

AN ACT concerning regulation.

WHEREAS, The General Assembly intends to provide one standard definition of "hospice" by establishing minimum standards for all providers of hospice care in Illinois; and

WHEREAS, The General Assembly does not intend to force any volunteer hospice program out of business but instead intends to bring such programs into compliance with certain minimum standards applicable to all providers of hospice care in Illinois; therefore

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

Section 5. The Assisted Living and Shared Housing Act is amended by changing Section 75 as follows:

(210 ILCS 9/75)

Sec. 75. Residency Requirements.

(a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services.

(b) Only adults may be accepted for residency.

(c) A person shall not be accepted for residency if:

(1) the person poses a serious threat to himself or herself or to others;

(2) the person is not able to communicate his or her needs and no resident representative residing in the establishment, and with a prior relationship to the person, has been appointed to direct the provision of services;

(3) the person requires total assistance with 2 or more

activities of daily living;

(4) the person requires the assistance of more than one paid caregiver at any given time with an activity of daily living;

(5) the person requires more than minimal assistance in moving to a safe area in an emergency;

(6) the person has a severe mental illness, which for the purposes of this Section means a condition that is characterized by the presence of a major mental disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (American Psychiatric Association, 1994), where the individual is substantially disabled due to mental illness in the areas of self-maintenance, social functioning, activities of community living and work skills, and the disability specified is expected to be present for a period of not less than one year, but does not mean Alzheimer's disease and other forms of dementia based on organic or physical disorders;

(7) the person requires intravenous therapy or intravenous feedings unless self-administered or administered by a qualified, licensed health care professional;

(8) the person requires gastrostomy feedings unless self-administered or administered by a licensed health care professional;

(9) the person requires insertion, sterile irrigation, and replacement of catheter, except for routine maintenance of urinary catheters, unless the catheter care is self-administered or administered by a licensed health care professional;

(10) the person requires sterile wound care unless care is self-administered or administered by a licensed health care professional;

(11) the person requires sliding scale insulin administration unless self-performed or administered by a

licensed health care professional;

(12) the person is a diabetic requiring routine insulin injections unless the injections are self-administered or administered by a licensed health care professional;

(13) the person requires treatment of stage 3 or stage 4 decubitus ulcers or exfoliative dermatitis;

(14) the person requires 5 or more skilled nursing visits per week for conditions other than those listed in items (13) and (15) of this subsection for a period of 3 consecutive weeks or more except when the course of treatment is expected to extend beyond a 3 week period for rehabilitative purposes and is certified as temporary by a physician; or

(15) other reasons prescribed by the Department by rule.

(d) A resident with a condition listed in items (1) through (15) of subsection (c) shall have his or her residency terminated.

(e) Residency shall be terminated when services available to the resident in the establishment are no longer adequate to meet the needs of the resident. This provision shall not be interpreted as limiting the authority of the Department to require the residency termination of individuals.

(f) Subsection (d) of this Section shall not apply to terminally ill residents who receive or would qualify for hospice care and such care is coordinated by a hospice program licensed under the Hospice Program Licensing Act or other licensed health care professional employed by a licensed home health agency and the establishment and all parties agree to the continued residency.

(g) Items (3), (4), (5), and (9) of subsection (c) shall not apply to a quadriplegic, paraplegic, or individual with neuro-muscular diseases, such as muscular dystrophy and multiple sclerosis, or other chronic diseases and conditions as defined by rule if the individual is able to communicate his or her needs and does not require assistance with complex medical

problems, and the establishment is able to accommodate the individual's needs. The Department shall prescribe rules pursuant to this Section that address special safety and service needs of these individuals.

(h) For the purposes of items (7) through (11) of subsection (c), a licensed health care professional may not be employed by the owner or operator of the establishment, its parent entity, or any other entity with ownership common to either the owner or operator of the establishment or parent entity, including but not limited to an affiliate of the owner or operator of the establishment. Nothing in this Section is meant to limit a resident's right to choose his or her health care provider.

(Source: P.A. 93-141, eff. 7-10-03.)

Section 10. The Hospice Program Licensing Act is amended by changing Sections 2, 3, 4, 5, 8, and 9 and by adding Sections 4.5, 8.5, and 8.10 as follows:

(210 ILCS 60/2) (from Ch. 111 1/2, par. 6102)

Sec. 2. Purpose. The intent of this Act is to ensure quality hospice care to consumers in the State of Illinois ~~legislation is to encourage the orderly development of hospice programs which provide supportive and palliative care to terminally ill persons and their families during the final stages of their illness and during dying and bereavement. It is the intent of the General Assembly that persons requiring the services of hospice programs be assured the best quality of care during their time of need and vulnerability.~~ This is to be accomplished through the development, establishment and enforcement of standards governing the care provided by hospice programs.

(Source: P.A. 83-457.)

(210 ILCS 60/3) (from Ch. 111 1/2, par. 6103)

Sec. 3. Definitions. As used in this Act, unless the

context otherwise requires:

(a) "Bereavement" means the period of time during which the hospice patient's family experiences and adjusts to the death of the hospice patient.

(a-5) "Bereavement services" means counseling services provided to an individual's family after the individual's death.

(a-10) "Attending physician" means a physician who:

(1) is a doctor of medicine or osteopathy; and

(2) is identified by an individual, at the time the individual elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.

(b) "Department" means the Illinois Department of Public Health.

(c) "Director" means the Director of the Illinois Department of Public Health.

(d) "Hospice care ~~Full hospice~~" means a ~~coordinated~~ program of palliative care that provides for the physical, emotional, and spiritual care needs of a terminally ill patient and his or her family. The goal of such care is to achieve the highest quality of life as defined by the patient and his or her family through the relief of suffering and control of symptoms. ~~home and inpatient care providing directly, or through agreement, palliative and supportive medical, health and other services to terminally ill patients and their families. A full hospice utilizes a medically directed interdisciplinary hospice care team of professionals and volunteers. The program provides care to meet the physical, psychological, social, spiritual and other special needs which are experienced during the final stages of illness and during dying and bereavement. Home care is to be provided on a part-time, intermittent, regularly scheduled basis, and on an on-call around-the-clock basis according to patient and family need. To the maximum extent possible, care shall be furnished in the patient's home. Should in patient care be required, services are to be provided with~~

~~the intent of minimizing the length of such care and shall only be provided in a hospital licensed under the Hospital Licensing Act, or a skilled nursing facility licensed under the Nursing Home Care Act.~~

(e) "Hospice care team" means an interdisciplinary group or groups composed of individuals who provide or supervise the care and services offered by the hospice. ~~working unit composed of but not limited to a physician licensed to practice medicine in all of its branches, a nurse licensed pursuant to the Nursing and Advanced Practice Nursing Act, a social worker, a pastoral or other counselor, and trained volunteers. The patient and the patient's family are considered members of the hospice care team when development or revision of the patient's plan of care takes place.~~

(f) "Hospice patient" means a terminally ill person receiving hospice services.

(g) "Hospice patient's family" means a hospice patient's immediate family consisting of a spouse, sibling, child, parent and those individuals designated as such by the patient for the purposes of this Act.

(g-1) "Hospice residence" means a separately licensed home, apartment building, or similar building providing living quarters:

(1) that is owned or operated by a person licensed to operate as a comprehensive ~~full~~ hospice; and

(2) at which hospice services are provided to facility residents.

A building that is licensed under the Hospital Licensing Act or the Nursing Home Care Act is not a hospice residence.

(h) "Hospice services" means a range of professional and other supportive services provided to a hospice patient and his or her family. These services may include, but are not limited to, physician services, nursing services, medical social work services, spiritual counseling services, bereavement services, and volunteer services. ~~palliative and supportive care provided to a hospice patient and his family to meet the~~

~~special need arising out of the physical, emotional, spiritual and social stresses which are experienced during the final stages of illness and during dying and bereavement. Services provided to the terminally ill patient shall be furnished, to the maximum extent possible, in the patient's home. Should inpatient care be required, services are to be provided with the intent of minimizing the length of such care.~~

(h-5) "Hospice program" means a licensed public agency or private organization, or a subdivision of either of those, that is primarily engaged in providing care to terminally ill individuals through a program of home care or inpatient care, or both home care and inpatient care, utilizing a medically directed interdisciplinary hospice care team of professionals or volunteers, or both professionals and volunteers. A hospice program may be licensed as a comprehensive hospice program or a volunteer hospice program.

(h-10) "Comprehensive hospice" means a program that provides hospice services and meets the minimum standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR Part 418 but is not required to be Medicare-certified.

(i) "Palliative care" means the management of pain and other distressing symptoms that incorporates medical, nursing, psychosocial, and spiritual care according to the needs, values, beliefs, and culture or cultures of the patient and his or her family. The evaluation and treatment is patient-centered, with a focus on the central role of the family unit in decision-making. ~~treatment to provide for the reduction or abatement of pain and other troubling symptoms, rather than treatment aimed at investigation and intervention for the purpose of cure or inappropriate prolongation of life.~~

(j) "Hospice service plan" means a plan detailing the specific hospice services offered by a comprehensive full or volunteer hospice program, and the administrative and direct care personnel responsible for those services. The plan shall include but not be limited to:

(1) Identification of the person or persons administratively responsible for the program.

(2) The estimated average monthly patient census.

(3) The proposed geographic area the hospice will serve.

(4) A listing of those hospice services provided directly by the hospice, and those hospice services provided indirectly through a contractual agreement.

(5) The name and qualifications of those persons or entities under contract to provide indirect hospice services.

(6) The name and qualifications of those persons providing direct hospice services, with the exception of volunteers.

(7) A description of how the hospice plans to utilize volunteers in the provision of hospice services.

(8) A description of the program's record keeping system.

(k) "Terminally ill" means a medical prognosis by a physician licensed to practice medicine in all of its branches that a patient has an anticipated life expectancy of one year or less.

(l) "Volunteer" means a person who offers his or her services to a hospice without compensation. Reimbursement for a volunteer's expenses in providing hospice service shall not be considered compensation.

(1-5) "Employee" means a paid or unpaid member of the staff of a hospice program, or, if the hospice program is a subdivision of an agency or organization, of the agency or organization, who is appropriately trained and assigned to the hospice program. "Employee" also means a volunteer whose duties are prescribed by the hospice program and whose performance of those duties is supervised by the hospice program.

(1-10) "Representative" means an individual who has been authorized under State law to terminate an individual's medical care or to elect or revoke the election of hospice care on

behalf of a terminally ill individual who is mentally or physically incapacitated.

(m) "Volunteer hospice" means a program which provides hospice services to patients regardless of their ability to pay, with emphasis on the utilization of volunteers to provide services, under the administration of a not-for-profit agency. This definition does not prohibit the employment of staff.

(Source: P.A. 93-319, eff. 7-23-03.)

(210 ILCS 60/4) (from Ch. 111 1/2, par. 6104)

Sec. 4. License.

(a) No person shall establish, conduct or maintain a comprehensive ~~full~~ or volunteer hospice program without first obtaining a license from the Department. A hospice residence may be operated only at the locations listed on the license. A comprehensive ~~full~~ hospice program owning or operating a hospice residence is not subject to the provisions of the Nursing Home Care Act in owning or operating a hospice residence.

(b) No public or private agency shall advertise or present itself to the public as a comprehensive ~~full~~ or volunteer hospice program which provides hospice services without meeting the provisions of subsection (a).

(c) The license shall be valid only in the possession of the hospice to which it was originally issued and shall not be transferred or assigned to any other person, agency, or corporation.

(d) The license shall be renewed annually.

(e) The license shall be displayed in a conspicuous place inside the hospice program office.

(Source: P.A. 93-319, eff. 7-23-03.)

(210 ILCS 60/4.5 new)

Sec. 4.5. Provisional license. Every licensed hospice program in operation on the effective date of this Act that does not meet all of the requirements for a comprehensive

hospice program or a volunteer hospice program as set forth in this Act shall be deemed to hold a provisional license to continue that operation on and after that date. The provisional license shall remain in effect for one year after the effective date of this Act or until the Department issues a regular license under Section 4, whichever is earlier. The Department may coordinate the issuance of a regular hospice program license under Section 4 with the renewal date of the license that is in effect on the effective date of this Act.

(210 ILCS 60/5) (from Ch. 111 1/2, par. 6105)

Sec. 5. Application for License. An application for license or renewal thereof to operate as a comprehensive ~~full~~ or volunteer hospice program shall be made to the Department upon forms provided by it, and shall contain information reasonably required by the Department, taking into consideration the different categories of hospice programs. The application shall be accompanied by:

(1) The hospice service plan;

(2) A financial statement containing information deemed appropriate by the Department for the category of the applicant; and

(3) A uniform license fee determined by the Department based on the hospice program's category.

A licensed comprehensive hospice or volunteer hospice that is in operation on the effective date of this Act may be issued a comprehensive hospice program license under Section 4 if the hospice program meets the requirements for a comprehensive hospice program set forth in this Act.

(Source: P.A. 84-427.)

(210 ILCS 60/8) (from Ch. 111 1/2, par. 6108)

Sec. 8. General Requirements for hospice programs ~~Full Hospices~~. Every hospice program ~~Full hospices~~ shall comply with the following requirements:—

(a) The hospice program's services shall include ~~physician~~

~~services,~~ nursing services, medical social work services, bereavement services ~~counseling,~~ and volunteer services. These services shall be coordinated with those of the hospice patient's ~~primary or~~ attending physician and shall be substantially provided by hospice program employees. The hospice program must make nursing services, medical social work services, volunteer services, and bereavement services available on a 24-hour basis to the extent necessary to meet the needs of individuals for care that is reasonable and necessary for the palliation and management of terminal illness and related conditions. The hospice program must provide these services in a manner consistent with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR Part 418. Hospice services, as defined in Section 3, may be furnished in a home or inpatient setting, with the intent of minimizing the length of inpatient care. The home care component shall be the primary form of care and shall be available on a part-time, intermittent, regularly-scheduled basis.

(a-5) The hospice program must have a governing body that designates an individual responsible for the day-to-day management of the hospice service plan. The governing body must also ensure that all services are provided in accordance with accepted standards of practice and shall assume full legal responsibility for determining, implementing, and maintaining the hospice program's total operation.

(a-10) The hospice program must fully disclose in writing to any hospice patient, or to any hospice patient's family or representative, prior to the patient's admission, the hospice services available from the hospice program and the hospice services for which the hospice patient may be eligible under the patient's third-party payer plan (that is, Medicare, Medicaid, the Veterans Administration, private insurance, or other plans).

(b) The hospice program shall coordinate its services with professional and nonprofessional services already in the

community. The program may contract out for elements of its services; however, direct patient contact and overall coordination of hospice services shall be maintained by the hospice care team. Any contract entered into between a hospice and a health care facility or service provider shall specify that the hospice retain the responsibility for planning and coordinating hospice services and care on behalf of a hospice patient and his family. All contracts shall be in compliance with this Act. No hospice which contracts for any hospice service shall charge fees for services provided directly by the hospice care team which duplicate contractual services provided to the individual patient or his family.

(c) The hospice program must have functioning hospice care teams that develop the hospice patient plans of care in accordance with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR Part 418. ~~The hospice care team shall be responsible for the coordination of home and inpatient care.~~

(c-5) A hospice patient's plan of care must be established and maintained for each individual admitted to a hospice program, and the services provided to an individual must be in accordance with the individual's plan of care. The plans of care must be established and maintained in accordance with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR Part 418.

(d) The hospice program shall have a medical director who shall be a doctor of medicine or osteopathy and ~~physician~~ licensed to practice medicine in all of its branches. The medical director shall have overall responsibility for medical direction of the patient care component of the hospice program ~~and treatment of patients and their families rendered by the hospice care team,~~ and shall consult and cooperate with the patient's attending physician.

(e) The hospice program shall have a bereavement program which shall provide a continuum of supportive services for the family after the patient's death. The bereavement services must

be provided in accordance with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR Part 418.

(f) The hospice program shall foster independence of the patient and his family by providing training, encouragement and support so that the patient and family can care for themselves as much as possible.

(g) The hospice program shall not impose the dictates of any value or belief system on its patients and their families.

(h) The hospice program shall clearly define its admission criteria. Decisions on admissions shall be made by a hospice care team and shall be dependent upon the expressed request and informed consent of the patient or the patient's legal guardian. For purposes of this Act, "informed consent" means that a hospice program must demonstrate respect for an individual's rights by ensuring that an informed consent form that specifies the type of care and services that may be provided as hospice care during the course of the patient's illness has been obtained for every hospice patient, either from the patient or from the patient's representative.

(i) The hospice program shall keep accurate, current, and confidential records on all hospice patients and their families in accordance with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR Part 418, except that standards or conditions in connection with Medicare or Medicaid election forms do not apply to patients receiving hospice care at no charge.

(j) The hospice program shall utilize the services of trained volunteers in accordance with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR Part 418.

(k) (Blank). ~~The hospice program shall consist of both home care and inpatient care which incorporates the following characteristics:~~

~~(1) The home care component shall be the primary form of care, and shall be available on a part time,~~

~~intermittent, regularly scheduled basis and on an on-call around the clock basis, according to patient and family need.~~

~~(2) The inpatient component shall primarily be used only for short term stays.~~

~~If possible, inpatient care should closely approximate a home like environment, and provide overnight family visitation within the facility.~~

(l) The hospice program must maintain professional management responsibility for hospice care and ensure that services are furnished in a safe and effective manner by persons meeting the qualifications as defined in this Act and in accordance with the patient's plan of care.

(m) The hospice program must conduct a quality assurance program in accordance with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR Part 418.

(n) Where applicable, every hospice program employee must be licensed, certified, or registered in accordance with federal, State, and local laws and regulations.

(o) The hospice program shall provide an ongoing program for the training and education of its employees appropriate to their responsibilities.

(Source: P.A. 83-457.)

(210 ILCS 60/8.5 new)

Sec. 8.5. Additional requirements; comprehensive hospice program. In addition to complying with the standards prescribed by the Department under Section 9 and complying with all other applicable requirements under this Act, a comprehensive hospice program must meet the minimum standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR Part 418.

(210 ILCS 60/8.10 new)

Sec. 8.10. Additional requirements; volunteer hospice

program. In addition to complying with the standards prescribed by the Department under Section 9 and complying with all other applicable requirements under this Act, a volunteer hospice program must do the following:

(1) Provide hospice care to patients regardless of their ability to pay, with emphasis on the utilization of volunteers to provide services. Nothing in this paragraph prohibits a volunteer hospice program from employing paid staff, however.

(2) Provide services not required under subsection (a) of Section 8 in accordance with generally accepted standards of practice and in accordance with applicable local, State, and federal laws.

(3) Include the word "Volunteer" in its corporate name and in all verbal and written communications to patients, patients' families and representatives, and the community and public at large.

(4) Provide information regarding other hospice care providers available in the hospice program's service area.

(210 ILCS 60/9) (from Ch. 111 1/2, par. 6109)

Sec. 9. Standards. The Department shall prescribe, by regulation, minimum standards for licensed hospice programs.

(a) The standards for all hospice programs ~~full hospices~~ shall include, but not be limited to, the following:

(1) (Blank). ~~Compliance with the requirements in Section 8.~~

(2) The number and qualifications of persons providing direct hospice services.

(3) The qualifications of those persons contracted with to provide indirect hospice services.

(4) The palliative and supportive care and bereavement counseling provided to a hospice patient and his family.

(5) Hospice services provided on an inpatient basis.

(6) Utilization review of patient care.

(7) The quality of care provided to patients.

(8) Procedures for the accurate and centralized maintenance of records on hospice services provided to patients and their families.

(9) The use of volunteers in the hospice program, and the training of those volunteers.

(10) The rights of the patient and the patient's family.

(b) (Blank). ~~The standards for volunteer hospice programs shall include but not be limited to:~~

~~(1) The direct and indirect services provided by the hospice, including the qualifications of personnel providing medical care.~~

~~(2) Quality review of the services provided by the hospice program.~~

~~(3) Procedures for the accurate and centralized maintenance of records on hospice services provided to patients and their families.~~

~~(4) The rights of the patient and the patient's family.~~

~~(5) The use of volunteers in the hospice program.~~

~~(6) The disclosure to the patients of the range of hospice services provided and not provided by the hospice program.~~

(c) The standards for hospices owning or operating hospice residences shall address the following:

(1) The safety, cleanliness, and general adequacy of the premises, including provision for maintenance of fire and health standards that conform to State laws and municipal codes, to provide for the physical comfort, well-being, care, and protection of the residents.

(2) Provisions and criteria for admission, discharge, and transfer of residents.

(3) Fee and other contractual agreements with residents.

(4) Medical and supportive services for residents.

(5) Maintenance of records and residents' right of access of those records.

(6) Procedures for reporting abuse or neglect of residents.

(7) The number of persons who may be served in a residence, which shall not exceed 16 persons per location.

(8) The ownership, operation, and maintenance of buildings containing a hospice residence.

(9) The number of licensed hospice residences shall not exceed 6 before December 31, 1996 and shall not exceed 12 before December 31, 1997. The Department shall conduct a study of the benefits of hospice residences and make a recommendation to the General Assembly as to the need to limit the number of hospice residences after June 30, 1997.

(d) In developing the standards for hospices, the Department shall take into consideration the category of the hospice programs.

(Source: P.A. 89-278, eff. 8-10-95.)

Section 15. The Health Care Worker Background Check Act is amended by changing Section 15 as follows:

(225 ILCS 46/15)

Sec. 15. Definitions. For the purposes of this Act, the following definitions apply:

"Applicant" means an individual seeking employment with a health care employer who has received a bona fide conditional offer of employment.

"Conditional offer of employment" means a bona fide offer of employment by a health care employer to an applicant, which is contingent upon the receipt of a report from the Department of State Police indicating that the applicant does not have a record of conviction of any of the criminal offenses enumerated in Section 25.

"Direct care" means the provision of nursing care or assistance with feeding, dressing, movement, bathing, toileting, or other personal needs. The entity responsible for inspecting and licensing, certifying, or registering the

health care employer may, by administrative rule, prescribe guidelines for interpreting this definition with regard to the health care employers that it licenses.

"Health care employer" means:

(1) the owner or licensee of any of the following:

(i) a community living facility, as defined in the Community Living Facilities Act;

(ii) a life care facility, as defined in the Life Care Facilities Act;

(iii) a long-term care facility, as defined in the Nursing Home Care Act;

(iv) a home health agency, as defined in the Home Health Agency Licensing Act;

(v) a comprehensive ~~full~~ hospice program or volunteer hospice program, as defined in the Hospice Program Licensing Act;

(vi) a hospital, as defined in the Hospital Licensing Act;

(vii) a community residential alternative, as defined in the Community Residential Alternatives Licensing Act;

(viii) a nurse agency, as defined in the Nurse Agency Licensing Act;

(ix) a respite care provider, as defined in the Respite Program Act;

(ix-a) an establishment licensed under the Assisted Living and Shared Housing Act;

(x) a supportive living program, as defined in the Illinois Public Aid Code;

(xi) early childhood intervention programs as described in 59 Ill. Adm. Code 121;

(xii) the University of Illinois Hospital, Chicago;

(xiii) programs funded by the Department on Aging through the Community Care Program;

(xiv) programs certified to participate in the

Supportive Living Program authorized pursuant to Section 5-5.01a of the Illinois Public Aid Code;

(xv) programs listed by the Emergency Medical Services (EMS) Systems Act as Freestanding Emergency Centers;

(xvi) locations licensed under the Alternative Health Care Delivery Act;

(2) a day training program certified by the Department of Human Services;

(3) a community integrated living arrangement operated by a community mental health and developmental service agency, as defined in the Community-Integrated Living Arrangements Licensing and Certification Act; or

(4) the State Long Term Care Ombudsman Program, including any regional long term care ombudsman programs under Section 4.04 of the Illinois Act on the Aging, only for the purpose of securing background checks.

"Initiate" means the obtaining of the authorization for a record check from a student, applicant, or employee. The educational entity or health care employer or its designee shall transmit all necessary information and fees to the Illinois State Police within 10 working days after receipt of the authorization.

(Source: P.A. 92-16, eff. 6-28-01; 93-878, eff. 1-1-05.)

Section 99. Effective date. This Act takes effect July 1, 2005.