an owner of record of the property or has a legal or  
9 equitable interest in the property as evidenced by a written  
10 instrument. This homestead exemption shall also apply to a  
11 leasehold interest in a parcel of property improved with a  
12 permanent structure that is a single family residence that is  
13 occupied as a residence by a person who (i) is 65 years of age  
14 or older during the taxable year, (ii) has a household income  
15 that does not exceed the maximum income limitation, (iii) has a  
16 legal or equitable ownership interest in the property as  
17 lessee, and (iv) is liable for the payment of real property  
18 taxes on that property.

19           In counties of 3,000,000 or more inhabitants, the amount of  
20 the exemption for all taxable years is the equalized assessed  
21 value of the residence in the taxable year for which  
22 application is made minus the base amount. In all other  
23 counties, the amount of the exemption is as follows: (i)  
24 through taxable year 2005 and for taxable year 2007 and  
25 thereafter, the amount of this exemption shall be the equalized  
26 assessed value of the residence in the taxable year for which

1 application is made minus the base amount; and (ii) for taxable  
2 year 2006, the amount of the exemption is as follows:

3 (1) For an applicant who has a household income of  
4 \$45,000 or less, the amount of the exemption is the  
5 equalized assessed value of the residence in the taxable  
6 year for which application is made minus the base amount.

7 (2) For an applicant who has a household income  
8 exceeding \$45,000 but not exceeding \$46,250, the amount of  
9 the exemption is (i) the equalized assessed value of the  
10 residence in the taxable year for which application is made  
11 minus the base amount (ii) multiplied by 0.8.

12 (3) For an applicant who has a household income  
13 exceeding \$46,250 but not exceeding \$47,500, the amount of  
14 the exemption is (i) the equalized assessed value of the  
15 residence in the taxable year for which application is made  
16 minus the base amount (ii) multiplied by 0.6.

17 (4) For an applicant who has a household income  
18 exceeding \$47,500 but not exceeding \$48,750, the amount of  
19 the exemption is (i) the equalized assessed value of the  
20 residence in the taxable year for which application is made  
21 minus the base amount (ii) multiplied by 0.4.

22 (5) For an applicant who has a household income  
23 exceeding \$48,750 but not exceeding \$50,000, the amount of  
24 the exemption is (i) the equalized assessed value of the  
25 residence in the taxable year for which application is made  
26 minus the base amount (ii) multiplied by 0.2.

1           When the applicant is a surviving spouse of an applicant  
2 for a prior year for the same residence for which an exemption  
3 under this Section has been granted, the base year and base  
4 amount for that residence are the same as for the applicant for  
5 the prior year.

6           Each year at the time the assessment books are certified to  
7 the County Clerk, the Board of Review or Board of Appeals shall  
8 give to the County Clerk a list of the assessed values of  
9 improvements on each parcel qualifying for this exemption that  
10 were added after the base year for this parcel and that  
11 increased the assessed value of the property.

12           In the case of land improved with an apartment building  
13 owned and operated as a cooperative or a building that is a  
14 life care facility that qualifies as a cooperative, the maximum  
15 reduction from the equalized assessed value of the property is  
16 limited to the sum of the reductions calculated for each unit  
17 occupied as a residence by a person or persons (i) 65 years of  
18 age or older, (ii) with a household income that does not exceed  
19 the maximum income limitation, (iii) who is liable, by contract  
20 with the owner or owners of record, for paying real property  
21 taxes on the property, and (iv) who is an owner of record of a  
22 legal or equitable interest in the cooperative apartment  
23 building, other than a leasehold interest. In the instance of a  
24 cooperative where a homestead exemption has been granted under  
25 this Section, the cooperative association or its management  
26 firm shall credit the savings resulting from that exemption

1 only to the apportioned tax liability of the owner who  
2 qualified for the exemption. Any person who willfully refuses  
3 to credit that savings to an owner who qualifies for the  
4 exemption is guilty of a Class B misdemeanor.

5 When a homestead exemption has been granted under this  
6 Section and an applicant then becomes a resident of a facility  
7 licensed under the Assisted Living and Shared Housing Act, the  
8 Nursing Home Care Act, the Specialized Mental Health  
9 Rehabilitation Act of 2013, the ID/DD Community Care Act, or  
10 the MC/DD Act, the exemption shall be granted in subsequent  
11 years so long as the residence (i) continues to be occupied by  
12 the qualified applicant's spouse or (ii) if remaining  
13 unoccupied, is still owned by the qualified applicant for the  
14 homestead exemption.

15 Beginning January 1, 1997, when an individual dies who  
16 would have qualified for an exemption under this Section, and  
17 the surviving spouse does not independently qualify for this  
18 exemption because of age, the exemption under this Section  
19 shall be granted to the surviving spouse for the taxable year  
20 preceding and the taxable year of the death, provided that,  
21 except for age, the surviving spouse meets all other  
22 qualifications for the granting of this exemption for those  
23 years.

24 When married persons maintain separate residences, the  
25 exemption provided for in this Section may be claimed by only  
26 one of such persons and for only one residence.

1           For taxable year 1994 only, in counties having less than  
2           3,000,000 inhabitants, to receive the exemption, a person shall  
3           submit an application by February 15, 1995 to the Chief County  
4           Assessment Officer of the county in which the property is  
5           located. In counties having 3,000,000 or more inhabitants, for  
6           taxable year 1994 and all subsequent taxable years, to receive  
7           the exemption, a person may submit an application to the Chief  
8           County Assessment Officer of the county in which the property  
9           is located during such period as may be specified by the Chief  
10          County Assessment Officer. The Chief County Assessment Officer  
11          in counties of 3,000,000 or more inhabitants shall annually  
12          give notice of the application period by mail or by  
13          publication. In counties having less than 3,000,000  
14          inhabitants, beginning with taxable year 1995 and thereafter,  
15          to receive the exemption, a person shall submit an application  
16          by July 1 of each taxable year to the Chief County Assessment  
17          Officer of the county in which the property is located. A  
18          county may, by ordinance, establish a date for submission of  
19          applications that is different than July 1. The applicant shall  
20          submit with the application an affidavit of the applicant's  
21          total household income, age, marital status (and if married the  
22          name and address of the applicant's spouse, if known), and  
23          principal dwelling place of members of the household on January  
24          1 of the taxable year. The Department shall establish, by rule,  
25          a method for verifying the accuracy of affidavits filed by  
26          applicants under this Section, and the Chief County Assessment

1 Officer may conduct audits of any taxpayer claiming an  
2 exemption under this Section to verify that the taxpayer is  
3 eligible to receive the exemption. Each application shall  
4 contain or be verified by a written declaration that it is made  
5 under the penalties of perjury. A taxpayer's signing a  
6 fraudulent application under this Act is perjury, as defined in  
7 Section 32-2 of the Criminal Code of 2012. The applications  
8 shall be clearly marked as applications for the Senior Citizens  
9 Assessment Freeze Homestead Exemption and must contain a notice  
10 that any taxpayer who receives the exemption is subject to an  
11 audit by the Chief County Assessment Officer.

12 Notwithstanding any other provision to the contrary, in  
13 counties having fewer than 3,000,000 inhabitants, if an  
14 applicant fails to file the application required by this  
15 Section in a timely manner and this failure to file is due to a  
16 mental or physical condition sufficiently severe so as to  
17 render the applicant incapable of filing the application in a  
18 timely manner, the Chief County Assessment Officer may extend  
19 the filing deadline for a period of 30 days after the applicant  
20 regains the capability to file the application, but in no case  
21 may the filing deadline be extended beyond 3 months of the  
22 original filing deadline. In order to receive the extension  
23 provided in this paragraph, the applicant shall provide the  
24 Chief County Assessment Officer with a signed statement from  
25 the applicant's physician or physician assistant stating the  
26 nature and extent of the condition, that, in the physician's or

1 physician assistant's opinion, the condition was so severe that  
2 it rendered the applicant incapable of filing the application  
3 in a timely manner, and the date on which the applicant  
4 regained the capability to file the application.

5 Beginning January 1, 1998, notwithstanding any other  
6 provision to the contrary, in counties having fewer than  
7 3,000,000 inhabitants, if an applicant fails to file the  
8 application required by this Section in a timely manner and  
9 this failure to file is due to a mental or physical condition  
10 sufficiently severe so as to render the applicant incapable of  
11 filing the application in a timely manner, the Chief County  
12 Assessment Officer may extend the filing deadline for a period  
13 of 3 months. In order to receive the extension provided in this  
14 paragraph, the applicant shall provide the Chief County  
15 Assessment Officer with a signed statement from the applicant's  
16 physician or physician assistant stating the nature and extent  
17 of the condition, and that, in the physician's or physician  
18 assistant's opinion, the condition was so severe that it  
19 rendered the applicant incapable of filing the application in a  
20 timely manner.

21 In counties having less than 3,000,000 inhabitants, if an  
22 applicant was denied an exemption in taxable year 1994 and the  
23 denial occurred due to an error on the part of an assessment  
24 official, or his or her agent or employee, then beginning in  
25 taxable year 1997 the applicant's base year, for purposes of  
26 determining the amount of the exemption, shall be 1993 rather

1 than 1994. In addition, in taxable year 1997, the applicant's  
2 exemption shall also include an amount equal to (i) the amount  
3 of any exemption denied to the applicant in taxable year 1995  
4 as a result of using 1994, rather than 1993, as the base year,  
5 (ii) the amount of any exemption denied to the applicant in  
6 taxable year 1996 as a result of using 1994, rather than 1993,  
7 as the base year, and (iii) the amount of the exemption  
8 erroneously denied for taxable year 1994.

9 For purposes of this Section, a person who will be 65 years  
10 of age during the current taxable year shall be eligible to  
11 apply for the homestead exemption during that taxable year.  
12 Application shall be made during the application period in  
13 effect for the county of his or her residence.

14 The Chief County Assessment Officer may determine the  
15 eligibility of a life care facility that qualifies as a  
16 cooperative to receive the benefits provided by this Section by  
17 use of an affidavit, application, visual inspection,  
18 questionnaire, or other reasonable method in order to insure  
19 that the tax savings resulting from the exemption are credited  
20 by the management firm to the apportioned tax liability of each  
21 qualifying resident. The Chief County Assessment Officer may  
22 request reasonable proof that the management firm has so  
23 credited that exemption.

24 Except as provided in this Section, all information  
25 received by the chief county assessment officer or the  
26 Department from applications filed under this Section, or from

1 any investigation conducted under the provisions of this  
2 Section, shall be confidential, except for official purposes or  
3 pursuant to official procedures for collection of any State or  
4 local tax or enforcement of any civil or criminal penalty or  
5 sanction imposed by this Act or by any statute or ordinance  
6 imposing a State or local tax. Any person who divulges any such  
7 information in any manner, except in accordance with a proper  
8 judicial order, is guilty of a Class A misdemeanor.

9 Nothing contained in this Section shall prevent the  
10 Director or chief county assessment officer from publishing or  
11 making available reasonable statistics concerning the  
12 operation of the exemption contained in this Section in which  
13 the contents of claims are grouped into aggregates in such a  
14 way that information contained in any individual claim shall  
15 not be disclosed.

16 (d) Each Chief County Assessment Officer shall annually  
17 publish a notice of availability of the exemption provided  
18 under this Section. The notice shall be published at least 60  
19 days but no more than 75 days prior to the date on which the  
20 application must be submitted to the Chief County Assessment  
21 Officer of the county in which the property is located. The  
22 notice shall appear in a newspaper of general circulation in  
23 the county.

24 Notwithstanding Sections 6 and 8 of the State Mandates Act,  
25 no reimbursement by the State is required for the  
26 implementation of any mandate created by this Section.

1 (Source: P.A. 98-104, eff. 7-22-13; 99-143, eff. 7-27-15;  
2 99-180, eff. 7-29-15; revised 10-21-15.)

3 Section 115. The Missing Persons Identification Act is  
4 amended by changing Section 5 as follows:

5 (50 ILCS 722/5)

6 Sec. 5. Missing person reports.

7 (a) Report acceptance. All law enforcement agencies shall  
8 accept without delay any report of a missing person. Acceptance  
9 of a missing person report filed in person may not be refused  
10 on any ground. No law enforcement agency may refuse to accept a  
11 missing person report:

12 (1) on the basis that the missing person is an adult;

13 (2) on the basis that the circumstances do not indicate  
14 foul play;

15 (3) on the basis that the person has been missing for a  
16 short period of time;

17 (4) on the basis that the person has been missing a  
18 long period of time;

19 (5) on the basis that there is no indication that the  
20 missing person was in the jurisdiction served by the law  
21 enforcement agency at the time of the disappearance;

22 (6) on the basis that the circumstances suggest that  
23 the disappearance may be voluntary;

24 (7) on the basis that the reporting individual does not

1 have personal knowledge of the facts;

2 (8) on the basis that the reporting individual cannot  
3 provide all of the information requested by the law  
4 enforcement agency;

5 (9) on the basis that the reporting individual lacks a  
6 familial or other relationship with the missing person;

7 (9-5) on the basis of the missing person's mental state  
8 or medical condition; or

9 (10) for any other reason.

10 (b) Manner of reporting. All law enforcement agencies shall  
11 accept missing person reports in person. Law enforcement  
12 agencies are encouraged to accept reports by phone or by  
13 electronic or other media to the extent that such reporting is  
14 consistent with law enforcement policies or practices.

15 (c) Contents of report. In accepting a report of a missing  
16 person, the law enforcement agency shall attempt to gather  
17 relevant information relating to the disappearance. The law  
18 enforcement agency shall attempt to gather at the time of the  
19 report information that shall include, but shall not be limited  
20 to, the following:

21 (1) the name of the missing person, including  
22 alternative names used;

23 (2) the missing person's date of birth;

24 (3) the missing person's identifying marks, such as  
25 birthmarks, moles, tattoos, and scars;

26 (4) the missing person's height and weight;

- 1 (5) the missing person's gender;
- 2 (6) the missing person's race;
- 3 (7) the missing person's current hair color and true or  
4 natural hair color;
- 5 (8) the missing person's eye color;
- 6 (9) the missing person's prosthetics, surgical  
7 implants, or cosmetic implants;
- 8 (10) the missing person's physical anomalies;
- 9 (11) the missing person's blood type, if known;
- 10 (12) the missing person's driver's license number, if  
11 known;
- 12 (13) the missing person's social security number, if  
13 known;
- 14 (14) a photograph of the missing person; recent  
15 photographs are preferable and the agency is encouraged to  
16 attempt to ascertain the approximate date the photograph  
17 was taken;
- 18 (15) a description of the clothing the missing person  
19 was believed to be wearing;
- 20 (16) a description of items that might be with the  
21 missing person, such as jewelry, accessories, and shoes or  
22 boots;
- 23 (17) information on the missing person's electronic  
24 communications devices, such as cellular telephone numbers  
25 and e-mail addresses;
- 26 (18) the reasons why the reporting individual believes

1 that the person is missing;

2 (19) the name and location of the missing person's  
3 school or employer, if known;

4 (20) the name and location of the missing person's  
5 dentist or primary care provider ~~physician~~, or both, if  
6 known;

7 (21) any circumstances that may indicate that the  
8 disappearance was not voluntary;

9 (22) any circumstances that may indicate that the  
10 missing person may be at risk of injury or death;

11 (23) a description of the possible means of  
12 transportation of the missing person, including make,  
13 model, color, license number, and Vehicle Identification  
14 Number of a vehicle;

15 (24) any identifying information about a known or  
16 possible abductor or person last seen with the missing  
17 person, or both, including:

18 (A) name;

19 (B) a physical description;

20 (C) date of birth;

21 (D) identifying marks;

22 (E) the description of possible means of  
23 transportation, including make, model, color, license  
24 number, and Vehicle Identification Number of a  
25 vehicle;

26 (F) known associates;

1           (25) any other information that may aid in locating the  
2 missing person; and

3           (26) the date of last contact.

4           (d) Notification and follow up action.

5           (1) Notification. The law enforcement agency shall  
6 notify the person making the report, a family member, or  
7 other person in a position to assist the law enforcement  
8 agency in its efforts to locate the missing person of the  
9 following:

10           (A) general information about the handling of the  
11 missing person case or about intended efforts in the  
12 case to the extent that the law enforcement agency  
13 determines that disclosure would not adversely affect  
14 its ability to locate or protect the missing person or  
15 to apprehend or prosecute any person criminally  
16 involved in the disappearance;

17           (B) that the person should promptly contact the law  
18 enforcement agency if the missing person remains  
19 missing in order to provide additional information and  
20 materials that will aid in locating the missing person  
21 such as the missing person's credit cards, debit cards,  
22 banking information, and cellular telephone records;  
23 and

24           (C) that any DNA samples provided for the missing  
25 person case are provided on a voluntary basis and will  
26 be used solely to help locate or identify the missing

1 person and will not be used for any other purpose.

2 The law enforcement agency, upon acceptance of a  
3 missing person report, shall inform the reporting citizen  
4 of one of 2 resources, based upon the age of the missing  
5 person. If the missing person is under 18 years of age,  
6 contact information for the National Center for Missing and  
7 Exploited Children shall be given. If the missing person is  
8 age 18 or older, contact information for the National  
9 Center for Missing Adults shall be given.

10 Agencies handling the remains of a missing person who  
11 is deceased must notify the agency handling the missing  
12 person's case. Documented efforts must be made to locate  
13 family members of the deceased person to inform them of the  
14 death and location of the remains of their family member.

15 The law enforcement agency is encouraged to make  
16 available informational materials, through publications or  
17 electronic or other media, that advise the public about how  
18 the information or materials identified in this subsection  
19 are used to help locate or identify missing persons.

20 (2) Follow up action. If the person identified in the  
21 missing person report remains missing after 30 days, and  
22 the additional information and materials specified below  
23 have not been received, the law enforcement agency shall  
24 attempt to obtain:

25 (A) DNA samples from family members or from the  
26 missing person along with any needed documentation, or

1 both, including any consent forms, required for the use  
2 of State or federal DNA databases, including, but not  
3 limited to, the Local DNA Index System (LDIS), State  
4 DNA Index System (SDIS), and National DNA Index System  
5 (NDIS);

6 (B) an authorization to release dental or skeletal  
7 x-rays of the missing person;

8 (C) any additional photographs of the missing  
9 person that may aid the investigation or an  
10 identification; the law enforcement agency is not  
11 required to obtain written authorization before it  
12 releases publicly any photograph that would aid in the  
13 investigation or identification of the missing person;

14 (D) dental information and x-rays; and

15 (E) fingerprints.

16 (3) All DNA samples obtained in missing person cases  
17 shall be immediately forwarded to the Department of State  
18 Police for analysis. The Department of State Police shall  
19 establish procedures for determining how to prioritize  
20 analysis of the samples relating to missing person cases.

21 (4) This subsection shall not be interpreted to  
22 preclude a law enforcement agency from attempting to obtain  
23 the materials identified in this subsection before the  
24 expiration of the 30-day period.

25 (Source: P.A. 99-244, eff. 1-1-16.)

1 Section 120. The Counties Code is amended by changing  
2 Sections 3-3013, 3-14049, 3-15003.6, 5-1069, 5-20002, 5-21001,  
3 5-23007, 5-23019, 5-24002, 5-25012, and 5-25019 as follows:

4 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

5 Sec. 3-3013. Preliminary investigations; blood and urine  
6 analysis; summoning jury; reports. Every coroner, whenever, as  
7 soon as he knows or is informed that the dead body of any  
8 person is found, or lying within his county, whose death is  
9 suspected of being:

10 (a) A sudden or violent death, whether apparently  
11 suicidal, homicidal or accidental, including but not  
12 limited to deaths apparently caused or contributed to by  
13 thermal, traumatic, chemical, electrical or radiational  
14 injury, or a complication of any of them, or by drowning or  
15 suffocation, or as a result of domestic violence as defined  
16 in the Illinois Domestic Violence Act of 1986;

17 (b) A maternal or fetal death due to abortion, or any  
18 death due to a sex crime or a crime against nature;

19 (c) A death where the circumstances are suspicious,  
20 obscure, mysterious or otherwise unexplained or where, in  
21 the written opinion of the attending physician or physician  
22 assistant, the cause of death is not determined;

23 (d) A death where addiction to alcohol or to any drug  
24 may have been a contributory cause; or

25 (e) A death where the decedent was not attended by a

1           licensed physician or physician assistant;  
2 shall go to the place where the dead body is, and take charge  
3 of the same and shall make a preliminary investigation into the  
4 circumstances of the death. In the case of death without  
5 attendance by a licensed physician or physician assistant, the  
6 body may be moved with the coroner's consent from the place of  
7 death to a mortuary in the same county. Coroners in their  
8 discretion shall notify such physician as is designated in  
9 accordance with Section 3-3014 to attempt to ascertain the  
10 cause of death, either by autopsy or otherwise.

11           In cases of accidental death involving a motor vehicle in  
12 which the decedent was (1) the operator or a suspected operator  
13 of a motor vehicle, or (2) a pedestrian 16 years of age or  
14 older, the coroner shall require that a blood specimen of at  
15 least 30 cc., and if medically possible a urine specimen of at  
16 least 30 cc. or as much as possible up to 30 cc., be withdrawn  
17 from the body of the decedent in a timely fashion after the  
18 accident causing his death, by such physician or physician  
19 assistant as has been designated in accordance with Section  
20 3-3014, or by the coroner or deputy coroner or a qualified  
21 person designated by such physician or physician assistant,  
22 coroner, or deputy coroner. If the county does not maintain  
23 laboratory facilities for making such analysis, the blood and  
24 urine so drawn shall be sent to the Department of State Police  
25 or any other accredited or State-certified laboratory for  
26 analysis of the alcohol, carbon monoxide, and dangerous or

1 narcotic drug content of such blood and urine specimens. Each  
2 specimen submitted shall be accompanied by pertinent  
3 information concerning the decedent upon a form prescribed by  
4 such laboratory. Any person drawing blood and urine and any  
5 person making any examination of the blood and urine under the  
6 terms of this Division shall be immune from all liability,  
7 civil or criminal, that might otherwise be incurred or imposed.

8 In all other cases coming within the jurisdiction of the  
9 coroner and referred to in subparagraphs (a) through (e) above,  
10 blood, and whenever possible, urine samples shall be analyzed  
11 for the presence of alcohol and other drugs. When the coroner  
12 suspects that drugs may have been involved in the death, either  
13 directly or indirectly, a toxicological examination shall be  
14 performed which may include analyses of blood, urine, bile,  
15 gastric contents and other tissues. When the coroner suspects a  
16 death is due to toxic substances, other than drugs, the coroner  
17 shall consult with the toxicologist prior to collection of  
18 samples. Information submitted to the toxicologist shall  
19 include information as to height, weight, age, sex and race of  
20 the decedent as well as medical history, medications used by  
21 and the manner of death of decedent.

22 When the coroner or medical examiner finds that the cause  
23 of death is due to homicidal means, the coroner or medical  
24 examiner shall cause blood and buccal specimens (tissue may be  
25 submitted if no uncontaminated blood or buccal specimen can be  
26 obtained), whenever possible, to be withdrawn from the body of

1 the decedent in a timely fashion. For proper preservation of  
2 the specimens, collected blood and buccal specimens shall be  
3 dried and tissue specimens shall be frozen if available  
4 equipment exists. As soon as possible, but no later than 30  
5 days after the collection of the specimens, the coroner or  
6 medical examiner shall release those specimens to the police  
7 agency responsible for investigating the death. As soon as  
8 possible, but no later than 30 days after the receipt from the  
9 coroner or medical examiner, the police agency shall submit the  
10 specimens using the agency case number to a National DNA Index  
11 System (NDIS) participating laboratory within this State, such  
12 as the Illinois Department of State Police, Division of  
13 Forensic Services, for analysis and categorizing into genetic  
14 marker groupings. The results of the analysis and categorizing  
15 into genetic marker groupings shall be provided to the Illinois  
16 Department of State Police and shall be maintained by the  
17 Illinois Department of State Police in the State central  
18 repository in the same manner, and subject to the same  
19 conditions, as provided in Section 5-4-3 of the Unified Code of  
20 Corrections. The requirements of this paragraph are in addition  
21 to any other findings, specimens, or information that the  
22 coroner or medical examiner is required to provide during the  
23 conduct of a criminal investigation.

24 In all counties, in cases of apparent suicide, homicide, or  
25 accidental death or in other cases, within the discretion of  
26 the coroner, the coroner may summon 8 persons of lawful age

1 from those persons drawn for petit jurors in the county. The  
2 summons shall command these persons to present themselves  
3 personally at such a place and time as the coroner shall  
4 determine, and may be in any form which the coroner shall  
5 determine and may incorporate any reasonable form of request  
6 for acknowledgement which the coroner deems practical and  
7 provides a reliable proof of service. The summons may be served  
8 by first class mail. From the 8 persons so summoned, the  
9 coroner shall select 6 to serve as the jury for the inquest.  
10 Inquests may be continued from time to time, as the coroner may  
11 deem necessary. The 6 jurors selected in a given case may view  
12 the body of the deceased. If at any continuation of an inquest  
13 one or more of the original jurors shall be unable to continue  
14 to serve, the coroner shall fill the vacancy or vacancies. A  
15 juror serving pursuant to this paragraph shall receive  
16 compensation from the county at the same rate as the rate of  
17 compensation that is paid to petit or grand jurors in the  
18 county. The coroner shall furnish to each juror without fee at  
19 the time of his discharge a certificate of the number of days  
20 in attendance at an inquest, and, upon being presented with  
21 such certificate, the county treasurer shall pay to the juror  
22 the sum provided for his services.

23 In counties which have a jury commission, in cases of  
24 apparent suicide or homicide or of accidental death, the  
25 coroner may conduct an inquest. The jury commission shall  
26 provide at least 8 jurors to the coroner, from whom the coroner

1 shall select any 6 to serve as the jury for the inquest.  
2 Inquests may be continued from time to time as the coroner may  
3 deem necessary. The 6 jurors originally chosen in a given case  
4 may view the body of the deceased. If at any continuation of an  
5 inquest one or more of the 6 jurors originally chosen shall be  
6 unable to continue to serve, the coroner shall fill the vacancy  
7 or vacancies. At the coroner's discretion, additional jurors to  
8 fill such vacancies shall be supplied by the jury commission. A  
9 juror serving pursuant to this paragraph in such county shall  
10 receive compensation from the county at the same rate as the  
11 rate of compensation that is paid to petit or grand jurors in  
12 the county.

13 In every case in which a fire is determined to be a  
14 contributing factor in a death, the coroner shall report the  
15 death to the Office of the State Fire Marshal. The coroner  
16 shall provide a copy of the death certificate (i) within 30  
17 days after filing the permanent death certificate and (ii) in a  
18 manner that is agreed upon by the coroner and the State Fire  
19 Marshal.

20 In every case in which a drug overdose is determined to be  
21 the cause or a contributing factor in the death, the coroner or  
22 medical examiner shall report the death to the Department of  
23 Public Health. The Department of Public Health shall adopt  
24 rules regarding specific information that must be reported in  
25 the event of such a death. If possible, the coroner shall  
26 report the cause of the overdose. As used in this Section,

1 "overdose" has the same meaning as it does in Section 414 of  
2 the Illinois Controlled Substances Act. The Department of  
3 Public Health shall issue a semiannual report to the General  
4 Assembly summarizing the reports received. The Department  
5 shall also provide on its website a monthly report of overdose  
6 death figures organized by location, age, and any other  
7 factors, the Department deems appropriate.

8 In addition, in every case in which domestic violence is  
9 determined to be a contributing factor in a death, the coroner  
10 shall report the death to the Department of State Police.

11 All deaths in State institutions and all deaths of wards of  
12 the State in private care facilities or in programs funded by  
13 the Department of Human Services under its powers relating to  
14 mental health and developmental disabilities or alcoholism and  
15 substance abuse or funded by the Department of Children and  
16 Family Services shall be reported to the coroner of the county  
17 in which the facility is located. If the coroner has reason to  
18 believe that an investigation is needed to determine whether  
19 the death was caused by maltreatment or negligent care of the  
20 ward of the State, the coroner may conduct a preliminary  
21 investigation of the circumstances of such death as in cases of  
22 death under circumstances set forth in paragraphs (a) through  
23 (e) of this Section.

24 (Source: P.A. 99-354, eff. 1-1-16; 99-480, eff. 9-9-15; revised  
25 10-20-15.)

1 (55 ILCS 5/3-14049) (from Ch. 34, par. 3-14049)

2 Sec. 3-14049. Appointment of physicians and nurses for the  
3 poor and mentally ill persons. The appointment, employment and  
4 removal by the Board of Commissioners of Cook County<sup>7</sup> of all  
5 physicians, physician assistants, ~~and~~ surgeons, and nurses for  
6 the care and treatment of the sick, poor, mentally ill or  
7 persons in need of mental treatment of said county shall be  
8 made only in conformity with rules prescribed by the County  
9 Civil Service Commission to accomplish the purposes of this  
10 Section.

11 The Board of Commissioners of Cook County may provide that  
12 all such physicians, physician assistants, and surgeons who  
13 serve without compensation shall be appointed for a term to be  
14 fixed by the Board, and that the physicians, physician  
15 assistants, and surgeons usually designated and known as  
16 interns shall be appointed for a term to be fixed by the Board:  
17 Provided, that there may also, at the discretion of the board,  
18 be a consulting staff of physicians, physician assistants, and  
19 surgeons, which staff may be appointed by the president,  
20 subject to the approval of the board, and provided further,  
21 that the Board may contract with any recognized training school  
22 or any program for health professionals for the nursing of any  
23 or all of such sick or mentally ill or persons in need of  
24 mental treatment.

25 (Source: P.A. 86-962.)

1 (55 ILCS 5/3-15003.6)

2 Sec. 3-15003.6. Pregnant female prisoners.

3 (a) Definitions. For the purpose of this Section:

4 (1) "Restraints" means any physical restraint or  
5 mechanical device used to control the movement of a  
6 prisoner's body or limbs, or both, including, but not  
7 limited to, flex cuffs, soft restraints, hard metal  
8 handcuffs, a black box, Chubb cuffs, leg irons, belly  
9 chains, a security (tether) chain, or a convex shield, or  
10 shackles of any kind.

11 (2) "Labor" means the period of time before a birth and  
12 shall include any medical condition in which a woman is  
13 sent or brought to the hospital for the purpose of  
14 delivering her baby. These situations include: induction  
15 of labor, prodromal labor, pre-term labor, prelabor  
16 rupture of membranes, the 3 stages of active labor, uterine  
17 hemorrhage during the third trimester of pregnancy, and  
18 caesarian delivery including pre-operative preparation.

19 (3) "Post-partum" means, as determined by her  
20 physician or physician assistant, the period immediately  
21 following delivery, including the entire period a woman is  
22 in the hospital or infirmary after birth.

23 (4) "Correctional institution" means any entity under  
24 the authority of a county law enforcement division of a  
25 county of more than 3,000,000 inhabitants that has the  
26 power to detain or restrain, or both, a person under the

1 laws of the State.

2 (5) "Corrections official" means the official that is  
3 responsible for oversight of a correctional institution,  
4 or his or her designee.

5 (6) "Prisoner" means any person incarcerated or  
6 detained in any facility who is accused of, convicted of,  
7 sentenced for, or adjudicated delinquent for, violations  
8 of criminal law or the terms and conditions of parole,  
9 probation, pretrial release, or diversionary program, and  
10 any person detained under the immigration laws of the  
11 United States at any correctional facility.

12 (7) "Extraordinary circumstance" means an  
13 extraordinary medical or security circumstance, including  
14 a substantial flight risk, that dictates restraints be used  
15 to ensure the safety and security of the prisoner, the  
16 staff of the correctional institution or medical facility,  
17 other prisoners, or the public.

18 (b) A county department of corrections shall not apply  
19 security restraints to a prisoner that has been determined by a  
20 qualified medical professional to be pregnant and is known by  
21 the county department of corrections to be pregnant or in  
22 postpartum recovery, which is the entire period a woman is in  
23 the medical facility after birth, unless the corrections  
24 official makes an individualized determination that the  
25 prisoner presents a substantial flight risk or some other  
26 extraordinary circumstance that dictates security restraints

1 be used to ensure the safety and security of the prisoner, her  
2 child or unborn child, the staff of the county department of  
3 corrections or medical facility, other prisoners, or the  
4 public. The protections set out in clauses (b) (3) and (b) (4) of  
5 this Section shall apply to security restraints used pursuant  
6 to this subsection. The corrections official shall immediately  
7 remove all restraints upon the written or oral request of  
8 medical personnel. Oral requests made by medical personnel  
9 shall be verified in writing as promptly as reasonably  
10 possible.

11 (1) Qualified authorized health staff shall have the  
12 authority to order therapeutic restraints for a pregnant or  
13 postpartum prisoner who is a danger to herself, her child,  
14 unborn child, or other persons due to a psychiatric or  
15 medical disorder. Therapeutic restraints may only be  
16 initiated, monitored and discontinued by qualified and  
17 authorized health staff and used to safely limit a  
18 prisoner's mobility for psychiatric or medical reasons. No  
19 order for therapeutic restraints shall be written unless  
20 medical or mental health personnel, after personally  
21 observing and examining the prisoner, are clinically  
22 satisfied that the use of therapeutic restraints is  
23 justified and permitted in accordance with hospital  
24 policies and applicable State law. Metal handcuffs or  
25 shackles are not considered therapeutic restraints.

26 (2) Whenever therapeutic restraints are used by

1 medical personnel, Section 2-108 of the Mental Health and  
2 Developmental Disabilities Code shall apply.

3 (3) Leg irons, shackles or waist shackles shall not be  
4 used on any pregnant or postpartum prisoner regardless of  
5 security classification. Except for therapeutic restraints  
6 under clause (b)(2), no restraints of any kind may be  
7 applied to prisoners during labor.

8 (4) When a pregnant or postpartum prisoner must be  
9 restrained, restraints used shall be the least restrictive  
10 restraints possible to ensure the safety and security of  
11 the prisoner, her child, unborn child, the staff of the  
12 county department of corrections or medical facility,  
13 other prisoners, or the public, and in no case shall  
14 include leg irons, shackles or waist shackles.

15 (5) Upon the pregnant prisoner's entry into a hospital  
16 room, and completion of initial room inspection, a  
17 corrections official shall be posted immediately outside  
18 the hospital room, unless requested to be in the room by  
19 medical personnel attending to the prisoner's medical  
20 needs.

21 (6) The county department of corrections shall provide  
22 adequate corrections personnel to monitor the pregnant  
23 prisoner during her transport to and from the hospital and  
24 during her stay at the hospital.

25 (7) Where the county department of corrections  
26 requires prisoner safety assessments, a corrections

1 official may enter the hospital room to conduct periodic  
2 prisoner safety assessments, except during a medical  
3 examination or the delivery process.

4 (8) Upon discharge from a medical facility, postpartum  
5 prisoners shall be restrained only with handcuffs in front  
6 of the body during transport to the county department of  
7 corrections. A corrections official shall immediately  
8 remove all security restraints upon written or oral request  
9 by medical personnel. Oral requests made by medical  
10 personnel shall be verified in writing as promptly as  
11 reasonably possible.

12 (c) Enforcement. No later than 30 days before the end of  
13 each fiscal year, the county sheriff or corrections official of  
14 the correctional institution where a pregnant prisoner has been  
15 restrained during that previous fiscal year, shall submit a  
16 written report to the Illinois General Assembly and the Office  
17 of the Governor that includes an account of every instance of  
18 prisoner restraint pursuant to this Section. The written report  
19 shall state the date, time, location and rationale for each  
20 instance in which restraints are used. The written report shall  
21 not contain any individually identifying information of any  
22 prisoner. Such reports shall be made available for public  
23 inspection.

24 (Source: P.A. 97-660, eff. 6-1-12.)

25 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

1           Sec. 5-1069. Group life, health, accident, hospital, and  
2 medical insurance.

3           (a) The county board of any county may arrange to provide,  
4 for the benefit of employees of the county, group life, health,  
5 accident, hospital, and medical insurance, or any one or any  
6 combination of those types of insurance, or the county board  
7 may self-insure, for the benefit of its employees, all or a  
8 portion of the employees' group life, health, accident,  
9 hospital, and medical insurance, or any one or any combination  
10 of those types of insurance, including a combination of  
11 self-insurance and other types of insurance authorized by this  
12 Section, provided that the county board complies with all other  
13 requirements of this Section. The insurance may include  
14 provision for employees who rely on treatment by prayer or  
15 spiritual means alone for healing in accordance with the tenets  
16 and practice of a well recognized religious denomination. The  
17 county board may provide for payment by the county of a portion  
18 or all of the premium or charge for the insurance with the  
19 employee paying the balance of the premium or charge, if any.  
20 If the county board undertakes a plan under which the county  
21 pays only a portion of the premium or charge, the county board  
22 shall provide for withholding and deducting from the  
23 compensation of those employees who consent to join the plan  
24 the balance of the premium or charge for the insurance.

25           (b) If the county board does not provide for self-insurance  
26 or for a plan under which the county pays a portion or all of

1 the premium or charge for a group insurance plan, the county  
2 board may provide for withholding and deducting from the  
3 compensation of those employees who consent thereto the total  
4 premium or charge for any group life, health, accident,  
5 hospital, and medical insurance.

6 (c) The county board may exercise the powers granted in  
7 this Section only if it provides for self-insurance or, where  
8 it makes arrangements to provide group insurance through an  
9 insurance carrier, if the kinds of group insurance are obtained  
10 from an insurance company authorized to do business in the  
11 State of Illinois. The county board may enact an ordinance  
12 prescribing the method of operation of the insurance program.

13 (d) If a county, including a home rule county, is a  
14 self-insurer for purposes of providing health insurance  
15 coverage for its employees, the insurance coverage shall  
16 include screening by low-dose mammography for all women 35  
17 years of age or older for the presence of occult breast cancer  
18 unless the county elects to provide mammograms itself under  
19 Section 5-1069.1. The coverage shall be as follows:

20 (1) A baseline mammogram for women 35 to 39 years of  
21 age.

22 (2) An annual mammogram for women 40 years of age or  
23 older.

24 (3) A mammogram at the age and intervals considered  
25 medically necessary by the woman's health care provider for  
26 women under 40 years of age and having a family history of

1 breast cancer, prior personal history of breast cancer,  
2 positive genetic testing, or other risk factors.

3 (4) A comprehensive ultrasound screening of an entire  
4 breast or breasts if a mammogram demonstrates  
5 heterogeneous or dense breast tissue, when medically  
6 necessary as determined by a physician licensed to practice  
7 medicine in all of its branches or physician assistant.

8 For purposes of this subsection, "low-dose mammography"  
9 means the x-ray examination of the breast using equipment  
10 dedicated specifically for mammography, including the x-ray  
11 tube, filter, compression device, and image receptor, with an  
12 average radiation exposure delivery of less than one rad per  
13 breast for 2 views of an average size breast. The term also  
14 includes digital mammography.

15 (d-5) Coverage as described by subsection (d) shall be  
16 provided at no cost to the insured and shall not be applied to  
17 an annual or lifetime maximum benefit.

18 (d-10) When health care services are available through  
19 contracted providers and a person does not comply with plan  
20 provisions specific to the use of contracted providers, the  
21 requirements of subsection (d-5) are not applicable. When a  
22 person does not comply with plan provisions specific to the use  
23 of contracted providers, plan provisions specific to the use of  
24 non-contracted providers must be applied without distinction  
25 for coverage required by this Section and shall be at least as  
26 favorable as for other radiological examinations covered by the

1 policy or contract.

2 (d-15) If a county, including a home rule county, is a  
3 self-insurer for purposes of providing health insurance  
4 coverage for its employees, the insurance coverage shall  
5 include mastectomy coverage, which includes coverage for  
6 prosthetic devices or reconstructive surgery incident to the  
7 mastectomy. Coverage for breast reconstruction in connection  
8 with a mastectomy shall include:

9 (1) reconstruction of the breast upon which the  
10 mastectomy has been performed;

11 (2) surgery and reconstruction of the other breast to  
12 produce a symmetrical appearance; and

13 (3) prostheses and treatment for physical  
14 complications at all stages of mastectomy, including  
15 lymphedemas.

16 Care shall be determined in consultation with the attending  
17 physician or physician assistant and the patient. The offered  
18 coverage for prosthetic devices and reconstructive surgery  
19 shall be subject to the deductible and coinsurance conditions  
20 applied to the mastectomy, and all other terms and conditions  
21 applicable to other benefits. When a mastectomy is performed  
22 and there is no evidence of malignancy then the offered  
23 coverage may be limited to the provision of prosthetic devices  
24 and reconstructive surgery to within 2 years after the date of  
25 the mastectomy. As used in this Section, "mastectomy" means the  
26 removal of all or part of the breast for medically necessary

1 reasons, as determined by a licensed physician or physician  
2 assistant.

3 A county, including a home rule county, that is a  
4 self-insurer for purposes of providing health insurance  
5 coverage for its employees, may not penalize or reduce or limit  
6 the reimbursement of an attending provider or provide  
7 incentives (monetary or otherwise) to an attending provider to  
8 induce the provider to provide care to an insured in a manner  
9 inconsistent with this Section.

10 (d-20) The requirement that mammograms be included in  
11 health insurance coverage as provided in subsections (d)  
12 through (d-15) is an exclusive power and function of the State  
13 and is a denial and limitation under Article VII, Section 6,  
14 subsection (h) of the Illinois Constitution of home rule county  
15 powers. A home rule county to which subsections (d) through  
16 (d-15) apply must comply with every provision of those  
17 subsections.

18 (e) The term "employees" as used in this Section includes  
19 elected or appointed officials but does not include temporary  
20 employees.

21 (f) The county board may, by ordinance, arrange to provide  
22 group life, health, accident, hospital, and medical insurance,  
23 or any one or a combination of those types of insurance, under  
24 this Section to retired former employees and retired former  
25 elected or appointed officials of the county.

26 (g) Rulemaking authority to implement this amendatory Act

1 of the 95th General Assembly, if any, is conditioned on the  
2 rules being adopted in accordance with all provisions of the  
3 Illinois Administrative Procedure Act and all rules and  
4 procedures of the Joint Committee on Administrative Rules; any  
5 purported rule not so adopted, for whatever reason, is  
6 unauthorized.

7 (Source: P.A. 95-1045, eff. 3-27-09.)

8 (55 ILCS 5/5-20002) (from Ch. 34, par. 5-20002)

9 Sec. 5-20002. Additional powers. The boards of health shall  
10 have the following powers:

11 First--To do all acts, make all regulations which may be  
12 necessary or expedient for the promotion of health or the  
13 suppression of disease.

14 Second--To appoint physicians or physician assistants as  
15 health officers and prescribe their duties.

16 Third--To incur the expenses necessary for the performance  
17 of the duties and powers enjoined upon the board.

18 Fourth--To provide gratuitous vaccination and  
19 disinfection.

20 Fifth--To require reports of dangerously communicable  
21 diseases.

22 No board of health constituted under this Division shall  
23 function in any county during the period that Division 5-25 is  
24 in force in that county.

25 (Source: P.A. 86-962.)

1 (55 ILCS 5/5-21001) (from Ch. 34, par. 5-21001)

2 Sec. 5-21001. Establishment and maintenance of county  
3 home. In any county which establishes and maintains a county  
4 sheltered care home or a county nursing home for the care of  
5 infirm or chronically ill persons, as provided in Section  
6 5-1005, the County Board shall have power:

7 1. To acquire in the name of the county by purchase, grant,  
8 gift, or legacy, a suitable tract or tracts of land upon which  
9 to erect and maintain the home, and in connection therewith a  
10 farm or acreage for the purpose of providing supplies for the  
11 home and employment for such patients as are able to work and  
12 benefit thereby.

13 The board shall expend not more than \$20,000 for the  
14 purchase of any such land or the erection of buildings without  
15 a 2/3 vote of all its members in counties of 300,000 or more  
16 population, or a favorable vote of at least a majority of all  
17 its members in counties under 300,000 population.

18 2. To receive in the name of the county, gifts and legacies  
19 to aid in the erection or maintenance of the home.

20 3. To appoint a superintendent and all necessary employees  
21 for the management and control of the home and to prescribe  
22 their compensation and duties.

23 4. To arrange for physicians' or physician assistants'  
24 services and other medical care for the patients in the home  
25 and prescribe the compensation and duties of physicians so

1 designated.

2 5. To control the admission and discharge of patients in  
3 the home.

4 6. To fix the rate per day, week, or month which it will  
5 charge for care and maintenance of the patients. Rates so  
6 established may vary according to the amount of care required,  
7 but the rates shall be uniform for all persons or agencies  
8 purchasing care in the home except rates for persons who are  
9 able to purchase their own care may approximate actual cost.

10 7. To make all rules and regulations for the management of  
11 the home and of the patients therein.

12 8. To make appropriations from the county treasury for the  
13 purchase of land and the erection of buildings for the home,  
14 and to defray the expenses necessary for the care and  
15 maintenance of the home and for providing maintenance, personal  
16 care and nursing services to the patients therein, and to cause  
17 an amount sufficient for those purposes to be levied upon the  
18 taxable property of the counties and collected as other taxes  
19 and further providing that in counties with a population of not  
20 more than 1,000,000 to levy and collect annually a tax of not  
21 to exceed .1% of the value, as equalized or assessed by the  
22 Department of Revenue, of all the taxable property in the  
23 county for these purposes. The tax shall be in addition to all  
24 other taxes which the county is authorized to levy on the  
25 aggregate valuation of the property within the county and shall  
26 not be included in any limitation of the tax rate upon which

1 taxes are required to be extended, but shall be excluded  
 2 therefrom and in addition thereto. The tax shall be levied and  
 3 collected in like manner as the general taxes of the county,  
 4 and when collected, shall be paid into a special fund in the  
 5 county treasury and used only as herein authorized. No such tax  
 6 shall be levied or increased from a rate lower than the maximum  
 7 rate in any such county until the question of levying such tax  
 8 has first been submitted to the voters of such county at an  
 9 election held in such county, and has been approved by a  
 10 majority of such voters voting thereon. The corporate  
 11 authorities shall certify the question of levying such tax to  
 12 the proper election officials, who shall submit the question to  
 13 the voters at an election held in accordance with the general  
 14 election law.

15 The proposition shall be in substantially the following  
 16 form:

17 -----  
 18 Shall ..... County be authorized  
 19 to levy and collect a tax at a rate not YES  
 20 to exceed .1% for the purpose of -----  
 21 ..... (purchasing, maintaining) a NO  
 22 county nursing home?  
 23 -----

24 If a majority of votes cast on the question are in favor,  
 25 the county shall be authorized to levy the tax.

26 If the county has levied such tax at a rate lower than the



1 the voters of the county, it shall not be sold or disposed of  
2 except after referendum approval thereof by a majority of the  
3 voters of the county voting thereon.

4 If the home was erected after referendum approval by the  
5 voters of the county, the county nursing home may be leased  
6 upon the vote of a 3/5 majority of all the members of the  
7 board.

8 10. To operate a sheltered care home as a part of a county  
9 nursing home provided that a license to do so is obtained  
10 pursuant to the Nursing Home Care Act, as amended.

11 (Source: P.A. 89-185, eff. 1-1-96.)

12 (55 ILCS 5/5-23007) (from Ch. 34, par. 5-23007)

13 Sec. 5-23007. Appointment of board of directors. When in  
14 any county such a proposition, for the levy of a tax for a  
15 county tuberculosis sanitarium has been adopted as aforesaid,  
16 the chairman or president, as the case may be, of the county  
17 board of such county, shall, with the approval of the county  
18 board, proceed to appoint a board of 3 directors, one at least  
19 of whom shall be a licensed physician or physician assistant,  
20 and all of whom shall be chosen with reference to their special  
21 fitness for such office. Two additional directors chosen with  
22 reference to their special fitness for such office may at the  
23 same time be appointed by the county chairman, with the  
24 approval of the county board. Whenever a county tuberculosis  
25 sanitarium has been established prior to August 2, 1965, 2

1 additional directors may be appointed by the county chairman,  
2 with the approval of the county board, within 60 days from such  
3 date.

4 (Source: P.A. 86-962.)

5 (55 ILCS 5/5-23019) (from Ch. 34, par. 5-23019)

6 Sec. 5-23019. Equal privileges for all reputable  
7 physicians. All reputable physicians or physician assistants  
8 shall have equal privileges in treating patients in any county  
9 tuberculosis sanitarium.

10 (Source: P.A. 86-962.)

11 (55 ILCS 5/5-24002) (from Ch. 34, par. 5-24002)

12 Sec. 5-24002. Applications for benefits. It shall be the  
13 duty of the presiding officer of the county board of each  
14 county, with the advice and consent of that county board, to  
15 appoint a duly licensed physician or physician assistant,  
16 hereinafter called the examiner, who is familiar with cancer  
17 and tumor cases, who shall maintain an office in some  
18 convenient place during the entire year for the purpose of  
19 examining applicants for the benefits of the provisions of this  
20 Division.

21 Such examiner shall examine all applicants desiring to  
22 receive the benefits of the provisions of this Division,  
23 referred to him by the county board and shall endorse on each  
24 such application a certificate to each such applicant, stating

1 whether or not in his opinion such applicant is entitled to  
2 receive the benefits of the provisions of this Division.

3 Such application may be filed with the county board by the  
4 person afflicted with cancer or tumor, and whenever it shall  
5 come to the notice of any public health nurse, any public  
6 health officer, or any physician or physician assistant of such  
7 county, that any person entitled to the benefits of this  
8 Division has not applied therefor, it shall be the duty of such  
9 nurse, health officer, or physician or physician assistant to  
10 file such an application with such board on behalf of such  
11 afflicted person.

12 (Source: P.A. 86-962.)

13 (55 ILCS 5/5-25012) (from Ch. 34, par. 5-25012)

14 Sec. 5-25012. Board of health. Except in those cases where  
15 a board of 10 or 12 members is provided for as authorized in  
16 this Section, each county health department shall be managed by  
17 a board of health consisting of 8 members appointed by the  
18 president or chairman of the county board, with the approval of  
19 the county board, for a 3 year term, except that of the first  
20 appointees 2 shall serve for one year, 2 for 2 years, 3 for 3  
21 years and the term of the member appointed from the county  
22 board, as provided in this Section, shall be one year and shall  
23 continue until reappointment or until a successor is appointed.  
24 Each board of health which has 8 members, may have one  
25 additional member appointed by the president or chairman of the

1 county board, with the approval of the county board. The  
2 additional member shall first be appointed within 90 days after  
3 the effective date of this amendatory Act for a term ending  
4 July 1, 2002.

5 The county health department in a county having a  
6 population of 200,000 or more may, if the county board, by  
7 resolution, so provides, be managed by a board of health  
8 consisting of 12 members appointed by the president or chairman  
9 of the county board, with the approval of the county board, for  
10 a 3 year term, except that of the first appointees 3 shall  
11 serve for one year, 4 for 2 years, 4 for 3 years and the term of  
12 the member appointed from the county board, as provided in this  
13 Section, shall be one year and shall continue until  
14 reappointment or until a successor is appointed. In counties  
15 with a population of 200,000 or more which have a board of  
16 health of 8 members, the county board may, by resolution,  
17 increase the size of the board of health to 12 members, in  
18 which case the 4 members added shall be appointed, as of the  
19 next anniversary of the present appointments, 2 for terms of 3  
20 years, one for 2 years and one for one year.

21 The county board in counties with a population of more than  
22 100,000 but less than 3,000,000 inhabitants and contiguous to  
23 any county with a metropolitan area with more than 1,000,000  
24 inhabitants, may establish compensation for the board of  
25 health, as remuneration for their services as members of the  
26 board of health. Monthly compensation shall not exceed \$200

1     except in the case of the president of the board of health  
2     whose monthly compensation shall not exceed \$400.

3             When a county board of health consisting of 8 members  
4     assumes the responsibilities of a municipal department of  
5     public health, and both the county board and the city council  
6     adopt resolutions or ordinances to that effect, the county  
7     board may, by resolution or ordinance, increase the membership  
8     of the county board of health to 10 members. The additional 2  
9     members shall initially be appointed by the mayor of the  
10    municipality, with the approval of the city council, each such  
11    member to serve for a term of 2 years; thereafter the  
12    successors shall be appointed by the president or chairman of  
13    the county board, with the approval of the county board, for  
14    terms of 2 years.

15            Each multiple-county health department shall be managed by  
16    a board of health consisting of 4 members appointed from each  
17    county by the president or chairman of the county board with  
18    the approval of the county board for a 3 year term, except that  
19    of the first appointees from each county one shall serve for  
20    one year, one for 2 years, one for 3 years and the term of the  
21    member appointed from the county board of each member county,  
22    as hereinafter provided, shall be one year and shall continue  
23    until reappointment or until a successor is appointed.

24            The term of office of original appointees shall begin on  
25    July 1 following their appointment, and the term of all members  
26    shall continue until their successors are appointed. All

1 members shall serve without compensation but may be reimbursed  
2 for actual necessary expenses incurred in the performance of  
3 their duties. At least 2 members of each county board of health  
4 shall be physicians licensed in Illinois to practice medicine  
5 in all of its branches or physician assistants and at least one  
6 member shall be a dentist licensed in Illinois. In counties  
7 with a population under 500,000, one member shall be chosen  
8 from the county board or the board of county commissioners as  
9 the case may be. In counties with a population over 500,000,  
10 two members shall be chosen from the county board or the board  
11 of county commissioners as the case may be. At least one member  
12 from each county on each multiple-county board of health shall  
13 be a physician licensed in Illinois to practice medicine in all  
14 of its branches or physician assistant, one member from each  
15 county on each multiple-county board of health shall be chosen  
16 from the county board or the board of county commissioners, as  
17 the case may be, and at least one member of the board of health  
18 shall be a dentist licensed in Illinois. Whenever possible, at  
19 least one member shall have experience in the field of mental  
20 health. All members shall be chosen for their special fitness  
21 for membership on the board.

22 Any member may be removed for misconduct or neglect of duty  
23 by the chairman or president of the county board, with the  
24 approval of the county board, of the county which appointed  
25 him.

26 Vacancies shall be filled as in the case of appointment for

1 a full term.

2 Notwithstanding any other provision of this Act to the  
3 contrary, a county with a population of 240,000 or more  
4 inhabitants that does not currently have a county health  
5 department may, by resolution of the county board, establish a  
6 board of health consisting of the members of such board. Such  
7 board of health shall be advised by a committee which shall  
8 consist of at least 5 members appointed by the president or  
9 chairman of the county board with the approval of the county  
10 board for terms of 3 years; except that of the first appointees  
11 at least 2 shall serve for 3 years, at least 2 shall serve for 2  
12 years and at least one shall serve for one year. At least one  
13 member of the advisory committee shall be a physician licensed  
14 in Illinois to practice medicine in all its branches or  
15 physician assistant, at least one shall be a dentist licensed  
16 in Illinois, and one shall be a nurse licensed in Illinois. All  
17 members shall be chosen for their special fitness for  
18 membership on the advisory committee.

19 All members of a board established under this Section must  
20 be residents of the county, except that a member who is  
21 required to be a physician or physician assistant, dentist, or  
22 nurse may reside outside the county if no physician, dentist,  
23 or nurse, as applicable, who resides in the county is willing  
24 and able to serve.

25 (Source: P.A. 94-457, eff. 1-1-06; 94-791, eff. 1-1-07.)

1 (55 ILCS 5/5-25019) (from Ch. 34, par. 5-25019)

2 Sec. 5-25019. Formation of consolidated health department.

3 Any county which has established a county health department or  
4 any counties which have established a multiple-county health  
5 department may unite with one or more adjacent counties which  
6 have established county or multiple-county health departments,  
7 for the purpose of maintaining and operating a consolidated  
8 health department subject to the approval of the county boards  
9 involved and the Director of the Illinois Department of Public  
10 Health. In the event of approval by the county boards involved  
11 and the Director of Public Health, the chairman or president of  
12 each county board and of each board of health shall meet and  
13 immediately proceed to organize the consolidated health  
14 department. At such time as they shall agree concerning the  
15 conditions governing organization and operation, and the  
16 apportionment of the costs thereof, they shall select a date  
17 within 60 days on which the consolidated health department  
18 shall be established, and its operation and maintenance shall  
19 be in accordance with all provisions of this Division relating  
20 to county health departments except where otherwise prescribed  
21 for multiple-county health departments. The county or  
22 multiple-county health departments in counties joining  
23 together to operate and maintain a consolidated health  
24 department shall cease to function as independent health  
25 departments so long as the consolidation shall exist; shall  
26 transfer all records to the consolidated health department; and

1 shall not withdraw from this union except in accordance with  
2 the provisions of Section 5-25020.

3 The board of health of each consolidated health department  
4 shall consist of the members of the boards of health of the  
5 county and multiple-county health departments involved except  
6 that members from counties which have previously established  
7 single county health departments shall be reduced to four,  
8 including at least one physician or physician assistant and one  
9 member of the county board. New appointments and reappointments  
10 shall be made in accordance with the provisions of Section  
11 5-25012 relating to boards of health of multiple-county health  
12 departments. The consolidated board of health shall hold its  
13 first meeting no later than seven days after the date of  
14 establishment, for the purpose of organizing, electing  
15 officers, and carrying out its responsibilities in connection  
16 with the consolidated health department. Its subsequent  
17 meetings shall be held as prescribed in this Division for  
18 multiple-county health departments. Membership and actions of  
19 the consolidated board of health shall become official at its  
20 first meeting or on the date of establishment of the  
21 consolidated health department, whichever occurs at the  
22 earlier date. After a consolidated health department has begun  
23 operation, addition of other health departments to the  
24 consolidation may be accomplished with consent of all county  
25 boards of supervisors or commissioners concerned and the  
26 Director of Public Health; participation by such additional

1 counties will be under the conditions selected in the original  
2 consolidation agreement, and date of entry into the  
3 consolidation and other relevant details will be arranged  
4 between the board of health of the consolidated health  
5 department, and the president of the county board and the  
6 chairman or president of the board of health of each county  
7 requesting admission to the consolidated health department.

8 (Source: P.A. 86-962.)

9 Section 125. The Illinois Municipal Code is amended by  
10 changing Sections 10-1-38.1 and 10-2.1-18 as follows:

11 (65 ILCS 5/10-1-38.1) (from Ch. 24, par. 10-1-38.1)

12 Sec. 10-1-38.1. When the force of the Fire Department or of  
13 the Police Department is reduced, and positions displaced or  
14 abolished, seniority shall prevail, and the officers and  
15 members so reduced in rank, or removed from the service of the  
16 Fire Department or of the Police Department shall be considered  
17 furloughed without pay from the positions from which they were  
18 reduced or removed.

19 Such reductions and removals shall be in strict compliance  
20 with seniority and in no event shall any officer or member be  
21 reduced more than one rank in a reduction of force. Officers  
22 and members with the least seniority in the position to be  
23 reduced shall be reduced to the next lower rated position. For  
24 purposes of determining which officers and members will be

1 reduced in rank, seniority shall be determined by adding the  
2 time spent at the rank or position from which the officer or  
3 member is to be reduced and the time spent at any higher rank  
4 or position in the Department. For purposes of determining  
5 which officers or members in the lowest rank or position shall  
6 be removed from the Department in the event of a layoff, length  
7 of service in the Department shall be the basis for determining  
8 seniority, with the least senior such officer or member being  
9 the first so removed and laid off. Such officers or members  
10 laid off shall have their names placed on an appropriate  
11 reemployment list in the reverse order of dates of layoff.

12 If any positions which have been vacated because of  
13 reduction in forces or displacement and abolition of positions,  
14 are reinstated, such members and officers of the Fire  
15 Department or of the Police Department as are furloughed from  
16 the said positions shall be notified by registered mail of such  
17 reinstatement of positions and shall have prior right to such  
18 positions if otherwise qualified, and in all cases seniority  
19 shall prevail. Written application for such reinstated  
20 position must be made by the furloughed person within 30 days  
21 after notification as above provided and such person may be  
22 required to submit to examination by physicians or physician  
23 assistants of both the commission and the appropriate pension  
24 board to determine his physical fitness.

25 (Source: P.A. 84-747.)

1 (65 ILCS 5/10-2.1-18) (from Ch. 24, par. 10-2.1-18)

2 Sec. 10-2.1-18. Fire or police departments - Reduction of  
3 force - Reinstatement. When the force of the fire department or  
4 of the police department is reduced, and positions displaced or  
5 abolished, seniority shall prevail and the officers and members  
6 so reduced in rank, or removed from the service of the fire  
7 department or of the police department shall be considered  
8 furloughed without pay from the positions from which they were  
9 reduced or removed.

10 Such reductions and removals shall be in strict compliance  
11 with seniority and in no event shall any officer or member be  
12 reduced more than one rank in a reduction of force. Officers  
13 and members with the least seniority in the position to be  
14 reduced shall be reduced to the next lower rated position. For  
15 purposes of determining which officers and members will be  
16 reduced in rank, seniority shall be determined by adding the  
17 time spent at the rank or position from which the officer or  
18 member is to be reduced and the time spent at any higher rank  
19 or position in the Department. For purposes of determining  
20 which officers or members in the lowest rank or position shall  
21 be removed from the Department in the event of a layoff, length  
22 of service in the Department shall be the basis for determining  
23 seniority, with the least senior such officer or member being  
24 the first so removed and laid off. Such officers or members  
25 laid off shall have their names placed on an appropriate  
26 reemployment list in the reverse order of dates of layoff.

1           If any positions which have been vacated because of  
2 reduction in forces or displacement and abolition of positions,  
3 are reinstated, such members and officers of the fire  
4 department or of the police department as are furloughed from  
5 the said positions shall be notified by the board by registered  
6 mail of such reinstatement of positions and shall have prior  
7 right to such positions if otherwise qualified, and in all  
8 cases seniority shall prevail. Written application for such  
9 reinstated position must be made by the furloughed person  
10 within 30 days after notification as above provided and such  
11 person may be required to submit to examination by physicians  
12 or physician assistants of both the board of fire and police  
13 commissioners and the appropriate pension board to determine  
14 his physical fitness.

15       (Source: P.A. 84-747.)

1		INDEX
2		Statutes amended in order of appearance
3	5 ILCS 345/1	from Ch. 70, par. 91
4	5 ILCS 375/6.11A	
5	10 ILCS 5/19-12.1	from Ch. 46, par. 19-12.1
6	10 ILCS 5/19-13	from Ch. 46, par. 19-13
7	15 ILCS 335/4	from Ch. 124, par. 24
8	20 ILCS 5/5-235	was 20 ILCS 5/7.03
9	20 ILCS 301/5-23	
10	20 ILCS 301/10-55	
11	20 ILCS 301/20-15	
12	20 ILCS 301/30-5	
13	20 ILCS 301/35-5	
14	20 ILCS 405/405-105	was 20 ILCS 405/64.1
15	20 ILCS 515/15	
16	20 ILCS 520/1-15	
17	20 ILCS 1305/10-7	
18	20 ILCS 1340/20	
19	20 ILCS 1705/5.1	from Ch. 91 1/2, par. 100-5.1
20	20 ILCS 1705/7	from Ch. 91 1/2, par. 100-7
21	20 ILCS 1705/12.2	
22	20 ILCS 1705/14	from Ch. 91 1/2, par. 100-14
23	20 ILCS 1705/15.4	
24	20 ILCS 1815/49	from Ch. 129, par. 277
25	20 ILCS 1815/50	from Ch. 129, par. 278

1	20 ILCS 1815/51	from Ch. 129, par. 279
2	20 ILCS 2105/2105-360	
3	20 ILCS 2305/7	from Ch. 111 1/2, par. 22.05
4	20 ILCS 2305/8.2	
5	20 ILCS 2305/8.4	
6	20 ILCS 2310/2310-50	was 20 ILCS 2310/55.19
7	20 ILCS 2310/2310-77	
8	20 ILCS 2310/2310-90	was 20 ILCS 2310/55.09
9	20 ILCS 2310/2310-220	was 20 ILCS 2310/55.73
10	20 ILCS 2310/2310-250	was 20 ILCS 2310/55.13
11	20 ILCS 2310/2310-330	was 20 ILCS 2310/55.46
12	20 ILCS 2310/2310-335	was 20 ILCS 2310/55.43
13	20 ILCS 2310/2310-342	
14	20 ILCS 2310/2310-345	was 20 ILCS 2310/55.49
15	20 ILCS 2310/2310-350	was 20 ILCS 2310/55.70
16	20 ILCS 2310/2310-372	
17	20 ILCS 2310/2310-376	
18	20 ILCS 2310/2310-378	
19	20 ILCS 2310/2310-397	was 20 ILCS 2310/55.90
20	20 ILCS 2310/2310-410	was 20 ILCS 2310/55.42
21	20 ILCS 2310/2310-425	was 20 ILCS 2310/55.66
22	20 ILCS 2310/2310-540	was 20 ILCS 2310/55.31
23	20 ILCS 2310/2310-577	
24	20 ILCS 2310/2310-600	
25	20 ILCS 2310/2310-643	
26	20 ILCS 2310/2310-676	

1	20 ILCS 2310/2310-690	
2	20 ILCS 2325/15	
3	20 ILCS 2335/10	
4	20 ILCS 2620/3	from Ch. 127, par. 55f
5	20 ILCS 3805/7.30	
6	20 ILCS 3860/15	
7	35 ILCS 200/15-168	
8	35 ILCS 200/15-172	
9	50 ILCS 722/5	
10	55 ILCS 5/3-3013	from Ch. 34, par. 3-3013
11	55 ILCS 5/3-14049	from Ch. 34, par. 3-14049
12	55 ILCS 5/3-15003.6	
13	55 ILCS 5/5-1069	from Ch. 34, par. 5-1069
14	55 ILCS 5/5-20002	from Ch. 34, par. 5-20002
15	55 ILCS 5/5-21001	from Ch. 34, par. 5-21001
16	55 ILCS 5/5-23007	from Ch. 34, par. 5-23007
17	55 ILCS 5/5-23019	from Ch. 34, par. 5-23019
18	55 ILCS 5/5-24002	from Ch. 34, par. 5-24002
19	55 ILCS 5/5-25012	from Ch. 34, par. 5-25012
20	55 ILCS 5/5-25019	from Ch. 34, par. 5-25019
21	65 ILCS 5/10-1-38.1	from Ch. 24, par. 10-1-38.1
22	65 ILCS 5/10-2.1-18	from Ch. 24, par. 10-2.1-18